

SAMARTH ANNUAL REPORT

2014-2015

List of Members: 2014-2015

Governing Body

- Dr. Saradha Suresh : Honorary President, Former Director, Institute of Child Health (ICH), Chennai
- Dr. Rani Mohanraj : Secretary, Psychologist, Samarth, Chennai
- Dr. Shuba Kumar : Treasurer, Social Scientist, Samarth, Chennai
- Dr. L. Jeyaseelan : Prof. & Head, Department of Biostatistics, Christian Medical College, Vellore
- Dr. B.W.C. Sathiasekaran : Prof. of Community Medicine, Sri Ramachandra Medical College and Research Institute (SRMC&RI), Chennai
- Dr. R.Thara : Director, Schizophrenia Research Foundation, (SCARF), Chennai
- Dr. Lakshmi Vijayakumar : Psychiatrist, Founder Member Sneha Chennai
- Dr. Krishnakumar : Principal, Elite School of Optometry, Sankara Nethralaya, Chennai
- Dr. Suresh Kumar : Consultant Psychiatrist, Chennai

Advisory Body

- Dr. Lisa Manhart : Associate Professor, Epidemiology, Adjunct Associate Professor, Global Health, University of Washington Center for AIDS and STD, Seattle, USA
- Dr. Kumaraswami : Former Director, Tuberculosis Research Centre (TRC), Chennai
- Dr. Usha Ramakrishnan : Associate Professor, Hubert Department of Global Health, Emory University – USA

Members

- Ms.Rama Murali : Founder CARE³: Care. Connect. Community & Public Health Consultant
- Dr.Visalakshi Jeyaseelan : Lecturer, Department of Biostatistics, Christian Medical College, Vellore
- Ms. Prasiddha Rama Rao : Public Health , Samarth , Chennai

- Dr. Keerthi Prabhu : Consultant Psychiatrist, Apollo Hospitals, Chennai
- Ms. Aarthi Kandasamy : Technical Assistant – CHARTED, Voluntary Health Services (VHS), Chennai
- Ms. K.V.Sripriya : Nutritionist, Research Coordinator, Samarth, Chennai
- Mr. Veerapandian : Assistant Professor, Madras School Of Social Work, Department of Counseling Psychology, Chennai
- Ms. Sylvia Jeyakumar : Biostatistical Consultant, Bill and Melinda Gates Foundation, Chennai
- Ms. Basilea Watson : Technical Assistant (Research), National Institute for Research in Tuberculosis (NIRT), Chennai
- Ms. Premalatha : Data Manager, Schizophrenia Research Foundation (SCARF), Chennai
- Auditors** : Parameswaran & Associates Chartered Accountants.
- Bankers** : Canara Bank, St.Mary's Road, Chennai

SECRETARY'S MESSAGE

It gives me great pleasure to share Samarth's Annual report for the year 2014-15. The year was eventful with new project beginnings and successful completions of others. Our accomplishments for this year included our continued association with our previous funders and partners. I am happy to state that we will be engaged in evaluation and capacity building activities of six NGO partners of BMSF (Bristol Myers Squibb Foundation) in India for the next three years. We continued our partnership with Sneha through a project which seeks to test the effectiveness of an intervention that aims to reduce suicides among Sri Lankan refugees. These projects have given us enriching experiences and opportunities to expand our contacts.

We, at Samarth are committed to investigating new ideas for research and forging new relationships with collaborators thereby expanding our scope of work and our reach. One such is to explore the use of a traditional medicine, namely Kadukkai Mathirai a Siddha medicine to treat anaemia in school girls in Chennai. Reducing anaemia among adolescents is still a major public health challenge in our country despite the National Anaemia Control Programme. We hope that this project which is in collaboration with the Central Council for Research in Siddha (CCRS) and funded by the department of AYUSH (Ayurvedha, Yoga and Naturopathy, Unani, Siddha and Homeopathy) Government of India will provide a way ahead to deal with this public health problem. We are excited and look forward to the start of this study in the coming year.

Another milestone of this year was the establishment of Samarth's Institutional Ethics Board. I am proud to share that members of our ethics committee are representatives from the fields of science, medicine, legal and the community who will evaluate our proposals for ethical issues of risk and benefits to participants, privacy, confidentiality and justice issues.

I would also like to thank the members of our Governing and General Body for their guidance and support over the years and our team for their commitment and hard work. From our humble beginnings in 2007, Samarth has been proudly creating a name as an organization for social science research and training. This would not have been possible without support from our funders and the encouragement and good will from our well wishers. I wish to place on record my deep appreciation to each and every one of them for the faith they have reposed in us in giving us these wonderful opportunities.

ABOUT SAMARTH

We are a group of epidemiologists, social scientists, psychologists and biostatisticians who share a common vision in advocating for health research. We have extensive research experience in using both qualitative and quantitative methods in several national and international multicentric health projects. These have ranged from projects on domestic violence, adolescent mental health, community mental health to, care and support programmes for HIV positive persons.

Samarth was set up in January 2007 and registered as a society under the Tamilnadu Societies Registration Act, 1956 on 24th May 2007; Samarth has been involved in conducting various research projects and social science training programmes.

OUR OBJECTIVES

- Conducting research to inform policy
- Building capacity in epidemiology, social science and biostatistics
- Building partnerships with government and private sectors in health promotion

OUR MISSION STATEMENT

Samarth is committed to creating healthier lives of communities through credible research and sustainable interventions

**SAMARTH RESEARCH AND TRAINING
ACTIVITIES**

RESEARCH

ONGOING PROJECTS

1) An Intervention to Prevent Suicides among Srilankan Refugees: A Feasibility Study Supported by Sneha India & ADRA India & VHS (June 2014- December 2015)

A collaborative study between Sneha India, the Voluntary Health Services (VHS) , ADRA India and Samarth was carried out to understand suicidal behavior and depression among Sri Lankan Tamil refugees living in refugee camps in Tamil Nadu state. There are a total of 111 camps all around Tamil Nadu with a total refugee population of 67,165. The Q branch which regularly monitors these camps has estimated that suicide and suicide attempts are high in these areas. Consequently, the department of rehabilitation at the state and the Q branch requested the NGOs which provide support to these refugees to plan for interventions to reduce suicidal behavior among the Sri Lankan refugees. This study aims to test the effectiveness of Brief Intervention and Contact (BIC), as an intervention strategy to reduce/prevent suicidal behavior among the refugees residing in these camps. The BIC essentially entails identifying community volunteers who will then be empowered with the skill sets to deliver psycho social support to depressed and suicidal individuals.

A team consisting of 10 research assistants were recruited by ADRA India. Members from Samarth then carried out a two day training programme during the month of September 2014. They were given an orientation to the study objectives and methodology and were trained to administer the quantitative questionnaire. The team then carried out a household survey in the selected intervention and control camps to identify depressed and suicidal individuals. Consenting adults who scored 16 or more on the CESD-R (Centers for Epidemiological Studies-Depression Revised) in the intervention sites were asked to participate in the BIC programme wherein the community volunteers met with them every once in two weeks and provided psycho social support. In the control site the participants were only given some basic information about where they could go to seek mental health care. Before commencement of the survey, the Samarth team visited the intervention and control sites and carried out focus groups discussions, one each with men and women in both intervention and control sites to understand the perceptions of Sri Lankan refugees about suicidal behavior in their camps and their attitude towards the community volunteers intervention.

The baseline FGDs and the household survey in the intervention and controls sites have been completed. The list of depressed and suicidal individuals based on their score on the CESD-R

have been identified and those who gave consent have been recruited into the intervention and control arms. The trial is currently underway and is expected to conclude in October 2015.

2. Monitoring and Evaluation (M&E) of Delivering HOPE: A BMSF Supported Initiative (November 2014-September 2017)

The Bristol-Meyers Squibb (BMS FOUNDATION) Foundation has undertaken several programmes to implement strategies to reduce the incidence of Hepatitis (B and C) in India. The BMS Foundation has been operating in India for some time now and has been working with several NGO partners in several states across India. These NGO partners for the last 5 years have been involved in carrying out education and awareness programmes aimed at communities, schools and colleges, running vaccination camps and training health care providers on various prevention and treatment aspects of Hepatitis B.

In an effort to improve the efficiency of programmes and to understand their effectiveness, BMSF recruited Samarth to monitor and evaluate the hepatitis reduction programs being undertaken by 6 partner NGOs. Samarth is also entrusted with the task of helping to build the internal capacity of these partner organizations to carry out their own internal monitoring and evaluation of their programmes. In fulfilment of these goals Samarth carried out a training needs assessment of the selected 6 partner NGOs. Three main areas were assessed:

- Monitoring and evaluation related job responsibilities
- Previous training in monitoring and evaluation
- Perceived skills in monitoring and evaluation vs. required skills

Respondents included programme staff as well as project managers and supervisors. Programme staff provided information on their training needs based on their roles and responsibilities in the organization while managers/supervisors provided information on skills they thought their staff required for the job. Based on the findings of the needs assessment as well as informal conversations with partner organizations, a two day M&E training workshop with an additional one day for one-on-one meetings with each partner was scheduled between the 22nd and 24th of January 2015 in Chennai. Four main topics were covered during the training

- An introduction to monitoring and evaluation
- Program Monitoring and Evaluation Plan
- Indicators, Data Sources, and Data Collection Plan

Ethics in Monitoring and Evaluation There were fifteen participants from six organizations – Liver Foundation West Bengal (Kolkotta), HOPE Foundation (Lucknow), United Way of India (Mumbai), AmeriCares (Mumbai), All India Institute for Diabetes and Research (Ahmedabad), and MAMTA Health Institute for Mother & Child (New Delhi). Four facilitators from Samarth led the sessions.

Following this initial training, Samarth visited Lucknow primarily to work with members of the team providing a basic background on the principles of M&E and also to assist them in developing and piloting tools to collect data. Additionally, time was also taken to observe three different awareness programmes conducted by HOPE, and for Samarth to do preliminary qualitative data collection around these interventions. This entailed carrying out interviews with members of the Hepatitis support groups and with blood bank technicians from Fathima Hospital, Lucknow. Hope Foundation has also requested for more help from Samarth to develop their evaluation tools. Consequently, it is planned to get a team to come to Chennai sometime in April. The team will then be guided by Samarth in planning their ongoing activities and in the development of appropriate evaluation tools. The final evaluation of this current ongoing programme of HOPE will take place towards the end of 2015.

COMPLETED PROJECTS

1) Assessment and Documentation of Access and Utilisation of Family Planning Services and Linkages with Prevention of Parent To Child Transmission (PPTCT) and Maternal and Child Health Care Services for Women and Couples Living with HIV in Select Districts in Tamil Nadu (December 2013- December 2014)

Samarth was supported by UNICEF to conduct a study on “Assessment and Documentation of Access and Utilisation of Family Planning Services and Linkages with Prevention of Parent to Child Transmission (PPTCT) and Maternal and Child Health Care Services for Women and Couples Living with HIV in Select Districts in Tamil Nadu”. This study examined the access to and utilization of family planning services among both HIV positive and negative women in select districts in Tamil Nadu, namely Krishnagiri and Thirunelveli and Chennai city. The specific objectives of the assessment and documentation were to i) understand the gaps and barriers to provide essential cross referral linkages by service providers from both NRHM/MCH care and HIV care and support services for linking couples and women to family planning services in select districts in Tamil Nadu. ii) understand the barriers to access family planning services among sero-discordant and concordant-couples living with HIV in select districts in Tamil Nadu. iii) understand the current use rate of permanent and spacing methods for women and couples living with HIV/AIDS. iv)

understand the linkages of unmet family planning needs and care and support outcomes of couples and their children living with HIV/AIDS. v) document the capacities of health care providers under the RCH and HIV programmes to provide effective linkages and access to family planning services for mothers and couples living with HIV. vi) understand issues concerning stigma and discrimination faced by women and couples living with HIV/AIDS while seeking health care.

In Chennai, the Institute of Obstetrics and Gynecology (IOG) a large tertiary-level government hospital constituted the study site. In Krishnagiri district, the main PHC in each of the three blocks, of Hosur, Krishnagiri and Mattur were selected as the study sites. In Thirunelveli, the main PHCs in the blocks of Ambasundaram, Tenkasi, Shankarankovil were included. Thirunelveli Medical College was also included. Within the 3 selected blocks in each of the two districts of Krishnagiri and Thirunelveli we included the following centres from where HIV+ women were recruited for the study. These centres were :

1. The Ante Natal Care (ANC) department in the district headquarters hospital
2. The District Anti –Retroviral Therapy (ART) Centres
3. The link ART centres at the sub district level
4. The Integrated Counselling and Testing Centres (ICTC) centres
5. The HIV positive networks at the state and district level

A total of 10 SSIs each with ANC and PNC mothers were completed in Chennai. In Krishnagiri 6 SSIs with ANC mothers and 5 with PNC mothers while in Thirunelveli 8 SSIs with ANC mothers and 6 with PNC mothers were completed. Informed consent was obtained from each participant before commencement of the interview. We were unable to carry out any interviews with the spouses of the HIV+ women who participated in the interviews as they either did not show up at the hospital on the scheduled day of the interview or else were unwilling to participate. Exit Interviews were carried out with women attending ANC and PNC care and support services. A total of 30 exit interviews with ANC mothers and with PNC mothers were completed in Chennai. Similarly, 20 ANC exit interviews and 21 PNC exit interviews were completed in Krishnagiri and 39 ANC exit interviews and 4 PNC exit interviews were completed in Thirunelveli.

Among the providers, we recruited various categories of health care providers (HCPs) at both state and district levels to participate in the SSIs. These included the ART medical officers, obstetricians and gynaecologists, ART counsellors, family planning counsellors as well as senior officials from TNSACS and the department of health and family welfare.

All SSIs (Semi Structured Interviews) were audio recorded after obtaining permission. These interviews were conducted in privacy at a time convenient to these stakeholders. Each recorded interview was then transcribed verbatim, and a framework analytic approach was used to interpret the data and identify key emergent issues. Similarly, consent was obtained from each woman participant before doing the exit interviews. This data was entered into SPSS and simple descriptive analysis was carried out. The counselor observation data was also entered into SPSS to aid in generation of simple frequencies and other descriptive data.

- **Key findings**

- HIV + women are accessing and utilizing family planning and maternal care services in government hospitals. These services are provided in a largely stigma free environment.
- There is a need to actively advocate the “no child” or “only one child” norm among HIV+ couples by all agencies concerned namely, NGOs working with HIV+ persons, positive networks, ICTC/ART centres and the OBGYN department. This is not adequately addressed at present.
- Monitoring and tracking of contraceptive use by HIV+ mothers/women by the ART centres is necessary to enhance contraceptive utilization. This data is not available at present.
- Being infected with HIV did not deter couples from having children. Counsellors need to re-focus key messages imparted to HIV+ couples on the possible harms to the future of their children.
- There is a lack of consistency on the messages on breast feeding provided by both doctors and counsellors
- Training of OBGYN and ART-ICTC medical officers who are holding additional charge, on all ART, PPTCT and EID protocols is strongly recommended in order to avoid the potential for giving contrary recommendations to patients
- The sanitary workers constitute a high risk group. Therefore, efforts to make sure that they are adequately protected, made aware of their risk status and provided periodic training is very important
- Integration of services has to go hand in hand with increased manpower and funding in order to continue uninterrupted services to HIV+ women. In an integrated environment the risk of possible loss of confidentiality of the HIV status of women is high and will need to be addressed.

A detailed report on the study was submitted to UNICEF on February 2015

2) Evaluation of Hep. B Programmes of Bristol Meyers Foundation (January. 2013 – March 2014)

The Bristol-Meyers Squibb (BMS FOUNDATION) Foundation had undertaken several programmes to provide information and training about Hep.B, which included capacity building for healthcare professionals and lay health workers on disease education and prevention.. Their four thrust areas were: Awareness, Education and Prevention programmes. These programmes aimed to create awareness among schools, colleges and communities about Hep. B in terms of its mode of transmission, common symptoms and methods of disease prevention. The programme also included early diagnosis as a means of controlling the further spread of the disease. The fourth component included running vaccination camps and training health care providers on various prevention and treatment aspects of Hepatitis B. These NGO partners of the BMS Foundation had been undertaking these Hepatitis B related programmes for the last 5 years. BMS was keen to have these programmes evaluated to determine how useful and effective they have been and whether there was need for any changes to be brought in to their methodology and focus. Samarth was hired to undertake the evaluation of 5 such partner NGOs. These were United Way of Mumbai, AmeriCARES-Mumbai, Hope Foundation-Lucknow, Hepatitis Foundation of Tripura- Tripura and A Hepatitis B Awareness and Safety (AHBAAS) initiative executed by Christian Medical College, Vellore.

Our evaluation plan for each of the partner NGOs was developed based on the specific programmes they were carrying out. Following consultations with each of the NGO partners, we drew up our operational plans and scheduled dates for site visits. The evaluation was completed in all the sites and site reports were prepared following which the findings were shared with each of our NGO partners. We then organized a partners meeting from 3rd – 4th March 2014 in Chennai wherein we met with each of the partner NGOs individually and shared our evaluation findings with them. We also used the opportunity to clarify issues with each NGO partner before finalizing the reports. BMS subsequently organized a partners meet in Delhi from 24th – 25th April 2014 wherein we presented the key findings of each site. The final evaluation report was then prepared and submitted to each partner NGO as well as to BMS .

PROJECTS IN THE PIPELINE

1. Efficacy of Kadukkai Mathirai- (a Siddha Medicine Preparation) in Treating Anaemia in Tamil Nadu

Samarth in collaboration with the Central Council for Research in Siddha (CCRS) and funded by the Department of Ayurveda Yoga Unani Siddha and Homeopathy (AYUSH), New Delhi, , have prepared a research protocol which aims to study the “Efficacy of Kadukkai Mathirai - (a Siddha Medicine Preparation) in Treating Anaemia in School going girls in Tamil Nadu”. The objectives of the study are 1) To assess the efficacy of Kadukkai Mathirai (KM) a Siddha preparation in improving Hb levels and other haematocrit parameters in urban school going adolescent girls (13-15 yrs) and 2) To assess the perceived acceptability and compliance of KM among adolescent girls.

The proposal had been submitted to the ethics committees of both CCRS and Samarth. Following the first round of reviews, both committees had raised several issues for which they had sought our responses. We have since submitted our responses to the two IECs respectively and are awaiting their final feedback.

2. Care seeking in Childhood Pneumonia Management: An Exploratory Study

Samarth in collaboration with INCLIN Trust and the Bill and Melinda Gates Foundation (BMGF) have developed a protocol on “Care seeking in Childhood Pneumonia Management: An Exploratory Study.” The study seeks to explore issues which enhance/impede access to care with respect to childhood pneumonia, specific to regional and socio economic contexts in 3 states in India, namely Uttar Pradesh, Madhya Pradesh and Tamil Nadu. The specific objectives of the study are 1) To undertake a desk review of the systems, policies and practices in place with regard to childhood pneumonia management in the states of Tamilnadu, Uttar Pradesh and Madhya Pradesh. 2) To assess care seeking behaviour with respect to treatment of pneumonia in the community. 3) To explore kinds of care (allopathic/traditional, public/private) sought by families for treatment of childhood pneumonia and understand the influence of cultural factors on care seeking. 4) To describe roles of the private and public health sectors in various state contexts with regard to care and management of pneumonia and understand their perceptions on the relative benefits of promotive/preventive/ curative approaches towards childhood pneumonia management.

The completed proposal was also submitted to Samarth’s IEC which has approved the study following a few modifications. Being an international collaborative project (BMGF and INCLIN) the study requires HMSC (Health Minister Screening Committee) clearance. The

proposal along with all documents, namely, consent forms, study instruments and Samarth IEC approval letter has been submitted to ICMR/HMSC for their final approval. This is now awaited.

3. Development and Validation of a Questionnaire to Assess Attitudes of Health Care Providers towards Persons with Leprosy

The attitude of Health Care Provider's (HCP) is important in the management of any disease. In the case of leprosy the positive beliefs and attitudes of HCPs plays an important role in early diagnosis of cases thereby serving to prevent disabilities. Leprosy is one of the major diseases which have been closely associated with and sometimes even synonymous with stigma. The common deformed physical image, the fear of infection and the belief that it is incurable are the root causes of the inhumane treatment that is often meted out to those affected with leprosy. The German Leprosy and TB Relief Association have sub-contracted Samarth to develop a questionnaire that could be used to assess the attitudes of health care providers towards patients with leprosy. The specific study objectives are: 1) Explore and understand HCPs attitudes towards and beliefs about persons with leprosy to inform the development of a questionnaire to measure attitudes of HCPs towards such persons. 2) Validate a questionnaire to measure attitudes of HCPs towards persons with leprosy. The proposal was submitted to the Samarth IEC for approval in January 2015. The committee had approved the study in principal but had suggested a few minor modifications. These revisions have been made and the proposal has been re-submitted to Samarth IEC. Their final approval is awaited.

PUBLICATIONS

1. Rani Mohanraj, Visalakshi Jeyaseelan, Shuba Kumar, Thenmozhi Mani, Deepa Rao, Katherine R. Murray and Lisa E. Manhart. Cultural Adaptation of the Brief COPE for Persons Living with HIV/AIDS in Southern India AIDS Behav DOI 10.1007/s10461-014-0872-2. Springer Science+Business Media New York 2014.
2. Nora J Kleinman, Lisa Manhart, Rani Mohanraj, Shuba Kumar, Lakshmanan Jeyaseelan, Deepa Rao and Jane M Simoni. Antiretroviral therapy adherence measurement in non-clinical settings in South India. Aids Care 2014. <http://dx.doi.org/10.1080/09540121.2014.946382>
3. Mirja Koschorke, R. Padmavati, Shuba Kumar, Alex Cohen, Helen A. Weiss, Sudipto Chatterjee, Jesina Pereira, Smita Naik, Sujit John, Hamid Dabholkar, Madhumitha Balaji,

Animish Chavan, Mathew Varghese, R. Thara, Graham Thornicroft, Vikram Patel
Experiences of stigma and discrimination of people with schizophrenia in India. *Social Science and Medicine*, 123, (2014) 149-159.

4. Rani Mohanraj, Shuba Kumar, Sarojini Manikandan, Veerapandian Kannaiyan and Lakshmi Vijayakumar. A public health initiative for reducing access to pesticides as a means to committing suicide: Findings from a qualitative study. *International Review of Psychiatry* August 2014; 26(4):445-452.
5. Visalakshi Jeyaseelan, Shuba Kumar, L Jeyaseelan, Viswanathan Shankar, Bijesh Kumar Yadav, Shrikant I Bangdiwala. Dowry Demand and Harassment: Prevalence and Risk factors in India. *Journal of Biosocial Science*. January 2015, pp 1 – 19
6. Shuba Kumar, Rani Mohanraj, Deepa Rao, Katherine R. Murray, Lisa E. Manhart. Positive Coping Strategies and HIV-Related Stigma in South India. *AIDS Patient Care and STD*. March 2015, 29(3): 157-163. doi:10.1089/apc.2014.0182.

SOCIAL SCIENCE TRAINING PROGRAMMES

Social Science training Programmes organized by Samarth and those for which Samarth faculty have been invited to as resource persons during the period 2014 – 2015 are listed below:

1. Qualitative Research Methods and Analysis and Instrument Development 12th – 16th May 2014. Conducted by Samarth at the Biostatistics Resource and Training Centre - CMC, Vellore
2. Workshop on Qualitative Research Methods and Analysis was conducted at Schizophrenia Research Foundation (SCARF) from 6th - 8th November 2014.
3. Workshop on Research Methods organized by Samarth in collaboration with SCARF (Schizophrenia Research Foundation) for Masters level students of Psychology, Sociology, Social work and Anthropology from 5th to 6th March 2015 at SCARF's Dementia training centre, Chennai.. Workshop conducted free of cost

PROFILE OF **FOUNDER MEMBERS**

L. Jeyaseelan has a doctorate in Biostatistics and is currently the Professor at Department of Biostatistics at Christian Medical College (CMC), Vellore. He was trained in Epidemiology and Biostatistics at the University of Newcastle, Australia under the INCLEN (International Clinical Epidemiology Network). He has established a Biostatistics Research and Training Centre (BRTC) and a Clinical Data Management Centre (CDMC) at CMC for high quality data analyses and management. In addition, to being the honorary president of Samarth he also provides his expertise as a Biostatistician for Samarth's research projects.

Shuba Kumar is a Social Scientist and holds a doctorate in Medical and Social Psychiatry. She received her training in Social Science and Epidemiology from the University of Newcastle, Australia under the INCLEN (International Clinical Epidemiology Network) programme. She has been a lead investigator on research projects on women's reproductive health, domestic violence, mental health and HIV care and support programmes. She is also the sitting member of ethical committees in institutions such as, the National Institute for Research in Tuberculosis (NIRT), Madras Diabetes Research Foundation (MDRF), and the Schizophrenia Research Foundation (SCARF)

Rani Mohanraj completed her doctorate in Psychology from the University of Madras and was trained under the Fogarty Fellowship Programme in Epidemiology and Biostatistics at the University of Washington, USA. She has been involved in research studies on mental health concerns, specifically depression in primary care and school mental health. She has also worked with HIV affected children and has consulted on the development of tools for counsellors in HIV care.

Saradha Suresh is the Former Director of the Institute of Child Health (ICH), Chennai. She underwent training in Clinical Epidemiology, Biostatistics and Health Economics at the University of Pennsylvania, USA under the INCLEN programme. She has been the lead researcher on several neonatal and child health projects. She serves as a technical consultant on the research projects undertaken by Samarth.

Veerapandian was trained in Psychology from the President College, Chennai and completed M.Phil from University of Madras. He is a visiting faculty in Psychology at various educational institutions