2019/2020 ANNUAL REPORT

BAPU TRUST FOR RESEARCH ON MIND & DISCOURSE

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PUBLISHED BY
Bapu Trust For Research for Mind & Discourse, Pune

Our Vision

We want to see a world, where emotional well-being is experienced holistically, and not just as a ‘mental disease’. We dream of healing environments where every person uses their capacity to make choices, heal themselves, recover, and move on. Recovery methods will be creative, non-violent, non-hazardous, and playful.

Our Mission

Bapu Trust creates, pilots, and monitors community inclusion programs with a core mental health segment. Such programs enable the autonomy and independence of persons living with mental health issues and psycho-social disabilities. Our programs foster ‘psychosocial ecosystems’, especially in vulnerable human habitats (slums, rural areas, conflict areas, schools, etc.) We work towards linking people with psychosocial disabilities with Development services. Programs aim to expand on the aspirations and potential of individuals, families, and communities, strengthen mental resilience, and utilize opportunities for the pursuit of happiness. Our program provides modular interventions to address a matrix of psychosocial needs by providing choices. We influence the structural, social, legal, and policy environment, so that they remain inclusive, just, and fair to people with a psycho-social disability. We strive to create enabling environments for people with psycho-social disabilities where they can realize all their human rights and entitlements without barriers (guided by the Convention on the Rights of Persons with Disabilities and the SDGs).

Motivation for setting up Bapu Trust

Bapu Trust’s legacy is linked to the personal history of a woman called "Bapu“ (aka Savithri Mani). "Bapu" faced an intensive history of mental illness, leading to other personal histories of mental illness and discrimination in her family. The younger generation of this family used this experience to open up possibilities of resilience, and recovery using lifestyles, diets, spiritual and creative pursuits, and other ways of life. Bapu Trust was registered on the 1st of April, 1999, by Bapu's daughter, Bhargavi who is the current Managing Trustee of the Bapu Trust.

Bapu Trust works in low-income communities of Pune, in around 30 slums and a population of 800000, in partnership with the Pune Municipal Corporation, providing psychosocial services to families. The program uses a multiple modality in supporting persons with services (called the 8-Point Recovery Framework). Interventions include 'Self-care' (for the individual), Nutrition (for better mental health), addressing barriers to social inclusion, group support, working with partners on improving access to economic opportunities (e.g. livelihood), and comprehensive health care by partnership with public health systems. It offers intensive training on development-linked mental health in other Indian states.

Role of the Bapu Trust in the mental health and disability sectors

Though considered 'maverick', 'offbeat', etc. Bapu Trust has been solution-oriented from the start, creating strategies to address the gaps in linking psychosocial aspects within Development. We have done path-breaking work opening new mind fields within mental health. We are celebrating our 20th year since inception in 2020, and have had the chance to reflect with others, what is the past and future of the Bapu Trust. Bapu Trust stands as a ‘metaphor’ in the mental health sector in India, for some a 'refugee camp' where neglected people arrive and support each other; for others, a 'sanctuary' where people create safety together, and for others, an altar of lateral thinking, new ideas and innovation. For many, Bapu Trust represents a way of life, an enabler of caring communities, promoting organic and holistic lifestyles, linked to city life and community development, and in the service of disabled people. If we ask the question, 'What is the right treatment for mental illness?' answers will be in the direction of a restrictive medical model. If however, we ask the question, 'What is the right process of inclusion of persons with mental illness/disability?' answers will be multifold, in the direction of living a life. Our intensive involvement in the UNCRPD made us reframe our question to the latter formulation. Our priority focus is 'transforming communities' so that they change their view about mental health and illness; recognize the importance of this in their lives and the lives of their families, Neighbours, and communities; and take small steps in their everyday lives to improve their experience of well-being, and if possible, enhance their peace of mind and caring capacity.

CORE INTERVENTION PROGRAM SEHER

THE 8-POINT FRAMEWORK AND RECOVERY MODEL CAME INTO BEING WITH JOINT EFFORTS OF BAPU STAFF AND LOCAL COMMUNITY MEMBERS AND INCLUDES:

8 Point Recovery Framework

CORE INTERVENTION PROGRAM SEHER

Using this 8-point framework, Bapu Trust runs Wellness Centres at Five Public Maternity Hospitals in Pune:

1) Sonawane Maternity Care
2) Rajiv Gandhi Hospital
3) Kamla Nehru Hospital
4) Late Jayabai Nanaseheb Sutar Maternity Home
5) Dalvi Hospital

Scaling up from two to five Wellness Centres was achieved between August 2017 to July 2018.
The Wellness centers provide a plethora of necessary services to the poor residing in slums who have psychosocial disabilities. Clients avail of nutritional support, Arts Based Therapy, addressing stigma, psycho-education, counseling, self-care modules, livelihood training, group sessions, access to the Homeopathy OPDs, and referrals as required.

Currently, 14 visits (slum pockets) in Pune are covered:
1) Kashewadi
2) Lohiyanagar
3) Rajewadi
4) Lakshmi Nagar
5) Bhimnagar
6) Shramik Nagar
7) Indiranagar
8) Mariyam Nagar
9) Ashok Nagar
10) Jai Bhavani Nagar
11) Kishkinda Nagar
12) Sagar Colony
13) Wadarwadi
14) Pandav Nagar

CORE INTERVENTION PROGRAM SEHER

Individuals are registered into Seher only after their consent. They are then assessed for psychosocial needs across the eight domains. Psychosocial needs are assessed on a spectrum THAT we refer to as the Mental Health Spectrum. The spectrum is a dynamic scale that looks at needs from the disability, development, and rights-based framework.

Following a detailed assessment, intervention plans are prepared in accordance with the needs of each domain.

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SEHER DATA FOR 2019 TO 2020

Our partners

Those who collaborated with us during 2019-20 include:

1) Light House Kothrud
2) Aam Aadmi Party Rickshaw Sanghatana
3) Janvani
4) Sahayog Parivar Mumbai
5) Sneh Foundation
6) Shantai
7) Unnati Foundation
8) Dnyanprabodhini
9) Abeda Inamdar College
10) Maha NGO Foundation
11) Idea Foundation
12) New Life Foundation
13) Greeny the Great
14) Child Welfare Committee
15) Connecting NGO
16) Maher Ashram
17) Adv Archana More
18) Adv Vanraj Shinde
19) SOS Children's Village

Our government/public department partners included:

1) Sassoon Hospital Healthcare (govt hospital)
2) Family Planning Association of India (FPAI)
3) Pune Municipal Corporation
4) Health Department
5) Education Department
6) State Disability Department
7) Urban Community Development Departments

Whom we served

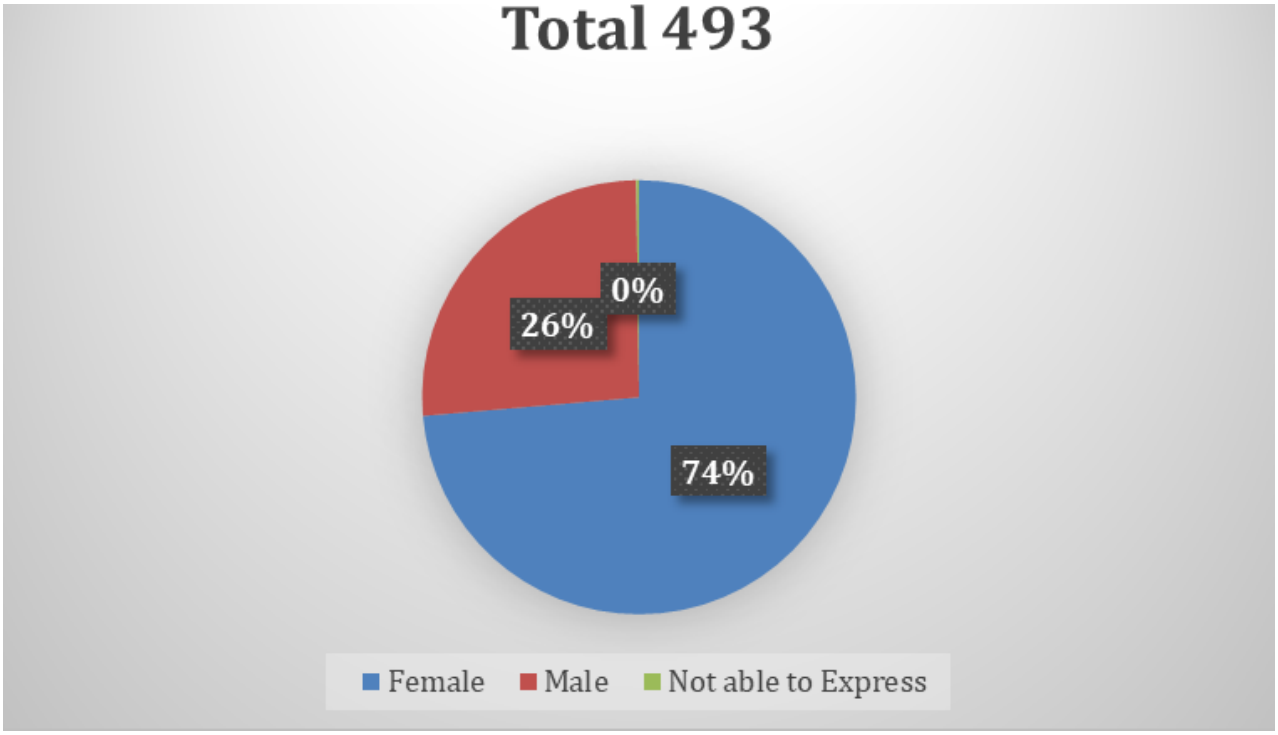
Coverage: **14 low-income settlements**, **4 lakh population**

Clients this year

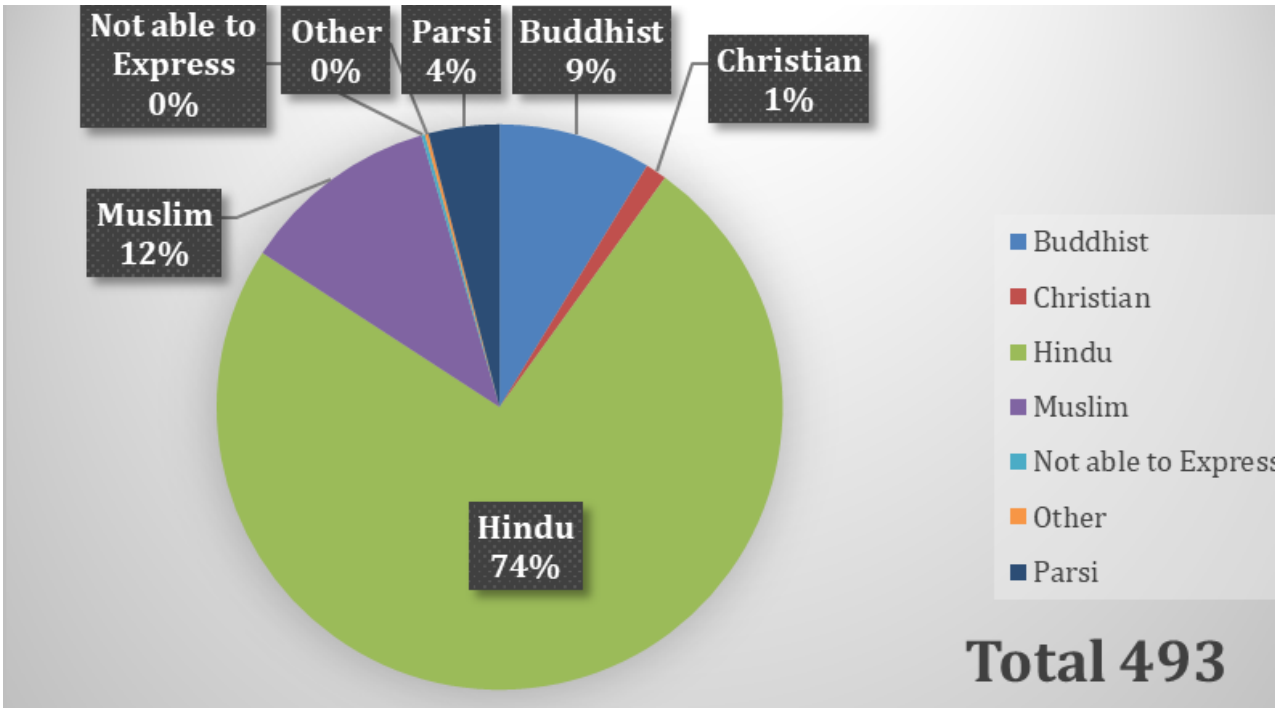
In the year 2019-2020**, 493 clients were served.**

SEHER DATA FOR 2019 TO 2020

GENDER

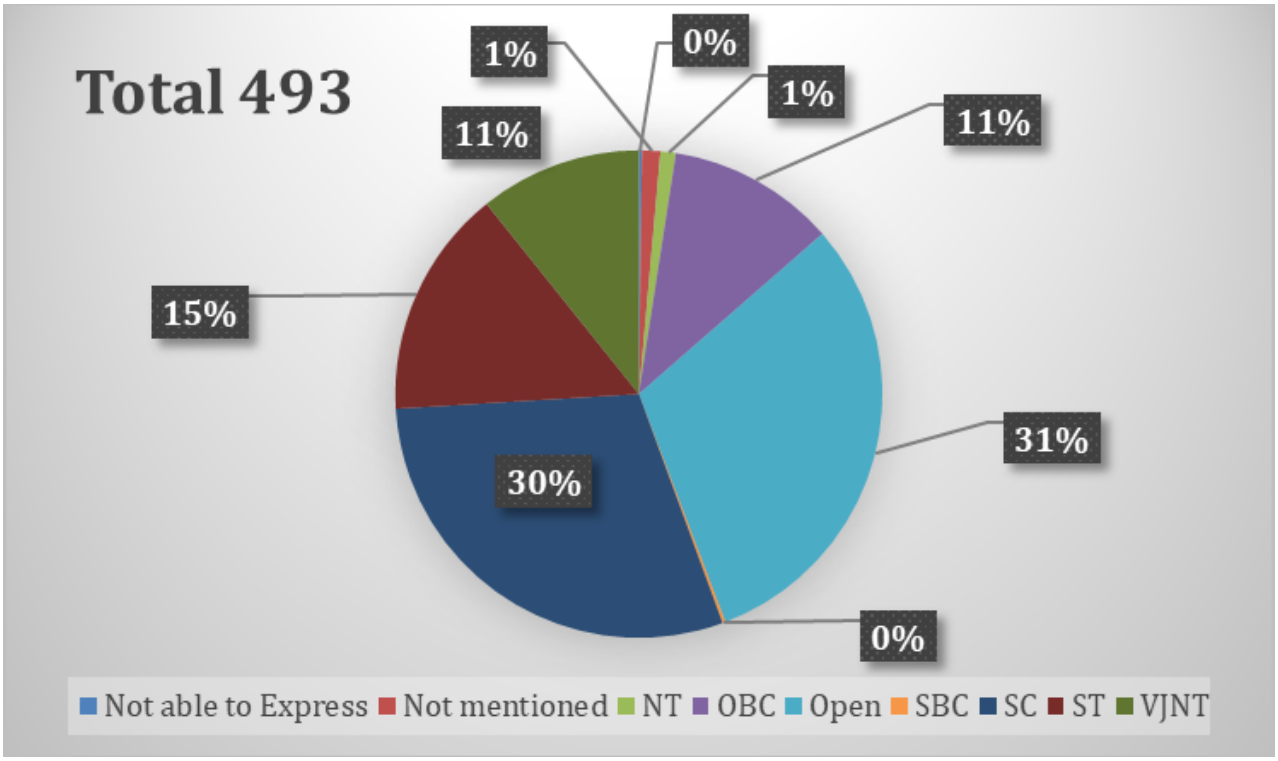


RELIGION



SEHER DATA FOR 2019 TO 2020

CASTE



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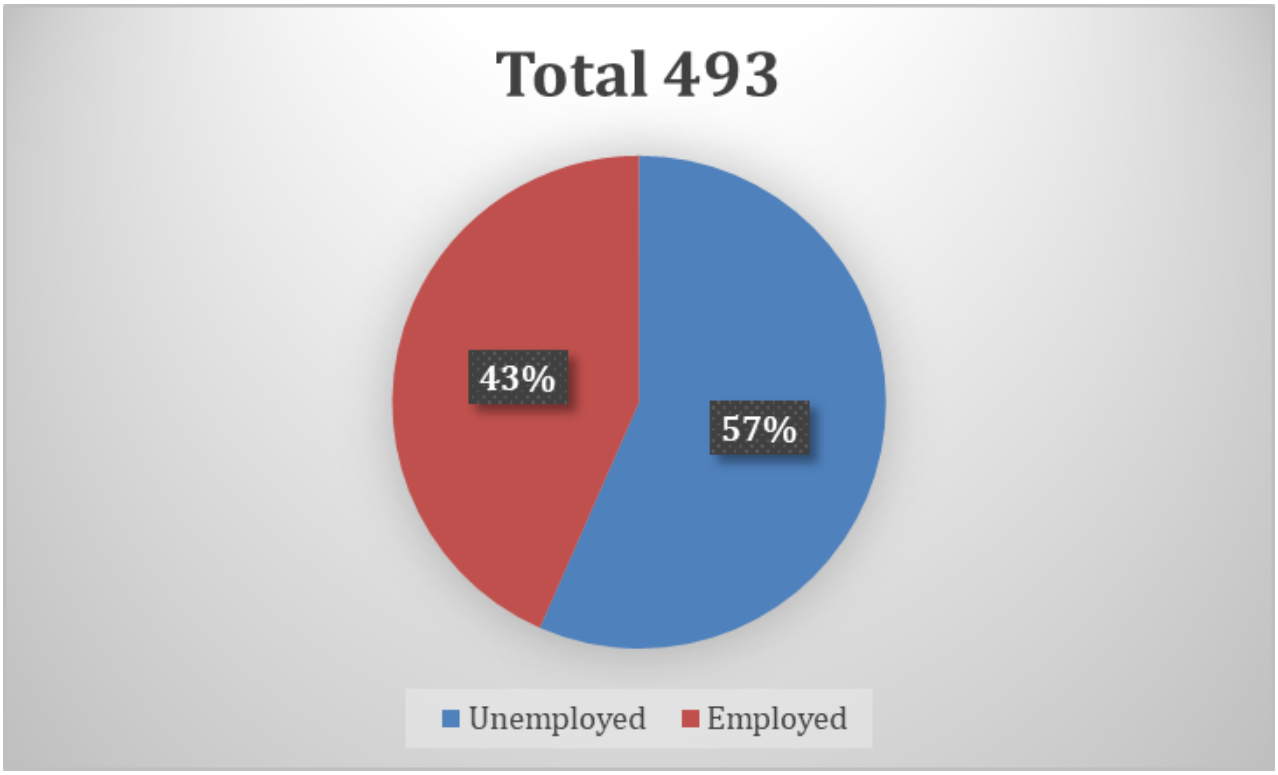
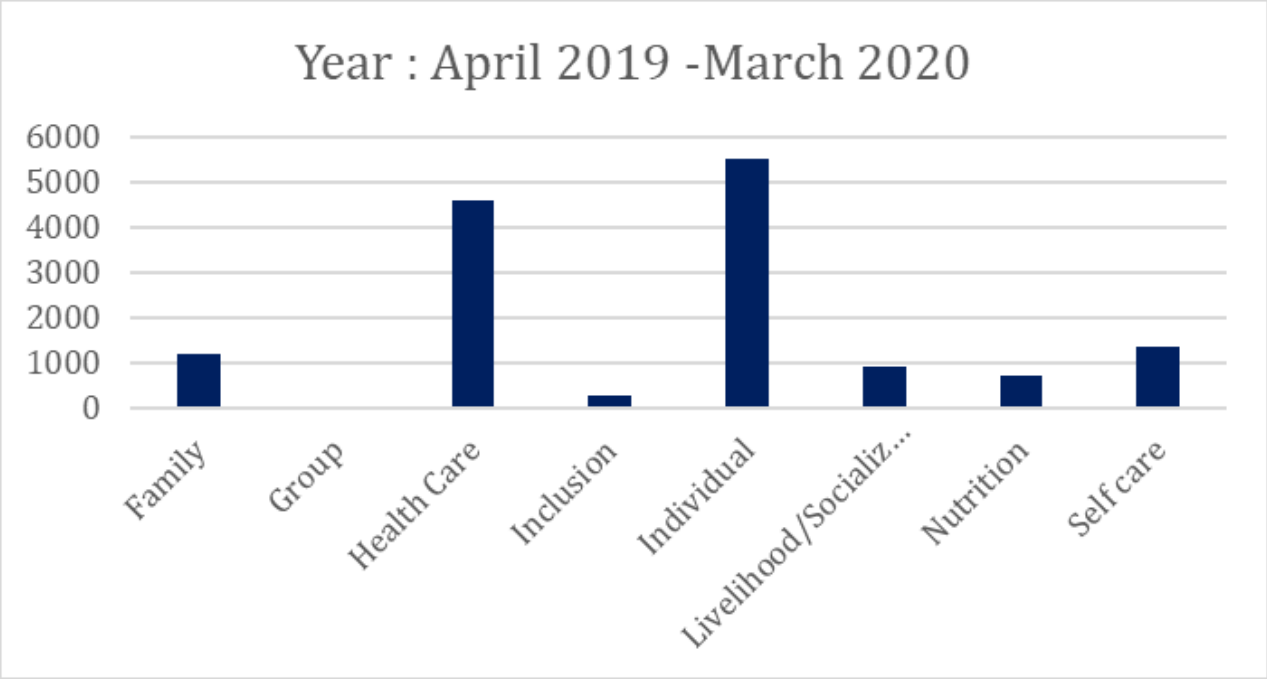


ACTIVITIES FOR THE YEAR

14506 INTERVENTION ACTIONS WERE TAKEN

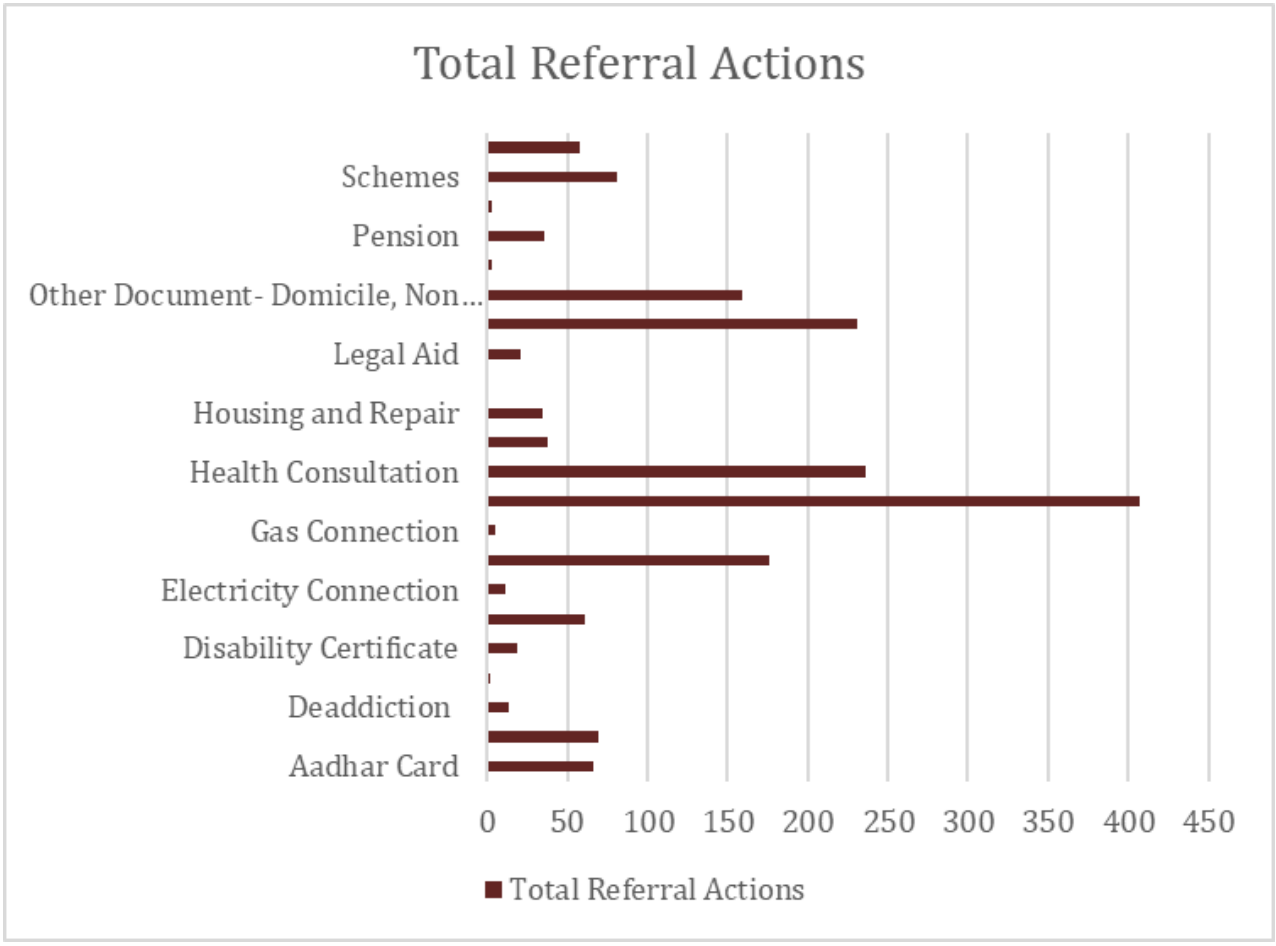


Field Activities and Adapting to barriers created during the pandemic: Field activities were being carried out like the previous period until March 2020 but from this month onwards, COVID-19 protocols necessitated changes in how we operate. The activities of Seher were impacted from mid-March due to the Sancharbandi clause followed by the lockdown. Our teams faced some uncertainty on which activities could continue like before and how to negotiate operations with the new COVID-19 protocols. An effective movement to working from home was done and phone counseling was used although this did have the challenge of maintaining privacy. Team members, most of whom come from backgrounds where phones are not usual modes of communication, adapted admirably to the new requirements. A value shift was needed for the team members who were used to face-to-face communication and social conversations. Team and program members also became comfortable within a short span of time using Zoom and WhatsApp. Team members also brainstormed about ways to reach wider sections of society using these new technologies. They also negotiated with local community leaders, the police, and local corporators to find ways to support clients for their psychosocial needs.

It should be noted that psychosocial needs in the community had increased considerably owing to the COVID-19 panic and the teams not only maintained existing activities but rose to the occasion to provide the additional support needed including requirements like provision of food supplies and other logistical requirements.

ACTIVITIES FOR THE YEAR

REFERRAL ACTIONS



Clients receive inputs according to the 8-point framework all of which help to deal with psychosocial disabilities. In addition to these requirements, clients often need other kinds of assistance for which they are referred to the appropriate agency. In all 1730 referral actions were carried out in the reporting period. Here's a summation of the kind of referral activities clients needed, for which they were accordingly referred.

ACTIVITIES FOR THE YEAR

RESEARCH

Since the Seher program has been in operation, research and baseline studies of the communities we operate in have been ongoing. Both quantitative and qualitative data have been collected during such research studies. A baseline study of Kasba Peth from 2017 to 2018 along with other mapping activities in Gokhale Nagar and Kothrud was carried out. MIS data collected over the previous two years was given for detailed analysis by an external reviewer. From 2018 to 2019, exploratory research was carried out in Kishkindnagar Basti (Kothrud) and Pandavnagar Basti (Gokhale Nagar).

In 2019-20, our research activities involved making efforts to academically disseminate credible research based on the analysis of data gleaned over our several years of activities in the field. As a first step, after May 2019, we procured ISBNs for our academic resources for our resources created in the past and to be created in the future. These included several evidence-based reports on Art-Based Therapy (ABT).

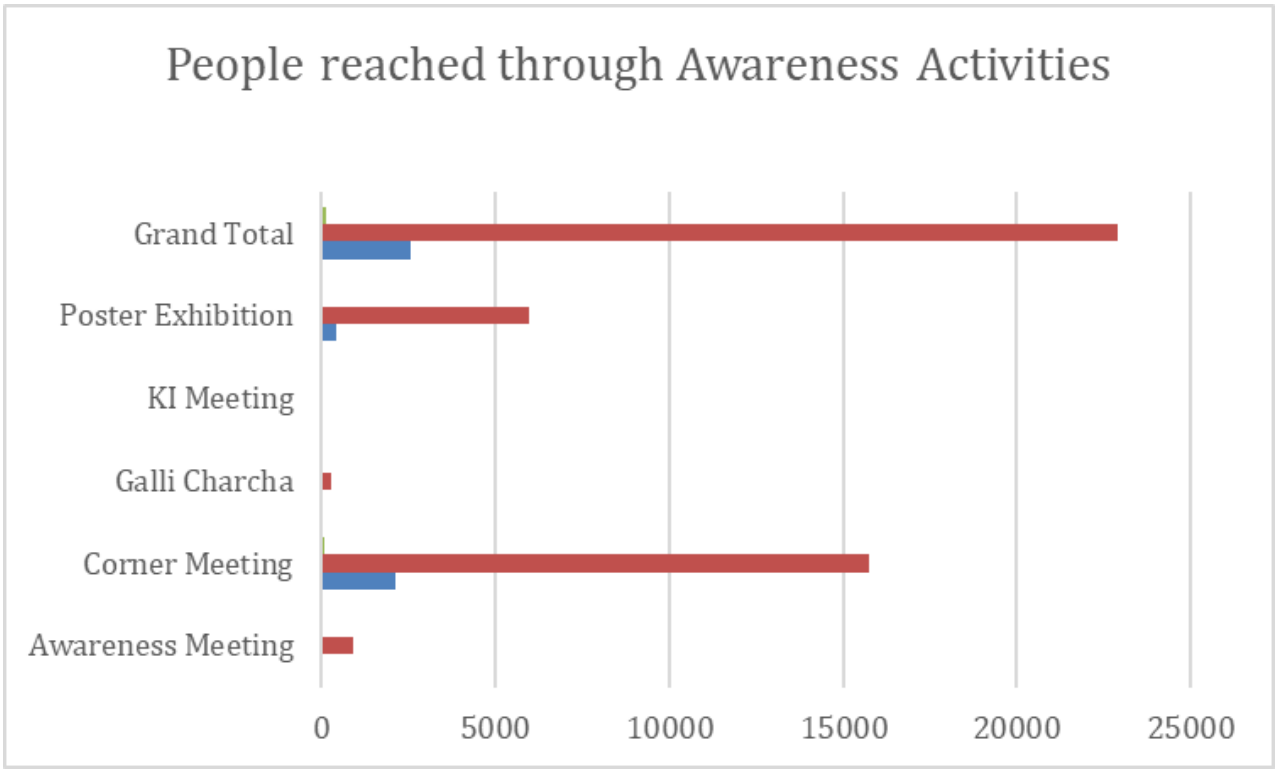
ADVOCACY AND AWARENESS

Awareness is a core part of our work in communities. Moving away from illness frameworks to frame messages, we delve deeply into spreading awareness of the determinants of psychosocial health, well-being, inclusion, and the rights of persons with disabilities. This enables the coverage of a range of subjects on psycho-social health from wellbeing to disability.

We use innovative ways of spreading awareness at local public festivals and commemorating events marking connections between the festivity and mental health within the community. Each year, awareness activities and events are held in all service areas, and include corner meetings, awareness meetings, street fairs, poster exhibitions, and celebration of events like Ganpati festival, Remembering Erawadi, Yellow Ribbon Fair, World Mental Health Day, International Women's Day. In the 2019 to 2020 period, 2542 awareness activities were carried out taking the total of awareness activities through the project period to 22909 activities. We intersperse routine awareness events with non-routine ones.

ACTIVITIES FOR THE YEAR

The distribution of the people reached through the awareness activities carried out from 2019 to 2020 is shown in the bar graph that follows.



Additionally, our program management teams engage in larger awareness activities that also serve as networking and partnership opportunities surrounding each Wellness Centre.

NETWORKING

As a part of our networking and regular activities, Bapu Trust continues to have Partner Meetings and key Informant Meetings and to engage with various stakeholders including government departments, partner NGOs, and civil society organizations.

SUPPLEMENTARY ACTIVITIES GHP AND SALT

Two new efforts were initiated to supplement the Seher project
The Going Home Project (GHP) and the Seher Awareness Link Team (SALT).

THE GOING HOME PROJECT (GHP)

The Going Home Project (GHP) was started as a pilot project in a regional mental hospital in 2019. The project is envisioned as a pathway to support inmates of mental institutions who are in the process of being discharged from these institutions. Once discharged, they would receive support through the Seher services. During the pilot phase, the following activities were carried out.

During the pilot phase of GHP, assessment forms for inmates of mental health institutions were developed and included:
·Registration Form
·Circle of Care Inside the mental hospital
·Case History Form

GHP was created as a pathway to support beneficiaries in the process of exiting mental institutions through community inclusion and linkages with Seher services. Under the GHP, of the 64 women recovered clients of mental hospitals who were referred, 35 women were considered suitable for the program based on age and duration of stay at the institution. From among these, 15 assessments were done during 2019-20.

SEHER AWARENESS LINK TEAM (SALT)

The idea for SALT had come through our grassroots team at the stage when we were scaling up from one to five nodal centers in Pune. Such scaling could be accompanied by deterioration of the quality of services. Hence, SALT was proposed to be implemented as a link program in the process of scaling up. At this stage, Seher was a 15-year-old program and processes were likely to have become rigid. While the focus of Seher is identification and assessment, SALT is aimed at refreshing community development in disability-inclusive development such that service delivery is not the only aspect. SALT thus means that CRPD's Article 8 which pertains to Awareness Raising is being addressed with the rationale of transforming communities towards inclusion of persons with disabilities. SALT is being implemented from April 2019 onwards. The SALT team is working in additional 10 bastis, with a service tie-up for persons with high needs, where necessary, with the nearest nodal center.

With the vision to transform the community's perception of well-being and prepare communities for inclusion, SALT is a satellite link program for SEHER to connect communities towards well-being and inclusion. This is done through orienting communities towards inclusion and prevention of psychosocial stress. The strategy is carrying out sheer awareness activities with elements like connecting existing groups, and stakeholders and providing support in locations where needed.

The program covers the following bastis:

1) Dias Plot
2) Tadiwala Road
3) Kamgar Putala
4) Sutardara
5) Gokhalenagar

CHALLENGES IN RENDERING SERVICES

1) Scaling Up: As experienced every year that we grew the Seher program, scaling up had its share of challenges which were met with new recruitment, selecting suitable staff, and training them rigorously. However, human resources remains an ongoing challenge.

2) Uncertainty about referral outcomes: While Bapu's interventions have worked at achieving mostly positive outcomes, a challenge faced is uncertainty on referral outcomes and more importantly how they affect inclusion.

3) Service staff's notions about recovery and inclusion: Staff tends to focus on working with the affected individual to attain recovery outcomes whereas inclusion entails involving the neighborhood, community, the family, and other social entities so that communities are transformed. Staff focus on empowering the individual is praiseworthy but this must go along with community transformation to enable inclusion.

4) Measuring inclusion: Connected to the aspect of transforming communities to enable inclusion, is the major challenge of how to measure this aspect and what indicators to use for the measurement. How does one capture the interface between the individual and the community.

5) Devising effective Client-tracker and Monitoring and Review Systems: An allied ongoing aspect of our activities is striving to achieve accurate and effective client tracker and monitoring and review systems. To deliver quality services, a restructuring exercise was carried out that included new recruitment, training, and revising and redesigning the process flow mechanism. A mechanism to measure referral outcomes is also being evolved. In the previous year, we have identified timely data entry as one factor that helps achieve effective client tracking monitoring and review of the process and we continue to work on enhancing existing systems for this purpose.

6) Gender-based violence: Often, gender-based violence is a norm within communities, and service staff from within the community have to be specially sensitized to understand that such violence should not be considered "normal."

7) Identification of clients: Apart from our set norms to identify clients, many times, we find highly supportive clients during awareness programs that call for integrating this system into our identification process. Currently, awareness-raising events are stand-alone activities not intended for identifying clients.

CHALLENGES IN RENDERING SERVICES

8) Challenges in Research: Normal challenges that affect research projects were faced such as delays THAT affected data collection, data management, and data application for the project.

9) Challenges in Networking: It is sometimes challenging to get Government Department officials and local police actively involved. Another challenge is the sensitization of these staff to the specific issues that Bapu Trust handles. Meeting with officials and conducting awareness sessions are ongoing activities that are carried out in order to overcome resistance or lack of involvement and such overtures have helped us overcome the barriers to a large extent.

10) Challenges of field staff during Covid-19: The staff faced numerous issues like mustering the courage to venture out during the pandemic, and having loved ones who were affected by the infection. Working from home posed its own challenges as they had to prepare videos from their tiny tenements and had to learn new technical skills for these and other online activities including online meetings.

11) COVID-19: At the end of the reporting year, in early 2020, the world faced the unexpected global challenge of COVID-19 which necessitated a complete lockdown by many governments including the Indian govt in March of the year.

INSIGHTS FROM RESEARCH AND OUR WORK

remaining isolated	badbad karne' (translated as babbling),	thinking too much/ overthinking	avoiding communication with others
chidchid karna (getting irritable)	not taking care of themselves	throwing stones at others	doing the same thing again and again
not having a sense of their own actions	creating problems at their homes and surroundings	not responding appropriately	forgetting
	using abusive words	beating children	

LEARNINGS

1) Picking up new skills by staff: The field staff overcame the challenges that came up during the pandemic by doggedly learning new techniques to address fieldwork. For example, since home visits could not be carried out, staff replaced these with road shows, skits, and puppet shows conducted in public spaces. This involved honing up their creative skills to write scripts and developing confidence to perform before groups of people. Similarly, when home visits were replaced by online mechanisms, the staff overcame their technophobia and learned to use online technologies like Zoom for one-on-one meetings, making videos for public display, and conducting online interactions with the community.

2) Sensitization: When fear and panic gripped the general populace during the very first lockdown, our team adapted with innate sensitivity and tried to use all means to assure individuals who were in a state of panic. The experience has made our whole team more perceptive and sensitized to individual feal responses and this sensitivity has come to stay even after the pandemic has gone. This is a lifetime learning where the team itself learned to cope and helped others to do the same.

3) Adapting: Adapting to the situation by using alternative means of delivering services is also lifelong learning whereby the team has learned skills to operate in different kinds of situations by applying alternatives as required.

SUCCESS STORIES (INTERVENTION RELATED)
(NAMES HAVE BEEN CHANGED TO PROTECT IDENTITY)

Seema

Identified through our corner meeting, Seema registered with us in July 2019. Living in the Vadarwadi basti, she belongs to the Vadar community. She married her spouse after he lost his first wife. A backdrop to her situation was the fact that the children from her spouse's first marriage opposed him marrying again and did not accept her as a part of the family. In fact, the whole village held a similar attitude causing her to move close to her maternal home with her husband.

An assessment helped her share her problems which she cited as tingling, lower back pain, and stress over the loan taken to treat her husband after his accident, among other issues. Seema used to skip breakfast and her water intake was also low. Nutrition, self-care, and individual support were areas of the recovery framework that were needed to help Seema. For self-care, our team planned inputs like breathing exercises, Meta Bhavana songs, and relaxation techniques. For individual support, the team decided to work on her self-esteem and provision of family counseling so that her husband would provide emotional and moral support to her. During lockdown, Seema tested positive for Covid-19. The team referred her to PMC Sonawane Hospital where she was quarantined. The positive result of the RTPCR test put her into a state of fear like so many others during that time. The pandemic had just begun and people knew very little about the virus and its impact. It is noteworthy that at a time when proper treatment protocols had not been arrived at, Seema received proper treatment that did not lead to any kind of complications. She recovered from the virus. During her quarantine and treatment, the team ensured that her family received the kind of support they needed. Like many from the working class, the pandemic had rendered her family into a financially dire situation caused by unemployment during the lockdown. To mitigate this, the family was supplied with nutritional kits. Apart from the pandemic-specific issues, before the pandemic struck, Seema had been facing many other family problems owing to being the second spouse and having to deal with hostile stepchildren. Her husband too tended to get annoyed with her over her interaction with her stepchildren. The team continued to work with her on these ongoing issues as well. She was encouraged to feel optimistic and counseled on how to ensure the support of her husband. This helped and there were visible changes in the family dynamic. Her husband became more supportive, even helping her out with daily household chores.

Seema was enabled to work on her confidence and to stand up for her decisions. Due to this, even after minor conflicts with her husband, her overall relationship with him has improved and strengthened. Seema's relatives who live in the neighborhood were previously aloof and not a part of her support structure. The team carried out corner meetings in the community on inclusion and these relatives have now become supportive, with a lot more interaction between Seema and them. The nutrition counseling and kits made Seema realize the importance of proper nutrition and she now makes it a point to not skip meals and to maintain regular timings for meals. Other inputs the team gave her included helping her with obtaining government documentation like the Aadhar and Ration cards.

Self-care inputs are now a part of Seema's routine. Referral for Yoga Therapy was one more input that the team gave Seema. Seema attended the yoga therapy sessions in her area regularly and it was a big help in improving her state of mind. She now also practices Yoga at home. Apart from Yoga, Seema also practices breathing exercises, some PT movements, and the Meta Bhavana song.

The feeling of being considered useful and important has helped her focus on herself and be a more positive member of the family as well.

SUCCESS STORIES (INTERVENTION RELATED)
(NAMES HAVE BEEN CHANGED TO PROTECT IDENTITY)

Meena Kumari

Referred to our grassroots staff by her older brother, Meena was 35 years old and lived with her father, older brother, and his wife in the Lohiyanagar community. The family belongs to the SC community and is financially poor. Meena was a home guard when she was referred to our team.

Her older brother had shared that Meena refused to take advice from family, was short-tempered and angry, and also did not take care of her hygiene through regular bathing, etc. The team visited her but she appeared conflicted about wanting to avail of our services and support. The team gave her space to arrive at a decision. Meena later reached out and wanted to understand the details of the services that were being offered.

During her assessment, she told the team that she had severe back pain and suffered from a lot of tension and stress. She also felt very angry. When we took her case history, she shared that her childhood development was slightly slow and she started speaking at a later age than most children do. A significant trauma event for her was the loss of her mother who was an important support in her life. Meena often tended to describe her feelings metaphorically. Sometimes it was hard for the team to understand what she was trying to communicate. For example, she shared in Marathi: “Ratri ek divasa ek” which the team figured out to mean: “In the night I am someone and in the morning someone else”! She used terms like “mala ughad karun thewala”. The literal translation is “They made me naked.” But the team figured that she meant that she had been made very vulnerable. The term can also imply a feeling of insecurity and conveys a kind of emotional abandonment by her immediate family.

Other aspects of Meena’s situation that the team gleaned were that she did not have a large circle of care and people who could be her support structure. Additionally, Meena was neglectful of her nutrition and she did not eat well.

While working with Meena, the team learned that Meena was angry with her family members who, according to her had not done their duties as parents and a family. She was referring to them getting her married at an appropriate age. In her opinion, had she been married and had children by this time, many of the issues afflicting her would not be there. For example, one contentious issue was the family not trusting her when she went out. She felt that they hounded

her with questions when she got back home after going out. She felt that they were suspicious that she had some romantic liaisons outside. Their suspicion made her very angry. She also felt that they were talking about this even in her absence.

The team began to work on the notion of self and self-concept with Meena. Simultaneously, we worked with the family and they expressed the desire to be part of it and also because of the contentious dynamics shared by Meena. Work with the family revealed that her father, brother, and sister-in-law had their share of complaints about Meena, most of which were challenges she posed to existing social norms. The concerns they expressed related to the conduct they expected from her as a single woman to conform to the norms. This included not spending time outside, returning home late or much later than expected, not roaming around outside the home, etc.

When the team tried to counsel them on certain changes they should make, they refused to engage. They said they had tried everything in the past (“to change her”) and that there was no hope for change.

Working with Meena and her family helped us understand the context from where her distress arose. Meena is the youngest of her siblings in the family. She has two older sisters and two older brothers. Both her sisters are married and live with their families. Through the sessions, she shared with us the story of her birth on the road and how she feels that because of that she belongs on the road. Her older brother with whom she lives got his mother’s government job following their mother’s death. Meena being a single daughter of the house felt she did not have anything.

SUCCESS STORIES (INTERVENTION RELATED)
(NAMES HAVE BEEN CHANGED TO PROTECT IDENTITY)

Meena Kumari Continued....

During sessions, Meena shared that she did not want to live with the family but she did not want to leave either for she felt the claim to the property and the house was her right too. This was also a claim to her sense of belonging with her mother and as part of the family. Through Dance
Movement Therapy work, she began to express and connect with the grief and loss of her mother.

The pandemic brought on new challenges for Meena. She felt lonely when restricted to living at home and also angry and irritated. She contacted the team and requested help to find a shelter for the nights. The field team connected with a range of persons within our network to find a suitable space for Meena to stay. Our team members' difficulties with the decision of a single woman to live on her own also posed challenges to the process of locating a suitable housing option. Also, during lockdown, it was difficult to find shelter for her. Most of the shelters had stopped admission and were closed due to pandemic-related restrictions.

Meena had been requesting the team to find a shelter daily, The team had made attempts to sensitize shelter homes so that Meena could be referred to them. In the absence of the team finding a suitable shelter, she decided to quit home after an incident of family conflict. The drastic decision to walk out during lockdown was understood as a clear sign that Meena felt extremely neglected by her family. The morning after she left, the family was contacted to seek an explanation.

The confrontation meeting revealed the markers of a family secret and the resulting trauma. This included physical exploitation by the spouses of both sisters, both of whom were alcoholics. One of her sisters stood in support of Meena and challenged the rest of the family on her behalf. Following this meeting, the team began to comprehend the extent of trauma Meena had lived through the effects of which she still carried within her. With assurance from the father and brother that they would be more supportive and understanding, Meena agreed to return home. But a few days after returning, there was another fight and Meena left once again, this time at night. She even said she was trying to protect the family's image but even then, nobody cared about her. She did not tell anyone where she was going that night.

During lockdown, Meena was missing for nearly a month. Her sister who had supported her at the family meeting, filed a missing persons complaint at the police station. Our team member gave legal aid guidance support to her family. Our teams went out to look for her but she was nowhere to be found. She did not report to work either. During lockdown, it was difficult to find her.

A month later, a younger brother spotted her at the local bus station. Meena agreed to go with her sister that night but insisted that she preferred to live on the streets. Following this incident, Meena decided to leave home once again. This time she contacted us and informed us that she would be living close to the station where she now had friends. She had also found a job at a nearby temple. Living at the station allowed her to live the life she wanted without the restrictions placed on her by her family. We offered her support with finding a room in the community but she refused. Nor did she want financial support from us.

The team met with her on the pavement where she had opted to stay. The team noticed that her self-care and nutrition were once again poor. Through a network of restaurants in the area, the team arranged for her nutritional needs. The team also referred her for a Covid test and a health check-up. Even on the pavement where she lived, the team carried out counseling sessions with her so that the trust developed so far remained intact. During this period, Meena shared her experiences relating to the different relationships she had with the men in her life some of which involved force and resulted in pregnancies that had to be terminated. She had had to terminate pregnancies five times.

SUCCESS STORIES (INTERVENTION RELATED)
(NAMES HAVE BEEN CHANGED TO PROTECT IDENTITY)

Meena Kumari Continued....

The team suggested a health assessment and referred her to a nearby hospital. The team supported her through the process. She began to take better care of herself. This was a trying time for the team too as Meena was making choices that involved potential risk.

Following this incident, Meena moved around some more, to a partner's place then back to her father's house, and then out again. As she moved and traveled to different places, she had other experiences where she put herself at risk but had a support system to fall back on. And each time she needed support, she would reach out to the team. Following one such visit, a visit which frightened her as well, she decided to come back and stay at home. She would visit the center every day and spend her day at the center.

We continued the trauma-related interventions that included self-care, health care, support, and nutrition support, apart from the various therapies. Self-care activities included console breathing, forceful breathing, Meta Bhavana song, and physical exercises. Meena now practices forceful breathing on her own. Health-care support given was regular testing, support with health assessments, support with medical emergencies, and arranging for a personal assistant during hospitalization wherein her family members were not required to be present. Nutritional support included arranging for a tiffin for her and providing nutrition supplements. A major change through our work is that she now has a healthy appetite which was missing earlier.

The therapies included talk therapy along with our signature Arts-based therapy program. Both are designed to heal long-term trauma. Through the therapy sessions, Meena was able to connect with the pain withheld within her as she felt secure and supported. Through the support sessions, she began to create a safe space of her own. At present, she shares that she experiences a sense of safety. Her ways of caring for herself and grooming herself have also changed. She has also started supporting other clients who visit the center with their grooming needs. It can be said that Meena has recovered and can live as a normal person.

SUCCESS STORIES (INTERVENTION RELATED)
(NAMES HAVE BEEN CHANGED TO PROTECT IDENTITY)

Mayur

Mayur was referred to the program team by another client who informed us that he was heavily dependent on alcohol. Mayur would not talk to anyone when not drunk but would keep abusing everyone each time he returned home in a drunken state. Mayur was registered into the program in 2018 under the Pehel Center.

During field inquiry, we informed him about our work and asked him if he would like to avail of our services. Following completion of the registration and assessment process which were done after due consent, Mayur shared his problems like difficulty concentrating on work. He expressed a desire to want to decrease his alcohol intake. He also shared information on bodily signs that

afflicted him and which are considered to be caused by alcohol addiction. Despite his voluntary enrolment in the program, during the implementation stage of the intervention plan, he did not attend the scheduled meetings. The team then carried out a home visit during which he said that he had been unable to attend due to his work commitments. The team realized that while verbally accepting to be part of the intervention, Mayur was resistant to actually participating in the intervention. The team gauged that the resistance stemmed from a fear and hesitation of changing habits. We therefore started by working on building a relationship of trust. As the trust grew, Mayur began to share more information about himself such as the fights he had with his wife due to his alcohol addiction.

Over time, the team began to learn about when and how his drinking had started. Mayur had dropped out of school in the sixth standard, because of the poor financial situation of the family. He then began working with a local tailor. He soon became friends with a group of boys who drank regularly. With no educational goals and not much to do, along with the group of friends he had found, he developed a drinking habit. Since then, the drinking habit has grown. This habit continued even though he could notice that it was starting to have adverse effects.

The lockdown exacerbated this drinking as it was a period when he was out of work and at home all day. This caused him to be constantly drunk and have arguments with his family members.

Due to the lockdown during the COVID-19 pandemic, we started the self-care and support sessions via telephone. The sessions with Mayur helped gain his trust and he began to accept the support offered. Given his inclination to stop drinking but requiring more support in the matter, we suggested that he seek help at a de-addiction center. He agreed to do so.

Santulan, which is a low-cost de-addiction center had stopped new admissions during lockdown, Working with authorities, the team referred Mayur for Covid tests and vaccination, after which he could be admitted into the Santulan de-addiction program.

To help Mayur understand his addiction, we offered different ways through which he could chart and track his habits. Through this process and with the support of a lay counselor, he began to

reflect on how much he drank when he drank, and why he drank. He began to notice when he felt the urge to drink and filled the chart each time he did so.

To assist with the physical impact of chronic drinking for many years, we conducted sessions on nutrition with him and his family. Building on the connection between addiction and lack of nutrition, we began to work on streamlining his diet and nutritional intake. Through these multi-pronged efforts, there was an observable change in the way Mayur related to his drinking habit. He became more mindful about the changes he was making. His hygiene improved, and his concentration on his work increased.

Mayur continued...

These interventions continued for a long period. Simultaneously, he was going to the de-addiction center. However, his visits to the center were inconsistent. To motivate him to continue on his journey, we began to visit him more frequently as a way to support him. This propelled him to visit the de-addiction center more regularly. On the family front, the team worked with his wife to motivate her to be supportive. Similarly, the team also counseled his parents on the support they could offer. The family arrived at some strategies and negotiations they could use with the compliance of Mayur himself. It was agreed that if Mayur returned home drunk, he would have to do a few household chores the next morning. Using this range of actions and motivations, over two years, Mayur gradually stopped drinking.

Inclusion was also considered, and the team supported Mayur in negotiating with his boss. Mayur was being underpaid by his employer, so the team accompanied him to a meeting where an appropriate remuneration for his work was negotiated. Mayur's salary increased severalfold from a mere Rs 500 a month to Rs 4000. This in turn addressed some financial difficulties which were the reasons for conflict with his spouse. Mayur has now completely stopped drinking. He now attends his work regularly. Self-care has ensured a better sleep cycle and concentration. Fights at home have decreased after his drinking stopped and the family's financial situation has stabilized. Mayur now receives more respect from his family members and has gained in confidence. He is a much happier and more confident version of himself as compared to the Mayur who enrolled for our services.

FINANCIAL REPORT FOR THE YEAR 2019-2020

BAPU TRUST FOR RESEARCH ON MIND AND DISCOURSE
TRUST REGD.NO. : E2970 PUNE
INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD 1ST APRIL 2019 TO 31ST MARCH 2020

PARTICULARS	ANNEXURE	FCRA	INDIAN	TOTAL 2019-20	2018-19
INCOME					
GRANT & DONATION INCOME	VIII	1,36,36,415	1,43,88,940	2,80,25,355	2,03,83,414
OTHER INCOME	IX	-	7,27,226	7,27,226	1,22,871
INTEREST INCOME	X	2,45,112	3,55,019	6,00,131	5,14,355
TOTAL		1,38,81,527	1,54,71,184	2,93,52,711	2,10,20,640
EXPENDITURE					
RENT EXPENSES	XI	1,69,690	2,16,710	3,86,400	2,04,000
AUDIT FEES	XII	45,000	15,000	60,000	29,500
REMUNERATION TO TRUSTEES	XIII	14,88,857	7,81,333	22,70,190	25,29,465
EXPENDITURE ON OBJECTS OF THE TRUST	XIV	1,03,62,509	94,95,444	1,98,57,953	1,54,89,328
ADMINISTRATIVE EXPENSES	XV	13,42,585	22,76,182	36,18,767	18,63,626
DEPRECIATION	IV	46,596	1,77,967	2,24,563	61,133
EXCESS OF INCOME OVER EXPENDITURE	VII	4,26,290	25,08,549	29,34,839	8,43,588
TOTAL		1,38,81,527	1,54,71,184	2,93,52,711	2,10,20,640

NOTES FORMING PART OF ACCOUNTS - XVI

AS PER OUR AUDITED REPORT OF EVEN DATE

For Bapu Trust for Research on Mind and Discourse

Bhargavi Venkatasubramaniam
Managing Trustee
Bapu Trust

Place: Pune
Date: 23/10/2020

For H.Rustom & Co.
Chartered Accountants
Firm Rgd No.108908W

HRD Dalal
Proprietor
Membership No. 031368
UDIN: 20031368AAAACN2653
Place : Ahmedabad
Date: 26/10/2020

For A S Shaikh & Co.
Chartered Accountants
Firm Regd No. 139775W

Aslam Shaikh
Proprietor
Membership No. 162345
UDIN:20162345AAAADB2771
Place : Ahmedabad
Date: 26/10/2020

CONTACT DETAILS

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Thank You