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Note on items listed under 7.1.10, 7.1.11, 7.1.17

The following items listed in the DVV query for the metric relate to the Centre for Psychotherapy and Clinical Research (CPCR) and the psychotherapeutic service managed by it under the name Ehsaas. The listed activities are integral and regular part of the functioning of CPCR and Ehsaas all through the period covered under the current reaccreditation.

- CPCR - Emerging hub of learning and knowledge in psychotherapeutic practices
- Access to visiting scholars,
- Use of skype to facilitate sessions keeping in mind mobility of patients/clients out of Delhi
- Ehsaas - Low fee psychotherapeutic services
- Community Outreach work with Safai Karamchari, Refugee Groups and people from marginalised sections of the society
- Developing critical discourses in supervision of research and psychotherapeutic work
- Activities geared towards creating an environment of emotional sustenance and caretaking, a culture of social harmony, cohesion and tolerance for one's fellow beings

Therefore, in addition to the documents specifically related to particular events in this file, a list of documents indicating the overall work and undertakings of CPCR and Ehsaas is given below, which pertain to the abovementioned initiatives.

- Centre of Psychotherapy and Clinical Research: vision and objectives
<https://aud.ac.in/uploads/1/page/centres/cpcr-brochure.pdf>
- Information about CPCR and its work
<https://aud.ac.in/center-for-psychotherapy-and-clinical-research>
- Low fee vision of CPCR with its objectives of making psychodynamic psychotherapy accessible to all in need
<https://aud.ac.in/uploads/1/page/centres/a-note-about-cpcr.pdf>
<https://aud.ac.in/ehsaas>



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- A report on CPRC's contribution to Mental Health in making psychotherapy accessible to those in need
<https://indianexpress.com/article/cities/delhi/ambekar-univs-clinic-making-mental-health-help-accessible-5874050/>
- SHS and CPRC's work in training socially sensitive psychoanalytic psychotherapists
<https://shs.aud.ac.in/programme/research-studies/58-mphil-psychoanalytic-psychotherapy>
<https://shs.aud.ac.in/uploads/1/admission/admissions2015/Introductory%20note%20mphil%20psychoanalytic.pdf>
- CPRC's Ehsaas clinic listed in top facilitates for providing fee mental health services to students in the city of Delhi 2017
<http://dubear.com/2017/08/mental-health-facilities-for-students/>
- New direction to Psychology Studies at SHS in AUD. Interview with Prof. Honey Oberoi Vahali in *The Hindu*, 2016
<https://www.thehindu.com/features/education/new-direction-to-psychology-studies/article8630106.ece>
- *Awaaz 2019* CPRC's Annual mental health day and Mental Health Challenges in Conflict Zone, 2019
<https://www.facebook.com/Centre-of-Psychotherapy-Clinical-Research-458099444318>

CENTRE OF PSYCHOTHERAPY and CLINICAL RESEARCH

Procedures and Guidelines at ehsaas

Introduction

The Centre of psychotherapy and clinical research (CPCR), came into formal existence in July 2013. Prior to this the idea of the Centre and the work which went into its creation was being incubated by the School of Human Studies (SHS). Since 2011, the School of Human Studies had been involved in setting up its psychotherapy clinic, *ehsaas*. Between the years 2011-2013, at *ehsaas*, we reached out to approximately 150 people in need of mental health care and also imagined the mandate and the various functions and philosophical underpinnings of CPCR. In July 2013 when CPCR was announced as a Centre by AUD, *ehsaas* became one of its core unit- it's counselling and psychotherapy wing.

CPCR is founded on a psychoanalytic, psychosocial clinical orientation which is also committed to engage with the impact of social realities and social change on the psyche. The psychoanalytic, psychosocial orientation is forever eager to receive articulations from the unconscious as they influence streams of lived experience. Guided by this inclination, we value caring relationships and think of therapy as a relational, interpersonal journey. Our focus is also on community work in the arena of mental health.

On the one hand, psychoanalysis is a way of connecting to the artistic, aesthetic and imaginative in the human spirit. Its relational thrust playfully helps the unravelling of one's experiential world. On the other, psychoanalytic work focuses what is negated and denied, what is absent and painfully lacking in human lives. In this tradition healing is attempted by reducing the gap between the above mentioned two ends of the continuum, even as any individual or group of persons open up their experiences to an empathetic exploration with a therapist or a group facilitator.

The question of the ways in which psychoanalysis can be used for depth and qualitative work in a public clinic is a very alive one for CPCR. As already mentioned, the aim of the work at *ehsaas* is to retain a depth approach to clinical work and to keep alive ever fresh concerns about the place of psychoanalytic psychotherapy in a public funded clinic. At

ehsaas we are committed to making psychoanalytic psychotherapy accessible, keeping in mind that there is a need for social as well as emotional justice; that everyone deserves care and concern. Independent of, yet along with other public funded service providers in other parts of the world (eg. Tavistock Institute and Tavistock clinic, UK) CPCR has arrived at the need to meaningfully apply the social sciences, with psychoanalysis in particular, to relevant questions of social and emotional justice. Keeping with this philosophy, *ehsaas* provides a community based, easy to access, low-fee, confidential, high quality mental health service to all age groups of the local population and students, staff members, teachers of various educational institutions. It aims to keep alive the continuum from imagination to intervention; from blocks to health to healing and a capacity to play. Based as it is in an educational institution, we are actively engaged with thinking about the shared borders between the promise of higher education and the potential of deep listening to difficult states of emotional experience. We are often faced with that which cannot be easily expressed in the classroom (as well as the family). It is this which, more often than not makes its appearance in the clinical setting, even as young lives grapple to make sense of their experiences and reach a secured sense of identity through the therapeutic journey.

There is a severe gap in mental health provision as well as in thinking around mental health needs in India. The current prevalence rate of mental disorders suggests that 65 of 1000 persons, at some point in their lives, are in need of psychological care. Yet the provision is nowhere near adequate with 0.02 psychologists per 100,000 people. The burden of mental disorders, especially in urban India, is highest among young adults in the most productive life stage between 15-44 year of age. This implies that students in schools, colleges, universities, young families and those with young children are especially vulnerable to major psychological upheavals.

There continues to be a gap in Indian society and in our healing traditions in thinking about mental health. An engaged thinking in the mental health care system, one that is not only dominated by psychiatric pharmacology, requires the space to relate to symptoms through deep listening and understanding of a person's relationships, life history, socio cultural and politico-historical location. This is the approach we follow at *ehsaas*

At CPCR we are also concerned with the modern crisis of capitalism which plagues all fields including education and health services, particularly mental health, psychiatry and psychotherapy. Our times threaten us with a dangerous dehumanizing situation all other imaginations of care are quickly being subsumed under a profit oriented, individualistic, give and take model with little regard for social justice or human relationships. Going against the powerful currents of mainstream medicine and health care, we at CPCR and AUD work with a free or low-fee ethic. At the same time ours is not a rigid ideological position since we are aware of the multiple ways in which the setting and question of fee impacts the work of therapy. We treat the fee as a living part of the therapeutic relationship, replete with symbolic meaning. However we believe that the question of fee needs careful thought at

many stages of the growth of the therapist and this clinic. Our mandate is to reach out with quality care to those who cannot afford mental health services and to also renew the philosophical vision of psychotherapy in ways that would link with social and emotional justice.

With CPCR becoming identified along with SHS as the unit delivering the MPhil psychotherapy and clinical thinking programme at AUD, it has become essential to see *ehsaas* as a training site as well as a functioning clinic. The clinicians working at *ehsaas* are of the view that seeing patients in a public funded, university based context, is qualitatively and administratively different from seeing patients in private practice settings. Therefore, the need for us to draw up policies for clinical work at *ehsaas* has come about organically but with an intensity that makes it hard to brush aside.

We hope that the document below provides a clear statement on procedures and guidelines of work at the clinic to aid new trainees and existing workers to be clear about our stand on values, ethics and a code of conduct. Procedures are to do with structures such as referral processes, supervision arrangements and data collection; guidelines deal with interaction related concerns such as confidentiality and information sharing, termination of therapeutic work, fee structures and supervision, each of which presents more of a dilemma and discussion point for a clinician and needs to be thought about on a case by case basis. These will also be gradually discussed in detail throughout the year in clinical seminars and supervision.

These procedures and guidelines apply to the *ehsaas* team, MPhil students and patients at *ehsaas*. It is possible to see the guidelines as having different roles or purposes for these groups of people:

1. for the student or the newly inducted therapist, the guidelines will flag up issues that have the potential to become critical therapeutic encounters and therefore need to be anticipated; Issues which may not come to mind and become neglected in supervision.
 - fee and how its decided
 - confidentiality
 - record keeping,
 - breaks/holidays -their communication and impact;
 - high risk behaviour from patients.
 - termination and how its discussed/arranged;

2. for the patient, the guidelines will create transparency in the patient's link with the institution and in the processes surrounding clinical work, especially in the line of communication between administration and therapy processes.
3. for the therapist, guidelines may help to serve as containers of anxiety when faced with challenges by patients and students. They may also serve to free up capacity to use challenging patient communications as entry points for further discussion, use it as clinical material rather than turn to them defensively.

The guidelines of working at ehsaas are closely linked to the code of ethics for psychotherapists, which are a part of the code of ethics currently under discussion by AUD, and are suggestive of the following:

1. Psychotherapists working at the University clinic will work for the benefit of those approaching them for help with complete dedication and care.
2. They will use their professional acumen to reach their patients' life by upholding values of deep listening and empathic concern.
3. In no way will they harm or exploit their patients' vulnerability and shall endeavour to enrich and enhance their emotional life.
4. They will uphold principles of confidentiality and maintain the trust that their patients and counselees bestow upon them.
5. In cases where the threat of suicide or homicide is considered to be acute, psychotherapists will take these cases seriously, seek professional advice and involve the family as and when appropriate.
6. In publishing clinical material based on actual clinical work, they will seek the prior consent of their counselees and patients.
7. They will not use the university clinic for purposes of promoting their private practice.
8. Earnings generated from the clinical services offered at the University shall be entrusted to the Centre for Psychotherapy and Clinical Research. The funds will be utilised for purposes considered appropriate by the Advisory board and the Steering committee of the Centre as per its periodic deliberations.

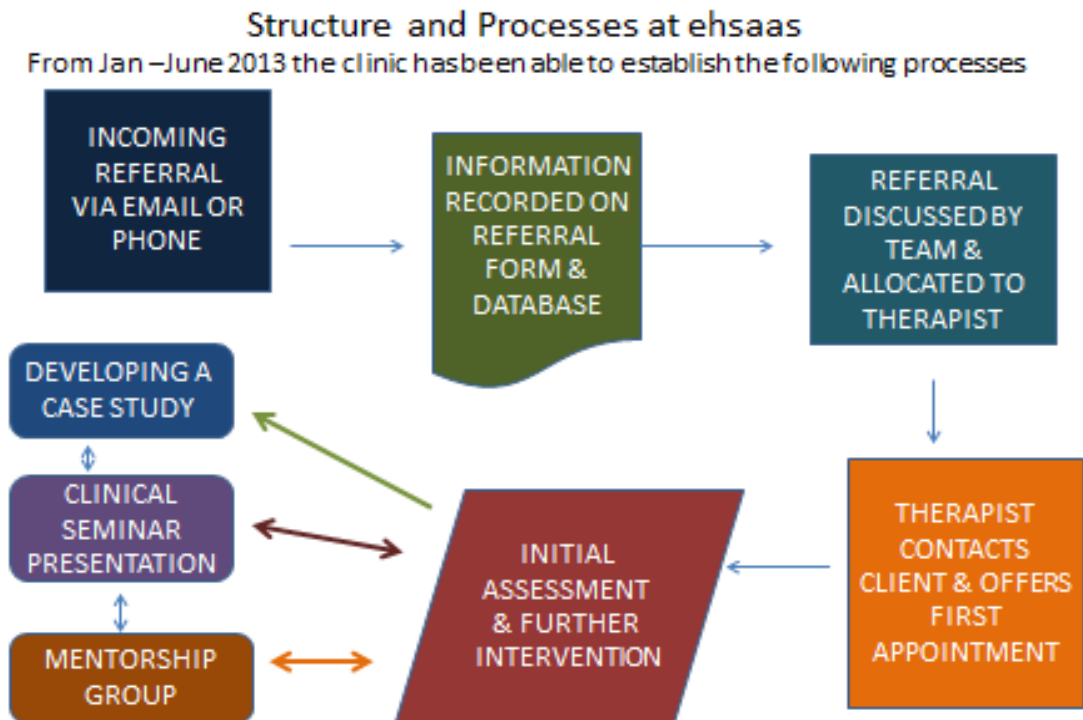
In order for a clinician – both MPhil students training at *ehsaas* and the *ehsaas* team – to live up to this code of ethics, certain processes need to be put in place so that the institution can become a facilitator and upholder of these ethics. For example, in order to continue to provide deep listening, empathy and appropriate support during crises, we see regular

clinical supervision as essential for all persons seeing patients at ehsaas. For a clinician to act in the patient's best interest, at times it may be necessary to break confidentiality to keep the patient safe, such as in case of a threatened suicide. Therefore, the procedures and guidelines aim to flesh out the code of ethics, by taking into consideration the complexity that close interaction with human beings brings us to.

The *ehsaas* team comprises

- the Director
 - Psychotherapists
 - Faculty from SHS with a clinical and psychosocial orientation
 - Part time psychiatrist
 - Former MPhil trainees as volunteers
 - Current MPhil trainees
 - Other mental health professionals who may from time to time wish to volunteer their time and services to strengthen the work at the ehsaas clinic
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Procedures



The flowchart above outlines the steps after a referral is received by the team at *ehsaas*. It also makes clear that information about patients approaching *ehsaas* is known to the *ehsaas* team as well as an administrator/staff member. Further, the course of information sharing is also clear – that a referral is discussed by the team at *ehsaas*, appropriately allocated and then discussed periodically. It is important that this be made clear to patients coming to *ehsaas*. This could be done by displaying the flowchart on a notice board or placing it on the website so that patients are clear that by coming to a public clinic that is also a training site, certain processes will be followed that are different from what they may expect from an individual private practitioner.

How to refer: referrals to *ehsaas* are made in person, on the phone to a member of the *ehsaas* team (or on email at ehsaas@aud.ac.in). The patient's contact information recorded on a referral form (see annexure 1) which is required for administrative purposes and for tracking the progress of a referral.

What happens next: the *ehsaas* team meets once a week to discuss the new referrals. Each CPR team member is also a mentor to an MPhil student and represents the student's training needs at this meeting. Clients are then allocated to the appropriate therapist. The decision is based on a number of factors including interest in and /or prior experience in

working with a particular kind of clinical situation; complexity of the case, perceived capacity of a student to take on a particular case, patient's requests for a male/female therapist or a particular day of the week and space in people's diaries.

Information sharing in team meetings: the *ehsaas* team meeting, as described above, is the first point at which patient information is shared. It includes basic contact details and the presenting problems/symptomology/risk of self-harm involved. This is the minimum necessary level of information sharing. Clinical case material presented at clinical seminars (which are attended by all those working at *ehsaas*) are anonymised.

What information to collect and for what: Information collected at the point of referral is outlined in annexure 1. In addition it may be necessary to consider getting contact information in the case of an emergency and of other professionals working with the patient, usually a psychiatrist or medical doctor.

Where is it stored? Who has access to it? Information about patients is currently stored in the form of a Microsoft Excel spreadsheet on a restricted access, password protected, internet based cloud service – google drive. In addition to the *ehsaas* team, an administrator/staff member has access to this information. IT services, senior faculty and MPhil students have no access to this database. This decision was made in order to protect patients from being identified by their peers and staff since many AUD students are also patients at *ehsaas*.

The Philosophy behind *ehsaas* clinicians offering free work or charging low fee along a sliding scale: There is a close relationship between the fee policy of any clinic and the manner in which it is likely to subtly influence the patient's growth and subjectivity. While considerations about fees should be informed by their clinical implications for the working dyad, yet it is also important to state that in times such as ours a low fee clinic carries a special significance. In a world where almost everything, including the therapist's and patient's self-esteem and self-worth are evaluated even by themselves in monetary terms and returns (the power to charge and the power to pay), a clinic offering free help or low fee work may in its initial moment of reception be thought of as causing social disjunction and being "far too idealistic and illusionary".

While a capacity to charge fees in accordance to one's requirements and to be able to talk about money in an open, non-inhibited manner demonstrates healthy acceptance of one's reality and needs in the therapist, an ability to care for another person in distress by holding back one's monetary needs also demonstrates a capacity for concern, ego strength, maturity and emotional growth. In either situation, powerful unconscious processes are likely to be triggered and activated in the therapeutic dyad. These would require continuous working through in the transference-countertransference continuum. At CPR we do not just follow the socially given but we consider ethics as an alive concern, re-examining it as every stage of our work.

In addition to concerns about social justice, at ehsaas and CPR we are preoccupied with the question of emotional justice too. Emotional justice is an idea founded on our belief that all human's, irrespective of their class background, situatedness, psychosocial and circumstantial realities deserve to receive love, care and compassionate attending and listening.

Like the work of clinicians in other parts of the world, our work too indicates that contrary to popular beliefs, patients who are seen for a lower fee or are not charged any fee at all, work as seriously in therapy, are as regular and benefit as well (sometimes more) than high paying patients. Moreover, many of them return back to tell their therapists, how being cared for in this special manner, helped them to become freer with their personal capacity to care for others, to be generous and more giving vis-à-vis those in need.

As stated above, psychotherapy is never a neutral enterprise. The way in which a therapist will handle issues of money and fees will in turn translate into unconscious meaning for the therapeutic dyad and will influence the transformative potential in each of their subjectivity. When viewed as a journey of work through love, a therapist's ability to see the patient's life as a gift, can lead to a deeply enriching interpersonal experience for both partners.

A non-insistence on fees (or its hiking up) by the therapist, even with clients who can pay but resist to do so, can in the long run, lead to the release of their generative and humane sides. It is of course important that the therapist be able to symbolise this in innovative ways in one's inner world too.

Thus the philosophy behind fee at *ehsaas* is part of a larger ethic. It is unconventional, yet worthy of being experimented with. Currently, the fee ranges from zero to a maximum of Rs. 300 per session. The fee is usually decided in collaboration with the patient and has direct links to the therapeutic relationship, over and above the patient's capacity to pay. The decision to charge a fee, how much to charge or not charge any fee at all, is one that can have significant bearing on the patient-therapist relationship and on the therapy itself. Therefore this decision is one that needs to be thought through and discussed in supervision prior to discussing with the patient.

Case vignette: A young university student agrees to pay the full fee to his therapist. seeing his confidence to pay, the therapist does not explore the sliding fee, his resources to pay the fee and affordability of twice a week therapy. The patient, although highly motivated, starts missing sessions. Unable to express the difficulty of paying the therapist, missing one's sessions became a way to 'cut costs' to one's pocket as well as his self esteem. An inquiry into the missing sessions and inability to pay the therapist enabled the patient to confront the reality of his dependence and his difficult relation with asking for help.

Case vignette: There is a young woman who I have been seeing once a week for the last 7 years. She came to me as an adolescent with severe symptoms of anxiety and obsessive

compulsive states. in our work together many of her symptoms have subsided yet she continues to be in therapy. In the course of my knowing her, she has consolidated and made open her relationship with her boyfriend, got a post graduate education and has landed herself a corporate job in a premier institution. she earns well and spends well. she often spends her money on clothes, perfumes, haircare and often buys several presents for her parents, boyfriend and close friends and family, much to her own dismay as she the feels disappointed at them nt returning the gesture.

I started seeing her on a very low fee when she was a student and have increased her fee ever since. Even though she earns extremely handsomely, she refuses to pay me my full fee and cites household expenses and my "non need" as the reasons. since I am older, more educated , Teach at a university , what need could I have of her petty money, she often says? her seeming sense of smallness hides a huge envy of my capacity to help her and results in hoarding behaviour. she would often tease me by saying she gave all her money to the plush taxi that she took to my office, or that her ATM has been blocked for overspending! she would often make the mistake of paying me her old(low fee) and on being reminded say ,"oh I keep thinking thats the fee even now." while this can be interpreted as a wish , it is often a manipulative reminder to me that my work in her mind is only worth that much.

She comes from a middle class family, where here father has a private managerial job and mother is a homemaker. her Grandfather came from Pakistan after the partition and failed to get a refugee house allotment. it is not clear if he did not get state support or he sold the house further to make money. the family often has what she calls is a "pseudo crisis" when the father declares they are bankrupt , they start reducing the expenses and borrow money from her. after lending them a gigantic amount, she realizes it was a scam and she had been manipulated. Money suddenly appears from the parents bank accounts .My interventions in making her think about why she gets roped into it everytime is met with a perfunctory "hmm" or "its' possible" but often doesnt' create any emotional insight. The only way this transference can be engaged with her is through her tumultuous relationship with my fee, and how she sees missing even a single minute of our session as an uneconomical deal.

Often in my work with her, I think about the myth of of autonomy and the substitution of consumerism as a substitute for relational bonds in the family. she often pesters me for "new insights " and states her coming to me for so many years as necessary for her corporate success but I wonder if what she really needs from me a stable relational space where she is not expected to perform any role. The fact that in our work there is a space for exploring the psychological impact of social and economic inequity and injustice(in her case, spanning generations) perhaps make it worthwhile to go on.

In another case we found that when the patient could be lovingly taken care of by the therapist in spite of her resistance to pay, it helped the former to ultimately get in touch with her own capacities to care for and adopt an orphan girl.

Case vignette: N was a PhD student with a history of maternal neglect and marked paternal aggression. The therapeutic work unravelled suicidal depression and a personality with underlying borderline features. As she was a student who had come to seek help at the university clinic, she settled on paying me a fee of rupees fifty per session. We decided that she would pay the fee for the month at the month's end. After the completion of the third year of therapy, she started to forget paying me. This was something enigmatic and powerful which was taking place between us. It was not as if my patient was unable or resistant to pay prior to this period. Then what was happening in the therapy, in the transference, in her inner world that led to her forgetfulness and resistance to pay? Whenever I invited her to reflect on her feelings with respect to paying the fee, she would say, that she was feeling very embarrassed because she had it in her to pay the fee from her JRF fellowship but somehow, she could not bring herself to pay me. We broached this topic on several occasions. Each time she apologised profusely and indicated her unease in not paying but she could not still bring herself to actually pay the fee. I sensed a deeper resistance at work and thought that the issue of fee was laden with emotional signifiers for her.

I toyed with various hypotheses- was this her way of denying me (symbolically the source of nurturance- the low fee University clinic which was supporting her) my due? She knew the clinic supported itself by the low fees that the students paid. So was I to interpret her resistance as an aggressive and destructive attack on the good breast? (Klein, 1941). Was this a manifestation of her deeper disturbance and difficulty in appreciating intersubjectivity- if she had needs, others too had, as represented by me in the clinical situation (Benjamin, 1988). In this sense, was I (and the clinic I stood for) only an object and not a subject in her inner world. Was this her way of saying that her needs were enormous and urgent and needed to be attended to first much before she could become capable of entertaining those of anyone else? Was her resistance a way of attacking our bond? Or, while shades of all of the above could be present in her unconscious communication around fee, was she in fact cementing our bond by refusing to pay? Could it be that before she could come to trust someone, she needed to be sure, to test the other of his or her uncontaminated and selfless love and concern for her?

In Kirkegaard's terms, was my patient facing a "crisis of faith", did she need a reparative relationship which would help her to work through the damaged bonds in her psychic world? Was it important that the therapist survive her destruction in context of fee, before she could experience care and become a subject in her own life? Would this, however, lead to further splitting of the maternal object-with the "good therapist" and the "bad and exacting biological mother" coming to occupy the two opposite ends in the relational continuum?

While many dilemmas were active in my mind, I went along the hypothesis that she needed care and survival of her own destruction and self-centredness before she could reach a stage of subjecthood. She needed faith in life, the faith that there was a caring other, who was concerned about her, beyond one's own needs. (by becoming a real mother to the patient-Winnicott, 1966) This was essential for her to be able to survive and my continuing to see her in spite of her "refusing" to pay would strengthen an axis of faith in service of her life. I sensed that a basic feeling of "faith in existence" and "hope in the face of despair" was first to be affirmed before she could have hope to life and the issue of fee symbolised her unconscious battle and struggle in this direction. Hence, my clinical intuition guided me to let her be for a while, even as I continued to work with her without bringing up the concern of fee for the next three and a half years. I decided to wait for a time, by when she would herself be able to bring up the issue with emotional readiness and awareness on her part.

After sometime I stopped bringing up the question of fee at all from my side. At times, she would mention it but could not still reach the possibility of paying me. On retrospect I understood my feelings that what she needed was an affirmation that I cared for her and paying fee implied I had a vested interest like everyone else in her life. I realised that my inner conflict was that I was torn between my role as therapist who had to affirm the grounds of reality and to simultaneously become a symbolic internal presence; I was conflicted between bringing in the perspective of reality and demanding the fee or becoming a new internal object- thus laying the foundations of trust and faith in her inner life. My inclination went towards the latter, trusting as I did that when she would have inner readiness, she would herself have developed a capacity to look into this aspect.

After four years, during a visit to a home for orphan girls, she came across an eleven year old girl who looked,

“So withdrawn, angry, full of dejection, lifeless and hopeless. I made instant connection with her. She was exactly like how I was when I came for therapy to you, seven years ago. I too felt there was no one who would love me. I saw that same desperation and pale lifelessness in her eyes. There were so many children who were happier and alive, but I kept looking in a transfixed manner at this girl. Her name is S. I thought I must give her S (loving asylum) as you had given to me. If you could listen endlessly to me for seven years-without demanding your fee- I too could become a caring presence in her life. I calculated in my mind, in seven years, she will be eighteen...I promised to sponsor her education and personal needs for the next seven years. Seven years, you took to make me human. I too want to do this for another person. I went up to S. She was withdrawn but when the in-charge of the orphanage said, I wanted to sponsor her, I thought she smiled just a little. I told her I will come every Sunday to meet her. She asked me as I was leaving, ‘didi you will come no? I will wait for you on next Sunday”.

There were tears of intensity and joy as N shared the above with me. As she spoke, I too experienced it as a deep moment of connection and mutual recognition. I also felt rewarded that a sense of faith in our work (contributed by my devoted care and refusal to insist on fee) had inculcated in her a desire to become a caretaker of another human being in need. She had reached a level of psychological sophistication, such that, on one side, she could herself in the lifeless, angry, orphan girl; on the other, she could identify with her therapist’s caring and nurturing sides and offer parenting to a parentless child.

For several sessions, N toyed between the desire to adopt S as her child or to be her sponsorer- a foster parent who would provide a home to the orphan girl during some weekends and keep alive an on-going emotional connection with her, also take care of her expenses which were to be given on a monthly basis to the orphanage in charge. In the sessions, we tried to understand the unconscious motivations associated with both of the possible choices. She could come to see that it was her idealization of me which made her feel that she could take total charge of the orphan child. In actuality however, she was not psychologically prepared for it and thus she settled on becoming her sponsorer, her foster mother. This responsibility has been carried on by her with devotion and care thereafter.

It was also along this time that she broached the topic of not having paid me my fees for the last four years and indicated a readiness to do so now. Our work included the psychic meanings of this shift and its relationship to her growing openness to respond to significant others as having their own needs and being beyond her control in both fantasy and actuality.

Moments of inter-subjective recognition, associated with healthy reflection of guilt, concern and lovingness marked this phase of our work.

Fee collection at ehsaas: Fee is collected and paid to the *ehsaas* treasurer on a weekly basis. Please see annexure 4 for fee collection records.

Recording sessions and process notes: There are two forms currently in use for recording sessions (Please see annexure 2&3). The first is a record of the number of sessions planned, attended, charged for or not attended. This form is the most basic record of how many sessions we offer a particular patient. In addition, an audit of these forms gives us information on the pattern of work at *ehsaas*. How many sessions we offer, how many sessions are taken up by patients, drop out rates after the first session etc.

Process notes: these are detailed, preferably verbatim, notes written after a session. They include feelings, thoughts and associations evoked in the therapist as well as observations and verbal content of sessions, somatic states and other details. These are highly recommended for trainees since they are invaluable in supervision and also for later in writing case-reports as well as for research. Minimum requirements for session notes for all therapists (annexure 3 is recommended) are a paragraph summary at the end of each session. These are also very helpful to see the progression over a period of time, themes per session, significant points of change; object relations, speech and affect in relationship with each other; spontaneous flow of communication; the capacities to make associations; bring memories and dreams; symptoms being frozen or moving – all form a part of the process notes.

Writing process notes on sessions is an important part of helping a trainee clinician convert their anxiety into curiosity. Because a beginning trainee clinician is not a therapist, the process of writing helps to create the stance of a curious observer and to overcome the anxiety that blocks questions. At the same time, we are of the view that writing process notes is a gradual induction for the student. It is an induction to a particular culture that includes a nuanced understanding of what is needed as part of a long term psychoanalytic psychotherapy or a short term supportive insight oriented therapy. *History taking is also history making* (Erikson 1967) and psychoanalytic history taking is an art that we gradually arrive at. It is difficult to separate it from the clinical process itself. Practice through repetition is an important aspect of the work and the process is perhaps imbibed once at least 50 structured case histories have been written.

Case vignette: Patient S. went through a depressive episode following her father's car accident and complicated medical treatment to save his life. While she courageously coped with the accident and the treatment, two months later patient S had a breakdown. It severely affected her capacity to work and posed a threat to her job. When her manager asked her to explain her inability to work, the therapist helped the patient trace the slow

breakdown as a post traumatic effect which could be traced back to the father's tragic accident during which the therapist noticed her confused state, anxious dreams, memory lapses and sudden intense emotional reactions.

Record keeping: in addition to recording sessions and keeping process notes, any correspondence with or about the patient needs to be filed. Printed emails, letters or test reports are a few examples.

Filing: a model file for *ehsaas* has been made and is available to view with the SHS administrator. All files need to include:

- Referral form (Annexure 1)
- A record of sessions (Annexure 2)
- Assessment form
- Any test reports. These could include:
 1. projective tests
 2. personality tests,
 3. cognitive assessments,
 4. blood test reports
 5. other relevant test reports of physiological examinations
- Any correspondence
- Session notes (Annexure 3)

Testing at *ehsaas* follows its overall philosophy of understanding a symptom and capacity in a life context. The focus is on seeing the test as an indicator of a person's capacity but not separated from relational contexts. Test items are analysed for their qualitative import. This has implications for the therapeutic work to follow. We identify ourselves with the testing tradition of psychoanalytic thinkers such as David Rapaport, Martin Gill, Roy Schafer, Erik Erikson and Robert Holt. A focus on projective testing influences our work and we hope that the *ehassa* clinic will grow in time to become an active hub where projective tests will aid the depth oriented work of the clinicians.

These guidelines are intended as pointers to help induct and orientate staff at ehsaas. They address interaction related concerns such as confidentiality and information sharing, termination of therapeutic work, fee structures and supervision.

Clinical Seminars: The clinical seminar is a regular weekly group supervision that is provided to the MPhil psychotherapy trainees by the psychotherapists at *ehsaas*. The purpose of the seminar is for all participants to present ongoing clinical work to a larger group, preferably in the form of detailed, verbatim session notes. Different members attending the seminar offer a variety of interventions and interpretations while engaging with the same clinical material. The seminar is a potential ground for an exposure to different styles of thinking and clinical work.

The aim of this sharing is to encourage joint learning and joined up thinking; to become aware of splits in our thinking and of the projections that we may be buffeted by in the clinical encounter. The space provides an opportunity to discuss various aspects of ongoing cases, such as transference, counter transference, difficulties in understanding the nature of trauma and patienthood, a holding space for one's own anxieties, vulnerabilities as a therapist, observing session by session change in the patient, termination – to name a few.

These seminars also organize discussions and presentations around themes in clinical work - psychopathology, brief psychotherapy, long term therapy, single session consultations, therapy with children. With the help of the case presentations the purpose is to integrate theory and clinical experience. Additionally the seminar is also a space for collectively dreaming the contents of the therapist-patient relationship in an unstructured manner where the creative part of different individuals aids the therapist to immerse themselves into the patient.

Supervision: *ehsaas* highly recommends regular *individual* supervision to support all therapists – MPhil students and employed psychotherapist included. This is essential for containing anxiety, developing a shared understanding of case-by-case context of boundaries, enactments, patient rights and support from colleagues. *ehsaas* would also recommend highly, that process notes and supervision notes are made a regular part of the clinical work, especially to highlight the dynamics in the clinical work.

Supervision is a space to accentuate, in the trainee, the wish to learn from the patient's experience of the therapist in an empathic environment supporting the trainee- therapist through feelings of incompetency, guilt, shame or dissociations. Supervision can also be imagined as an exploratory space where the iterations of the clinical material can be amplified not only as a pedagogical exercise in psychotherapy but also a dialogue about boundaries, ethical considerations and internalization of institutional values that define clinical practice at *ehsaas*. The goal of the training programme is to enable a self-reflective stance that engages with psychoanalytic virtue and not merely rules to understand and appreciate clinical thinking and psychoanalytic practice.

Mentorship: Mentorship is seen to be an integral aspect of the clinical training in the MPhil program and each MPhil student has a named mentor in the CPR team. The mentor usually meets the students weekly individually or in a small group of 4-5 students.

Mentors are members of the CPR team who offer supervision to the students on their work with patients at ehsaas and field internships. In weekly meetings, there is:

- an exchange on the clinical nuances contributing to case formulation,
- understanding the relational dynamics between the patient and the therapist based on the transference-countertransference matrix,
- symptoms and treatment progress, assessment of goals,
- debates about techniques useful in specific character formations as well as discussions based on important texts in Psychoanalysis.

Mentorship is understood to be an ongoing process aimed at reflecting on clinical “moments” wrestling with the symptomatic parts in the therapist-patient dyad. Through a continuous process of listening to difficult clinical material and engaging with the subjectivity of the student-trainee, mentorship foregrounds the foundational notion of psychoanalysis that much more than the intellectual pursuits embedded in the rational, it is the immersion into the unconscious of one’s self and the other that births the healing of an individual.

Confidentiality: It is generally understood that confidentiality is central in psychotherapeutic work and needs to be upheld at all costs since the trust of the patient depends on it. At ehsaas, we are aware that thinking about confidentiality in clinical work is to think about dilemmas rather than fixed rules and clarity; that many situations need to be discussed with team members and thought about on a case-by-case basis.

Maintaining confidentiality need not mean not sharing any information at all. There are certain differences in how confidentiality operates in a public-funded clinic that is part of a university. Some of this has been addressed above. In addition, a special situation arises when many of the patients at *ehsaas* are also students of the university. This often creates a situation where there may be some detail about a student’s/patient’s circumstances, communications or emotional state that may need to be shared with specific faculty members directly involved with the student’s/patient’s course. Eg. K was being seen at *ehsaas* and was struggling in some of his courses at AUD. While he was a bright student, he suffered from severe bouts of self-doubt and often sabotaged his own academic successes. In order to prevent his self-doubt from creating lasting damage, his therapist agreed with K to contact the dean of his school and make her aware that there were deep-seated emotional struggles beneath his erratic behaviour in the classroom.

Similarly, if there is a situation where a patient shares information that alerts the therapist that the patient may be a risk to themselves or to someone, it may become necessary to share certain details with either a family member or the university administration or both. Eg. In a residential university, the therapist was called out late one night to attend to a young woman who appeared to be delusional and standing on a ledge on the fourth floor of the hostel building. Her friends were afraid that she may jump off. Having attended to her and ensured her safety, the therapist wrote to the dean informing him of the delicate emotional state the student was in so that the university administration were aware of the risk this student could place herself in and could intervene appropriately. The administration decided to inform her parents and make a referral to a psychiatrist for medication. She continues to see the therapist regularly on campus as well.

Often the therapist needs to discuss the details of the situation with other colleagues and university administration in order to make a decision. There may not be a legal requirement to report disclosure of sexual or emotional abuse but the pressure on the therapist is to work in the interest of patient's safety and well being, especially if the abuse or violence is ongoing or likely to happen again. In such a case, the therapist may wonder if details may need to be shared with a psychiatrist, the police or a trusted personal relationship. It is best to involve the patient in this decision making since the efforts are in the direction of preserving the therapeutic relationship as well as in the interest of the patient's safety.

ehsaas strongly advises against trainees-therapists working with friends, family or persons known or related to them. This is imagined in service of the treatment journey, transference-countertransference issues and analytic neutrality. In continuation of the same principle, any referrals made by one's patients are allocated to another trainee-therapist such that no therapist, with prior knowledge, works with two patients who are closely related to one another. This is to ensure that the treatment of patients may continue without undue interference to patient's material, therapist's biases and confidentiality.

Case vignette: Patient A discloses that her cousin had been in treatment with Dr. K during which she made considerable improvement. A. asks Dr. N if there are common psychological themes running in the family. Dr. N replies, 'If your cousin has been my patient, i would not be open to discuss it. Just as i will not discuss our conversations with anyone outside the two of us, without your permission.' A felt secured by Dr. N's commitment to confidentiality. In addition, it brought a sense of relief that Dr. N saw their relationship independent of his treatment with her cousin.

Maintaining boundaries while working in the clinic as a therapist is central, however, we are aware that helping is on a continuum. The aim of CPCR and the Mphil programme is to encourage healing conversations; to help our trainees to develop a helping and healing attitude. Healing conversations can be of many kinds and we may be able to imagine extending ourselves in this way by being a helpful relationship, having helpful conversations

in our friendships, families, communities and neighbourhoods where the content and structure is different from that of therapy in a clinic setting.

Information sharing: taking the above situations as examples, it is absolutely essential to understand that the manner in which information is shared is a crucial part of maintaining confidentiality. In a clinical seminar, a patient becomes 'a case' and the actual identifying features of a patient are usually not necessary for the discussion to proceed since the group is interested in issues of technique, theory or process of therapy. However, when sharing information which can be linked to a particular patient, it is crucial to keep the following in mind:

It is highly recommended, when initiating therapy, that we inform patients that there are certain circumstances in which the therapist may need to break confidentiality, for example if there are concerns about the patient's safety and that you will inform them prior to such an event.

Inform the patient in advance of the event that you may need to or intend to share a particular detail with another institution, professional, family member, faculty member etc. Informed consent is an important part of maintaining therapeutic alliance¹. For example, when working with a child, it is essential to take the parent's permission before sharing any information – verbal or written - about the child or the family with the child's school. If information is to be shared in writing for clinical or therapeutic purposes, it is good practice to show the draft of the letter to the patient (or parents, depending on the patient's age) before sending it off.

Share information strictly on a 'need to know' basis. This automatically excludes large group discussions, gossip, sharing patient history or session details.

Clarify in your own mind, why information has to be shared and what purpose it will serve. Will it be in the patient's best interest?

Clarify to the listener that they are being made privy to confidential information and therefore they too have a responsibility toward the patient.

Suicide: For a therapist, listening to or suspecting suicidal ideas or intent in their patient is one of the most difficult experiences in one's career. It creates a panic that can almost stullify any thinking. People carry self destructive parts in them that are very powerful and can feel overwhelming to any therapist. In such situations, supervision is critical to help the therapist assess the risk of an attempt at suicide, as is helping the patient to imagine a community of support around them. This may not include the immediate family at all if the contact with them is fractured but it may include teachers, friends and more distant relatives.

¹ We may consider looking into the need for informed consent that is read and signed by the patient.

Case vignette: Patient P. had been in twice a week treatment with Dr.S and anti-depressants for major depressive episode following a bitter divorce. while she improved considerably, her 'black' moods returned again. During a session, the therapist felt struck by the intense gloom and hopelessness. P looked uncared and devastated. while maintaining a sensitive contact with the associations, the therapist asked patient P if she has been feeling that nothing can help her including her medication and therapy. Patient P nodded and confirmed, 'I havent taken my medication since last two weeks'. The therapist asked if she has noticed thoughts of self harm, leaving treatment or harm to others. P shared that these thoughts have become recurrent and she wishes to quit therapy to avoid making the therapist feel inadequate. the therapist invited her to talk about her apprehensions about what the therapist can and cannot endure, an open reconsideration of medication and ways in which she can contact the therapist in moments of distress and despair.

Holidays and other breaks: Clinicians do need to take holidays, often they fall ill and there is often a noticable effect of this break in the continuity on the patient. Advance notice is highly recommended in the case of holidays but with illness or other care responsibilities, it may not be possible to inform the patient of an upcoming break. Depending on the status of the therapeutic relationship and how delicate it is, upon return from the break patients may miss sessions, say they forgot or were confused about when you were returning or find some other way to record a protest. Often breaks are also very good for patients since it gives them a chance to observe themselves in the absence of the therapy. At times patients use the therapists unavailability as an opportunity to make important changes in their lives.

Case vignette: although in the second year of therapy V. had been reluctant to speak about her feelings. After a moving session in which she felt connected and understood by her therapist, the therapist was taken ill and had to cancel sessions for the next two weeks. On resuming sessions after the break, V. shared with the therapist that she used this break to travel and try her hand at photography. she was convinced that she had found a way to express herself finally and decided to quit therapy.

Case vignette: After every break H would return to the sessions attacking the therapist and devaluing the work which had preceded the break. She would inform the therapist of her decision to leave therapy as it was "useless, repetitive and not helpful". Attempts on the part of the therapist to link the break with her emotional reactions elicited further anger and agitation. Overtime, as the therapy progressed, the therapist's vacations were followed by the patient feeling she had become numb and lost everything of meaning. On resuming therapy it felt empty and unnecessary. Now as the therapist drew links with her absence and the impact this could have on H, H became silent and pensive. As our work has progressed further and H has become more and more open to emotional exploration, the resuming of therapy after breaks have become moments of reflecting on her loneliness and losses. She

can now express that while she still feels empty and numb after a break in therapy, yet she knows why she is feeling so.

Working with this patient, I learnt how important it was to announce breaks and vacation time well in advance. Also, how significant it was to be able to bear the onslaught of the patient's angry attacks before the processing of emotional meanings could happen.

Termination: this is an important milestone in any patient interaction and one that needs to be kept in the therapists mind; discussed in supervision and revisited regularly. Termination is usually a collaborative decision involving the therapist and the patient, though often the patient terminates therapy prematurely for a variety of reasons. Termination will depend on the therapeutic contract. Did you agree something in advance? Do you gradually wean off first by reducing the number of sessions offered per month or do you make a clean break? With therapy in an Indian relational context, termination becomes a very alive issue. Do you keep contact subsequent to termination? Is termination an end?

In a long term therapy, a rule of thumb is to give a patient three to six months of prior notice about an upcoming termination, even if it is initiated by the patient. In brief therapy, the date of termination is decided mutually by the patient and therapist in the initial contract setting phase itself. However the situation is entirely case dependent and needs to be carefully thought through. The fact that termination reactivates earlier separation, makes it a potential point of crisis – full of potential for growth as well as loss.

Case Vignette: After working together for over a year, therapist R began discussing termination with patient P and looked at a date six months hence. This was due to contractual considerations, thought therapist R, and some uncertainty about the future. However as the date of termination due nearer, therapist R began to consider the possibility that the patient's early experiences of separation were very powerfully reactivated and this was having a huge emotional impact on the patient. The patient had an insight that separation was in fact a huge issue for her and one that had not been touched in therapy until now.

With some Indian patients, we have found that instead of the moment of termination being an once and for all moment, a more graduated manner of ending the therapy may be experienced as psychically more beneficial. This is true of patients who have severe abandonment and separation anxiety. This is also helpful with borderline and narcissistic patients (of the fragile thin skin category). In some such cases, a mutual decision may be arrived at- that termination would be a phase in work- a process of gradual weaning, in which the patient would test out one's capacities to separate from the therapist and function by oneself in the outside world. In such an arrangement, the patient continues to

have an opportunity to return back to the therapist and share one's experiences before one decides to take one's final flight.

Case vignette: M had severe issues with separation right from the beginning of therapy. She would find it extremely difficult to move out of my room as the session time got over. M had a history of having a rapid cycling (violent) bipolar father and a mother who was largely an absent figure in her life as she was forever exhausted and preoccupied in attending to the needs of the household which was continuously in crisis. For a long time in therapy M found it very challenging to know herself as a person with emotions and feelings. However in our long therapeutic work, her needs, once explored, began threatening her with an impending collapse. (The psychic breakdown, in fact had taken place long back. It was only that now she was coming to its realisation and recognition)... We worked through these challenges with relative success.

After eight years of work, when I suggested termination, she readily agreed in the first instance. I anticipated something amiss in her response. In the subsequent sessions, she lost much of the progress she had made. She felt unwanted and rejected by me. Her depression and aggression intensified. Intuiting that much of this was expected (given my sense of the nature of her difficulties), I suggested that we go back more fully than what we had been able to do so far, to the moment of my suggesting the termination.

Many feelings got further opened up for M.

As we moved to and fro through them, we both connected to the thought of exploring termination as a phase in our work. From two sessions a week, we decided to move to one session. After sometime, M thought she could do without me for a fortnight at a stretch. It then became a month and then two months. After this M herself felt ready to take leave of therapy.

On her last session, she gifted me with a pen stand made of sea shells. She said, she had picked it up from Goa where she had been recently. When she had stood by the sea and saw the rise and fall of the waves, she thought of herself and me as related, just as the waves were to the sea. As she handed me the pen stand, she added that now was ready to swim in the shallow waters of her life as we had already touched the depths of her "sea" together. Also that, the pen stand would remind me of her and I would, perhaps, want to write of her life whenever that may be. I thankfully accepted her gift and said that I too would miss her. I told her how I valued our relationship. I added that her pen stand would stand on my writing table and it would be remind me of our time together. I thanked her for sharing her life in such minute detail and enriching mine. As she was leaving, I gifted her with a painting which had an image of a girl spreading her arms and leaping in the air. I shared, I had thought of this as my parting gift to her as this was my imagination and wish for her life. She had tears in her eyes as she left. I too wiped the moistness from my eyes as closed the door after her.

This was ten years ago. M has kept in touch with me since then. She calls me occasionally, like once a year. Whenever there is a critical event in her life, she includes me in her joys and sorrows by writing an email. I am grateful for her doing so.

As you think about termination, think about it creatively. With every patient, you have a unique relationship. Each relationship has to reach a moment of closure in a humane and thoughtful manner.

The attempt in this document has been to introduce the beginning clinician to the potential dilemmas faced in the therapeutic journey and the need to be open about these since they are shared by all clinicians. The tone of the document is to encourage conversation about these topics and others that may arise and not move to the safe option of 'knowing' too soon or to the desire for a 'rule' that could stem anxiety but at the cost of denying complexity and context.

Annexure 1

Centre for Psychotherapy & Clinical Research
Ambedkar University, Delhi

Referral Information

Date:

Name:

Age:

D.o.B:

Sex:

Contact:

Name & Contact of Referrer:

Reasons for Referral/Presenting Difficulties:

First Meeting with:

Day Preference:

Time Preference:

Allotted To:

ehsaas Psychotherapy & Counseling Clinic, Ambedkar University, Delhi, Lothian
Road, Kashmere Gate, Delhi - 110006

Annexure 3

Session Notes

Date:

Date:

Date:

Annexure 4



ehsaas

Psychotherapy & Counseling Centre

At

The Centre for Psychotherapy and Clinical Research

Record of fee collected

Date:

Name of therapist:

Name of client	Fee agreed per session	Number of sessions till date	Amount collected

Total amount:

Annexure 5

Psychoanalysis is a method of treating children, adolescents and adults with emotional and mental disorders that attempts to reduce suffering and disability and enhance growth and autonomy. While the psychoanalytic relationship is predicated on respecting human dignity, it necessarily involves a power differential between psychoanalyst, patient and, particularly in the case of children, the family that, if ignored, trivialized or misused, can compromise or derail treatment and inflict significant damage on both parties to treatment.*Constant self examination and reflection by the psychoanalyst and liberal use of formal consultation are obvious safeguards for the patient, as well as the treating psychoanalyst.

No code of ethics can be encyclopedic in providing answers to all ethical questions that may arise in the practice of the profession of psychoanalysis. Sound judgment and integrity of character are indispensable in applying ethical principles to particular situations and individuals. The major goal of this code is to facilitate the psychoanalyst's best efforts in all areas of analytic work and to encourage early and full discussion of ethical questions with colleagues and members of local and national ethics committees. These revised Principles presuppose a psychoanalyst's life-long commitment to act ethically and to encourage similar ethical behavior in colleagues and students. It is expected that over time all psychoanalysts will enrich and add cumulatively to the guidance provided by the Principles with their own experience and values, and that the Principles will evolve, based on the profession's insights and experience.

General Principles of Ethics for Psychoanalysts

Introduction:

The American Psychoanalytic Association has adopted the following Principles of Ethics and associated Standards to guide members in their professional conduct toward their patients and, in the case of minors, toward their parent(s) or guardian(s) as well as supervisees, students, colleagues and the public. These Principles and Standards substantially revise and update the ethical principles contained in the previous Principles of Ethics published by the American Psychoanalytic Association in December 1975, and revised in 1983. The revisions take account of evolving moral sensibilities and observed deficiencies in the earlier codes. As ethical standards change, behaviors that were acceptable in the past may no longer be considered ethical. In this regard, however, these evolving standards should not be used to punish individuals retroactively. These revised principles emphasize constraints on behaviors that are likely to misuse the power differential of the transference-countertransference relationship to

the detriment of patients and, in the case of minors, their parent (s) or guardian (s) as well.

The new code seeks to identify the parameters of the high standard of care expected of psychoanalysts in treatment, teaching, and research. By specifying standards of expected conduct, the code is intended to inform all psychoanalysts in considering and arriving at ethical courses of action and to alert members and candidates to departures from the wide range of acceptable practices. When doubts about the ethics of a psychoanalyst's conduct arise, early intervention is encouraged. Experience indicates that when ethical violations are thought to have occurred, prompt consultation and mediation tend to serve the best interests of all parties concerned. When indicated, procedures for filing, investigating and resolving complaints of unethical conduct are addressed in the Provisions for Implementation of the Principles and Standards of Ethics for Psychoanalysts.

There are times when ethical principles conflict, making a choice of action difficult. In ordering ethical obligations, one's duty is to the patient directly, or indirectly through supervision or consultation with the treating psychoanalyst. In the case of patients who are minors there are also ethical obligations to parent(s) or guardian(s) which change as the patient becomes older and more mature. Thereafter, ethical obligations are to the profession, to students and colleagues, and to society. The ethical practice of psychoanalysis requires the psychoanalyst to be familiar with these Principles and Standards; to conduct regular self-examination; to seek consultation promptly when ethical questions arise; and to reach just sanctions when judging the actions of a colleague.

Guiding General Principles:

I. Professional Competence. The psychoanalyst is committed to provide competent professional service. The psychoanalyst should continually strive to improve his or her knowledge and practical skills. Illnesses and personal problems that significantly impair the psychoanalyst's performance of professional responsibilities should be acknowledged and addressed in appropriate fashion as soon as recognized.

II. Respect for Persons. The psychoanalyst is expected to treat patients and their families, students and colleagues with respect and care. Discrimination on the basis of age, disability, ethnicity, gender, race, religion, sexual orientation or socioeconomic status is ethically unacceptable.

III. Mutuality and Informed Consent. The treatment relationship between the patient and the psychoanalyst is founded upon trust and informed mutual agreement or consent. At the outset of treatment, the patient should be made aware of the nature of psychoanalysis and relevant alternative therapies. The

psychoanalyst should make agreements pertaining to scheduling, fees, and other rules and obligations of treatment tactfully and humanely, with adequate regard for the realistic and therapeutic aspects of the relationship. Promises made should be honored.

When the patient is a minor these same general principles pertain but the patient's age and stage of development should guide how specific arrangements will be handled and with whom.

IV. Confidentiality. Confidentiality of the patient's communications is a basic patient's right and an essential condition for effective psychoanalytic treatment and research. A psychoanalyst must take all measures necessary to not reveal present or former patient confidences without permission, nor discuss the particularities observed or inferred about patients outside consultative, educational or scientific contexts. If a psychoanalyst uses case material in exchanges with colleagues for consultative, educational or scientific purposes, the identity of the patient must be sufficiently disguised to prevent identification of the individual, or the patient's authorization must be obtained after frank discussion of the purpose(s) of the presentation, other options, the probable risks and benefits to the patient, and the patient's right to refuse or withdraw consent.

V. Truthfulness. The psychoanalytic treatment relationship is founded on thoroughgoing truthfulness. The psychoanalyst should deal honestly and forthrightly with patients, patient's families in the case of those who are minors, students, and colleagues. Being aware of the ambiguities and complexities of human relationships and communications, the psychoanalyst should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges.

VI. Avoidance of Exploitation. In light of the vulnerability of patients and the inequality of the psychoanalyst-patient dyad, the psychoanalyst should scrupulously avoid any and all forms of exploitation of patients and their families, current or former, and limit, as much as possible the role of self-interest and personal desires. Sexual relations between psychoanalyst and patient or family member, current or former, are potentially harmful to both parties, and unethical. Financial dealings other than reimbursement for therapy are unethical.

VII. Scientific Responsibility. The psychoanalyst is expected to be committed to advancing scientific knowledge and to the education of colleagues and students. Psychoanalytic research should conform to generally accepted scientific principles and research integrity and should be based on a thorough knowledge of relevant scientific literature. Every precaution should be taken in research with human subjects, and in using clinical material, to respect the patient's rights

especially the right to confidentiality, and to minimize potentially harmful effects.

VIII. Protection of the Public and the Profession. The psychoanalyst should strive to protect the patients of colleagues and persons seeking treatment from psychoanalysts observed to be deficient in competence or known to be engaged in behavior with the potential of affecting such patients adversely. S/he should urge such colleagues to seek help. Information about unethical or impaired conduct by any member of the profession should be reported to the appropriate committee at local or national levels.

IX. Social Responsibility. A psychoanalyst should comply with the law and with social policies that serve the interests of patients and the public. The Principles recognize that there are times when conscientious refusal to obey a law or policy constitutes the most ethical action. If a third-party or patient or in the case of minor patients, the parent(s) or guardian(s) demands actions contrary to ethical principles or scientific knowledge, the psychoanalyst should refuse. A psychoanalyst is encouraged to contribute a portion of his or her time and talents to activities that serve the interests of patients and the public good.

X. Personal Integrity. The psychoanalyst should be thoughtful, considerate, and fair in all professional relationships, uphold the dignity and honor of the profession, and accept its self-imposed disciplines. He or she should accord members of allied professions the respect due their competence.

[Standards Applicable to the Principles of Ethics for Psychoanalysts](#)

The American Psychoanalytic Association is aware of the complicated nature of the psychoanalyst-patient relationship and the conflicting expectations of therapists and patients in contemporary society. In addition, the Association recognizes that this complexity is increased when the patient is a minor and parent(s) and guardian(s) are a natural, if changing, part of the therapeutic picture. The following ethical standards are offered as a more specific and practical guide for putting into practice the Guiding Principles. The Standards represent practices that psychoanalysts have found over time to be generally conducive to morally appropriate professional conduct. A discussion of situation-dependent guidelines and dilemmas will be presented in a separate document, a Casebook on Ethics.

[I. Competence](#)

1. Psychoanalysts are expected to work within the range of their professional competence and to refuse to assume responsibilities for which they are untrained.

2. Psychoanalysts should strive to keep up to date with changes in theories and techniques and to make appropriate use of professional consultations both psychoanalytic and in allied psychotherapeutic fields such as psychopharmacology.

3. Psychoanalysts should seek to avoid making claims in public presentations that exceed the scope of their competence.

4. Psychoanalysts should take steps to correct any impairment in his or her analyzing capacities and do whatever is necessary to protect patients from such impairment.

II. Respect for Persons and Nondiscrimination

1. Psychoanalysts should try to eliminate from their work the effects of biases based on age, disability, ethnicity, gender, race, religion, sexual orientation or socioeconomic status.

2. The psychoanalyst should refuse to observe organizational policies that discriminate with regard to age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status.

III. Mutuality and Informed Consent

1. Psychoanalytic treatment exists by virtue of an informed choice leading to a mutually accepted agreement between a psychoanalyst and a patient or the parent(s) or guardian(s) of a minor patient.

2. It is not ethical for a psychoanalyst to take advantage of the power of the transference relationship to aggressively solicit patients, students or supervisees into treatment or to prompt testimonials from current or former patients. Neither is it ethical to take such advantage in relation to parent(s) or guardian(s) of current or former minor patients.

3. It is unethical for a psychoanalyst to use his/her position of power in analytic organization, professional status or special relationship with a potential patient or parent or guardian of a minor patient to coerce or manipulate the person into treatment.

4. Careful attention should be given to the process of referral to avoid conflicts of interest with other patients and colleagues. Referrals between members of the same family, including spouses, and significant others, should be especially scrutinized and disclosure should be made to patients about the relationship in the initial stages of the referral so that preferable alternatives may be considered.

5. All aspects of the treatment contract which are applicable should be discussed with the patient during the initial consultation process. The psychoanalyst's policy of charging for missed sessions should be understood in advance of such a charge. The applications of this policy to third party payment for services should be discussed and agreed upon by the patient. In the case of patients who are minors, these matters should be discussed early on with the parent(s) or guardian(s) as well as with the patient as age and capability dictate.

6. A reduced fee does not limit any of the ethical responsibilities of the treating psychoanalyst.

7. The psychoanalyst should not unilaterally discontinue treating a patient without adequate notification discussion with the patient and, if a minor, with the parent (s) or guardian (s) and an offer of referral for further treatment. Consultation should be considered.

IV. Confidentiality

1. All information about the specifics of a patient's life is confidential, including the name of the patient and the fact of treatment. The psychoanalyst should resist disclosing confidential information to the full extent permitted by law. Furthermore, it is ethical, though not required, for a psychoanalyst to refuse legal, civil or administrative demands for such confidential information even in the face of the patient's informed consent and accept instead the legal consequences of such a refusal.[\[1\]](#)

2. The psychoanalyst should never share confidential information about a patient with nonclinical third-parties (e.g., insurance companies) without the patient's or, in the case of a minor patient, the parent's or guardian's informed consent. For the purpose of claims review or utilization management, it is not a violation of confidentiality for a psychoanalyst to disclose confidential information to a consultant psychoanalyst, provided the consultant is also bound by the confidentiality standards of these Principles and the informed consent of the patient or parent or guardian of a minor patient has first been obtained. If a third-party payer or a patient or parent or guardian of a minor patient demands that the psychoanalyst act contrary to these Principles, it is ethical for the psychoanalyst to refuse such demands, even with the patient's or, in the case of a minor patient, the parent's or guardian's informed consent.[\[2\]](#)

3. The psychoanalyst of a minor patient must seek to preserve the patient's confidentiality, while keeping parents or guardians informed of the course of treatment in ways appropriate to the age and stage of development of the patient, the clinical situation and these Principles.

4. The psychoanalyst should take particular care that patient records and other documents are handled so as to protect patient confidentiality (*rv. 06-08*).

5. It is not a violation of confidentiality for a psychoanalyst to disclose confidential information about a patient in a formal consultation or supervision in which the consultant or supervisor is also bound by the confidentiality requirements of these Principles. On seeking consultation, the psychoanalyst should first ascertain that the consultant or supervisor is aware of and accepts the requirements of the Confidentiality standard.

6. If the psychoanalyst uses confidential case material in clinical presentations or in scientific or educational exchanges with colleagues, either the case material must be disguised sufficiently to prevent identification of the patient, or the patient's informed consent must first be obtained. If the latter, the psychoanalyst should discuss the purpose(s) of such presentations, the possible risks and benefits to the patient's treatment and the patient's right to withhold or withdraw consent. In the case of a minor patient, parent(s) or guardian(s) should be consulted and, depending on the age and developmental stage, the matter may be discussed with the patient as well.

7. Supervisors, peer consultants and participants in clinical and educational exchanges have an ethical duty to maintain the confidentiality of patient information conveyed for purposes of consultative or case presentations or scientific discussions.

8. Candidate psychoanalysts-in-training are strongly urged to consider obtaining the patient's informed consent before beginning treatment, pertaining to disclosures of confidential information in groups or written reports required by the candidate's training. Where the patient is a minor, the candidate is strongly urged to consider obtaining informed consent from the parent(s) or guardian(s); age and stage of development will assist the candidate in determining if the patient should also be informed.

V. Truthfulness

1. Candidate psychoanalysts-in-training are strongly urged to inform psychoanalytic training patients and prospective psychoanalytic training patients that they are in training and supervised. Where the patient is a minor, the parent(s) or guardian(s) should also be informed. If asked, candidate psychoanalysts-in-training should not deny that they are being supervised as a requirement of their training.

2. The psychoanalyst should speak candidly with prospective patients or the parent(s) or guardian(s) if the patient is a minor about the benefits and burdens of psychoanalytic treatment.

3. The psychoanalyst should avoid misleading patients or parents or guardians of minor patients or the public with statements that are knowingly false, deceptive or misleading.

VI. Avoiding Exploitation

1. Sexual relationships involving any kind of sexual activity between the psychoanalyst and a current or former patient, or a parent or guardian of a current or former patient, or any member of the patient's immediate family whether initiated by the patient, the parent or guardian or family member or by the treating psychoanalyst, are unethical. Physical touching is not ordinarily regarded as a technique of value in psychoanalytic treatment. If touching occurs, whether of the patient by the psychoanalyst or the psychoanalyst by the patient, such an event should alert the psychoanalyst to the potential for misunderstanding of the event by the patient or the psychoanalyst. and consequent harm to the future course of treatment and consultation should be considered. Consultation should be considered if there is concern about the future course of treatment.

With children before the age of puberty touching between the patient and the psychoanalyst is likely to occur as in helping or during a patient's exuberant play. Also, a disruptive or out of control child may need to be restrained. The psychoanalyst needs to be alert to the multiple meanings for both parties of such touching. Keeping parent(s) or guardian(s) informed when this occurs may be useful. Consultation should be considered if the touching causes the psychoanalyst concern.

2. Marriage between a psychoanalyst and a current or former patient, or between a psychoanalyst and the parent or guardian of a patient or former patient is unethical, notwithstanding the absence of a complaint from the spouse and the legal rights of the parties.

3. It is not ethical for a psychoanalyst to engage in financial dealings with a patient, or in the case of a minor patient, the parent(s) or guardian(s) beyond reimbursement for treatment; or to use information shared by a patient or parent(s) or guardian(s) for the psychoanalyst's financial gain.

4. It is not ethical for a psychoanalyst to solicit financial contributions from a current or former patient or the parent/guardian of a current or former patient for any purpose; nor should a psychoanalyst give the names of current or former patients or their parents/guardians for purposes of financial solicitation by others.

5. If a patient or parent or guardian of a minor patient brings up the idea of a financial gift to a psychoanalytic organization or cause during treatment, it

should be handled psychoanalytically and, if necessary, the patient should be informed that his or her confidentiality might be breached by the treating psychoanalyst's obligation to recuse him/herself from involvement in decisions governing use of the gift. If a gift is given nevertheless, the psychoanalyst is ethically obliged to refrain from any decision regarding its use by the recipient organization or cause.

6. If a current or former patient or the parent/guardian of a current or former patient, gives an unsolicited financial gift, or establishes a trust or foundation or other entity for the benefit of his/her psychoanalyst, or for the benefit of the professional or scientific work of said psychoanalyst, or for the benefit of the psychoanalyst's family, or the gift is placed under the control of the psychoanalyst, even if not directly beneficial to the psychoanalyst or his/her family, it is not ethical for the psychoanalyst to accept any financial benefit or to control its disposition.

7. It is ethical for a psychoanalyst to accept a bequest from the estate of a former patient, provided that it is promptly donated to an organization or cause from which the psychoanalyst or his/her family do not personally benefit and over which the psychoanalyst has no direct control.

8. It is unethical for a psychoanalyst to use his or her professional status, special relationship, or position of power in an analytic organization to solicit gifts or funds, sexual favors, special relationships, or other tangible benefit from patients, the parent(s) or guardian(s) of minor patients, members of the patient's immediate family, psychoanalysts-in-training or supervisees. Sexual relationships between current supervisors and supervisees are unethical.

9. Concurrent supervision of candidates by the spouse, significant other or other relative of their analysts should be avoided whenever possible in the interest of maintaining the independence and objectivity of both the supervisory and analytic processes.

VII. Scientific Responsibility

1. The psychoanalyst should take every precaution in using clinical material to respect the patient's rights and to minimize the impact of its use on the patient's privacy and dignity. In the case of minor patients the impact on parent(s) or guardian(s) needs to be considered. Particular care should be exercised in using material from a patient who is still undergoing treatment.

2. It is unethical for a psychoanalyst to make public presentations or submit for publication in scientific journals falsified material that does not refer to actual observations drawn from the clinical situation. Such clinical material must be disguised sufficiently to protect identification of the patient.

3. The psychoanalyst should exercise caution in disguising patient material to avoid misleading colleagues as to the source and significance of his or her scientific conclusions.

VIII. Safeguarding the Public and the Profession

1. The psychoanalyst should seek consultation when, in the course of treating a patient, the work becomes continuously confusing or seriously disturbing to either the psychoanalyst or the patient, or both. On occasion in the treatment of a minor, the relationship between the psychoanalyst and parental figure may cause sustained disturbance or confusion for the psychoanalyst. In such a situation consultation is indicated.

2. A psychoanalyst who undergoes a serious illness and extended convalescence, or whose analyzing capacities are impaired, must consult with a colleague and/or medical specialist to clarify the significance of his or her condition for continuing to work.

3. A request by a patient, a parent/guardian of a minor patient, or a colleague that the psychoanalyst seek consultation should receive respectful and reflective consideration.

4. If a psychoanalyst is officially notified by a representative of an institute or society that a possible impairment of his/her clinical judgment or analyzing ability exists, the psychoanalyst must consult with no less than two colleagues, one of whom may be a non-analyst medical specialist, each acceptable to the notifying body. If impairment is found, remedial measures be followed by the psychoanalyst in order to protect patients from harm and to prevent degradation of the standards of care in the profession.

5. It is ethical for a psychoanalyst to consult with the patient of a colleague without giving notice to the colleague, if the consultation has been requested by the patient.

6. It is ethical for a psychoanalyst to intervene on behalf of a colleague's patient if he or she has evidence from a direct or indirect consultation with the colleague's patient or from supervision of the colleague's work with the patient that the colleague may be conducting him/herself unethically toward the patient or may be so impaired as to threaten the patient's welfare.

7. It is ethical for a psychoanalyst to accept for treatment the current patient of a colleague if consultation with a third colleague indicates that it is in the best interest of the patient to do so.

8. In the event that a credible threat of imminent bodily harm to a third party by a patient becomes evident, the psychoanalyst should take reasonable

appropriate steps to protect the third-party from bodily harm, and may breach patient confidentiality if necessary only to the extent necessary to prevent imminent harm from occurring. The same applies to a credible threat of suicide.

9. In the case of a minor where the psychoanalyst is concerned that a credible threat of serious self injury or suicide is imminent, the psychoanalyst should take appropriate steps. This would include the notification of parent(s) or guardian(s) even if a breach of confidentiality is required. Under these circumstances, any breach of confidentiality should be restricted to the minimum necessary to prevent harm of the minor child.

10. When a psychoanalyst becomes convinced that abuse is occurring the psychoanalyst may report adult or child abuse of a patient or by a patient to the appropriate governmental agency in keeping with local laws. Should the patient be a minor, informing parent(s) or guardian(s) needs to be considered. In these circumstances, confidentiality may be breached to the minimum extent necessary. However, in keeping with General Principle IX, a psychoanalyst may also refuse to comply with local reporting laws if that psychoanalyst believes that to do so would seriously undermine the treatment or damage the patient. Given the complexities of these matters, a psychoanalyst who is concerned that abuse of an adult or child is occurring is encouraged to continue to explore the situation and to consider utilizing consultation to determine what course of action would be most helpful.[\[3\]](#)

11. Local psychoanalytic societies and institutes have an obligation to promote the competence of their members and to initiate confidential inquiries in response to ethics complaints.

IX. Social Responsibility

1. The psychoanalyst should make use of all legal, civil, and administrative means to safeguard patients' rights to confidentiality, to ensure the protection of patient treatment records from third party access, and to utilize any other ethical measures to ensure and maintain the privacy essential to the conduct of psychoanalytic treatment.

2. The psychoanalyst is urged to support laws and social policies that promote the best interests of patients and the ethical practice of psychoanalysis.

3. The psychoanalyst is encouraged to contribute his or her time and talents, if necessary without monetary compensation, to consultative and educational activities intended to improve public welfare and enhance the quality of life for the mentally ill and economically deprived members of the community.

X. Integrity

1. Psychoanalysts and candidate psychoanalysts-in-training should be familiar with the Principles of Ethics and Standards, other applicable professional ethics codes, and their application to psychoanalysis.
2. Psychoanalysts should strive to be aware of their own beliefs, values, needs and limitations and to monitor how these personal interests impact their work.
3. Psychoanalysts should cooperate with ethics investigations and proceedings conducted in accordance with the Provision for Implementation of the Principles and Standards of Ethics for Psychoanalysts. Failure to cooperate is itself an ethics violation.

Provisions for Implementation of the Principles of Ethics and Standards for Psychoanalysts

I. Committee on Ethics: There shall be a joint standing Committee on Ethics of the Board on Professional Standards and the Executive Council.

A. Composition and Appointment. The Committee on Ethics ("Committee") shall consist of seven members appointed jointly by the President of the Association ("President") and the Chair of the Board on Professional Standards ("Board Chair"). At least one of the seven members shall be a child analyst. Each member shall serve a staggered five year term; members will be appointed each year to replace members whose term has expired.

The President and Board Chair will jointly designate one member to act as chair of the Committee for a term of two years and, in the event of a vacancy on the Committee, will jointly appoint members to complete the unexpired term of the incumbent member. The President and the Board Chair will jointly appoint a substitute to replace any Committee member who recuses him/herself from a case or who is unable to serve for any other reason. In the event that the case involves a patient who is a minor the President and the Board Chair will assure that a child analyst will serve on the Committee. On completion of the disposition of such a case, the recused, or otherwise unavailable member shall resume his/her seat on the Committee.

B. Duties. The Committee on Ethics shall:

- (1) Respond to communications regarding the "Principles and Standards of Ethics for Psychoanalysts" ("Principles") and the "Provisions for Implementation of the Principles of Ethics for Psychoanalysts" ("Provisions") and issue advisory opinions regarding the application of the "Principles" to particular conduct.
- (2) Recommend to the Board on Professional Standards and the Executive Council appropriate additions or modifications to the "Principles" and "Provisions."

(3) Pursuant to procedures hereinafter described, review decisions of Affiliated Societies, Study Groups, Accredited and Provisionally Accredited Training Institutes (hereinafter, collectively, "local groups") with regard to complaints alleging that a member of the Association has breached the "Principles." Such review shall enable the Committee to (a) make a decision on the basis of the local group's investigation and decision, regarding the psychoanalyst's membership status in the Association; and (b) where appropriate, make recommendations to local groups regarding their handling and disposition of such matters.

(4) Complaints against colleagues who have no local membership will be heard by an ad hoc committee appointed by the Association President and the Chairman of the Board. Upon completion of this adjudication, the decision can be reviewed by the Ethics Committee of the American and/or appealed according to the usual procedures.

II. Association Procedures in Regard to Questions of Unethical Conduct

A. Advisory Opinions.

(1) Requests for advisory opinions will be referred to the Chair, Committee on Ethics for response. Copies of responses will be sent to the President and the Board Chair.

(2) The Committee will prepare summaries of any such advisory opinions rendered. Summaries will be distributed to the membership after approval by the Executive Committee or by the Board on Professional Standards and the Executive Council on referral from the Executive Committee.

B. Adjudication.

(1) A complaint alleging breach of the "Principles" by a member of the Association must be made directly to a local group.

(2) If a complaint alleging breach of the "Principles" is addressed to the Association, it shall be referred to the charged member's local group for investigation.

(3) The Association may also refer to a member's local group publicly available information about the member, including information about malpractice findings, adverse membership actions by professional societies, and loss or restriction of license, and request that the local group initiate an ethics investigation on the basis of such information.

III. Adjudication at the Local Level

A. Committee on Ethics of Local Group. Each local group shall have a Committee on Ethics for dealing with complaints of unethical conduct.

B. Informal Proceedings and Resolution.

(1) Each local group shall consider establishing mechanisms to enable it to determine whether to proceed pursuant to formal procedures outlined in Section III below, or to address the issues through more informal, nonadversarial proceedings which can facilitate the efficient resolution of the complaint in a manner that is educational and corrective to the member.

(2) The local group's procedures should include a description of any such informal mechanisms for resolution of which the complainant may take advantage and of any early, informal procedures by which the local group may decide to resolve the complaint through alternative, informal means, rather than through formal procedures.

C. Initial Response to Potential Complaint. The local group should furnish any potential complainant copies of the group's procedures for dealing with complaints of unethical conduct, and of the Association's "Principles" and "Provisions."

The complainant should also be informed that such complaint must identify the charged member; must be in writing and be signed by the complainant; must clearly describe the facts and circumstances surrounding the charge of unethical conduct, citing, if possible, the applicable principle(s) of ethics alleged to have been breached; and must be accompanied by a signed statement agreeing to the use of the local group's and the Association's procedures, asking that action be taken and authorizing the distribution of the complaint and other materials submitted by the complainant in connection with the investigation.

D. Notification of Accused Member. The local group shall then notify the charged member of the complaint, providing copies of the complaint and other materials submitted by the complainant, the group's procedures for handling ethics complaints, and the Association's "Provisions."

E. Determination of Whether Complaint Merits Investigation. The local group shall determine whether the complaint merits investigation under the ethical standards established by the "Principles," and whether it might also constitute a violation of the rules of the charged members's professional licensing board. If it does not, the complainant and the charged member shall be so informed in writing. Since the adjudication was not completed, the Committee on Ethics can not accept a request for review nor can the Association consider an appeal. If the complaint is determined to merit further investigation, the charged member shall be informed in writing and notified of the right to a hearing, and that during the investigation and hearing, the rights set out in Section (F) below shall apply. If the complaint also appears to represent violations of the charged member's licensing board rules, the local group may choose to refer the complaint to that

agency for investigation and adjudication, at the completion of which the local group will determine appropriate disposition of the case, applying the rights set out in Section (F) below.

F. Procedures of Local Group. The local group's procedures for handling complaints of unethical conduct must assure fair process and provide the charged member with the following:

- (1) the opportunity to be notified of, and to address, the charges;
- (2) the right to be represented by legal counsel;
- (3) the right to a hearing, including the right to call, examine and cross-examine witnesses, or reasonable alternatives thereto;
- (4) notice of not less than 30 days of the date, place, and time of the hearing, the witnesses expected to testify thereat; and the member's procedural rights at the hearing;
- (5) the right to submit a written statement at the end of any hearing;
- (6) the right to have a record made of the hearing proceedings and to have a copy of the record upon payment of reasonable charges; and
- (7) that relevant evidence will not be excluded from any hearings solely on the grounds that it would not be admissible in a court of law'
- (8) the right to receive (a) the written final decision or recommendation of the ethics committee or other hearing body, including a statement of the basis therefore, and (b) if the hearing body makes a recommendation to its local group or other body of the local group, a written final decision of the group, including a statement of the basis for the decision.

G. Decision of Local Group. In any case in which formal procedures have been followed, after full and fair consideration of the complaint and all the evidence introduced at the hearing, the local group shall arrive at a determination as to the appropriate disposition of the case. In addition to any other disposition, the local group's procedures may enable it to (1) conclude that unethical conduct may have occurred but recommend that no formal finding be made and no sanction imposed pending completion of remedial action recommended and agreed to by the charged member; or (2) dismiss the charges with prejudice, accompanying the dismissal with a letter of admonition, expressing the sense that there may be questions about the member's practices or judgment and putting the member on notice that further education, consultation and/or supervision may be indicated as well as possible sanctions.

H. Notification of Charged Member and of American Psychoanalytic Association. After arriving at a decision, the local group shall advise the charged member, and the complainant complainant of the action taken by the local group. If the decision of the local group is to censure, suspend or expel the charged analyst, the local group shall also notify, the President of the Association, the Chair of the Board on Professional Standards and the chair of the Committee on Ethics.

I. Local Appeal Process. Each local group is strongly urged to establish a procedure for a local appeal of procedures used for investigation and/or the final local adjudication.

IV. Review of Decision of Local Group and Action by Association

A. Purpose of Review. The Association shall review a local group's investigation and decision in order (1) to determine whether action by the Association is appropriate, and (2) where appropriate, to make recommendations to local groups regarding their handling and disposition of the case.

B. Circumstances of Review. The Association shall review an investigation and decision by a local group under the following circumstances:

(1.) Automatic Review. If a member of the Association has been censured, suspended, or expelled by a local group, or if his/her faculty status in an accredited Institute has been suspended or terminated as a result of adjudication of complaints of unethical conduct, a review of the case shall be promptly undertaken.

(2.) Requested Review. If the disposition of a case is other than censure, suspension or expulsion by a local group, or suspension or termination of a member's faculty status in an accredited Institute, the Association shall undertake a review of the case if formal request for such review is made to the President of the Association, by the member(s) charged, the complainant, or the local group, within 60 days after notification of the group's decision.

(a) Each such request by a complainant or charged member shall include the reasons for dissatisfaction with the action taken at the local level.

(b) Each such request by the charged member also shall include adequate information regarding the charge, and his/her defense.

(c) Each such request by a local group shall include identification of the charges and the persons involved, a description of all attempts by the group to resolve the matter, and the reason for referral to the Association.

(3) The Committee on Ethics of the American Psychoanalytic Association will not review any decision of a local group regarding a member if the Committee has already reviewed a decision regarding the same complaint or a complaint based

on substantially the same facts about the member. This would have particular relevance to those societies and institutes that do not have joint ethics committees.

C. Process of Review.

(1) The initial review of the investigation and decision of a local group shall be conducted by the Association's Committee on Ethics, which may confer with the President and legal counsel of the Association.

(2) The Committee on Ethics will request all records of the investigation from the local group and will review the procedures used by the local group, its interpretation and application of the Association's "Principles" and its decision regarding the conduct complained of and any sanction imposed.

(3) In the course of its review, the Committee on Ethics may, but shall not be required to, request written briefs from complainant or counsel for complainant, charged member or counsel for the charged member, and the local group or counsel for the local group. Any brief received from the complainant or the local group shall be provided to the charged member, who shall be given at least 30 days to respond. Personal appearance before the Committee by the complainant, charged member, or local group representatives may be requested.

(4) The Committee on Ethics shall prepare a written summary of the case, including its decision and the basis of its decision.

D. Outcome of Ethics Committee Review.

(1) On the basis of its review of the investigation and decision of the local group, the Committee, by majority vote with no more than two members dissenting or abstaining, shall decide what action the Association should take with regard to the complaint filed against the charged member. While based on the information gathered by the local group, the decision of the Committee on Ethics may differ from the decision arrived at by the local group. The Committee on Ethics shall vote for one of the following measures:

(a) Exoneration. The charged member is cleared from blame as the evidence established no unethical conduct by the member.

(b) Dismissal of Complaint Without Prejudice. This disposition permits new proceedings with respect to the same charge at a later date; i.e., when a determination on the merits cannot be made because of insufficient reliable evidence or other procedural defects.

(c) Dismissal of Complaint With Prejudice. The complaint is dismissed without any finding of unethical conduct; proceedings with regard to the same complaint may not be reinstated.

Where appropriate, such a dismissal may be accompanied by a letter of admonition, expressing the sense of the Association that there may be questions about the appropriateness of the conduct of the charged member and putting the member on notice that further education, consultation and/or supervision may be indicated.

(d) Censure.

(e) Suspension from the Association. Such suspension shall be for a stipulated period, not to exceed three years from date of suspension.

(f) Separation from the Rolls. A new application for membership in the Association shall not be entertained in less than five years from date of separation.

(g) Permanent Expulsion from the Association.

(2) On the basis of its review, the Committee may also decide to consult with the local group regarding its procedures in investigating the complaint of unethical conduct, its interpretation of the Association's "Principles" and its decision regarding the conduct complained of and sanction imposed. However, the Committee and the Association may not otherwise reverse or modify the decision of the local group.

E. Procedure Following Committee on Ethics

(1) The Committee on Ethics shall forward a summary of the case, including a statement of the basis of its decision, to the President of the Association. The President shall notify the charged member, the complainant, and the local group of the decision and shall provide the charged member with a copy of the summary.

(2) If the decision of the Committee on Ethics has been to exonerate the charged member, to dismiss the complaint with or without prejudice, or to censure the charged member, the charged member also shall be advised that such decisions of the Committee are final, and unappealable.

(3) If the decision of the Committee on Ethics has been to suspend, separate from the rolls, or expel the charged member, the decision is not final unless it has been ratified by the Executive Council pursuant to the procedures set out in Section IV(E)(4), below. When the President notifies the charged member of such a decision, the President also shall notify the member that he/she must indicate in writing within 30 days from the date of mailing of the notice, that he/she either accepts the decision or that he/she wishes to appeal it. Unless written notification from the charged member is received within the specified time, the right to appeal shall have been forfeited.

(4) Executive Council Ratification or Appeal. Following notification of all parties as set out above, the Chair of the Committee on Ethics shall present the case and its conclusions to the Executive Council sitting in Executive Session.

(a) When Appeal Not Requested. When the charged member has not requested an appeal, The Executive Council shall decide whether or not to ratify the decision of the Committee on Ethics.

(i) If the Executive Council by majority vote, decides to ratify the decision of the Committee on Ethics, the decision will be final. The Executive Council may prepare its own written decision of the case or adopt the conclusions of the Committee on Ethics as the decision of the Association.

(ii) If the Council fails to ratify the decision of the Committee on Ethics, the Council may refer the matter back to the Committee on Ethics for further deliberation and may specify questions or concerns it has about the matter.

(iii) If the Executive Council refers the matter back to the Committee on Ethics, the Committee shall reconsider its decision, following procedures set forth in Sections IV(C), (D) and (E). The President shall notify all concerned parties of the Council's decision, provide the charged member with current status of the matter and remind the member of his/her right to appeal as set out in IV(E)(3). If the charged member does not exercise the right to appeal, the matter will again be presented for Executive Council consideration as set out herein.

(iv) On the Executive Council's ratification of the decision of the Committee on Ethics, whether at initial or subsequent presentations, the charged member, complainant and local group shall be notified of its decision. The charged member shall be provided a copy of the final decision.

(b) When Appeal Requested; Executive Council Ratification. If the charged member exercises his/her right to appeal the decision of the Committee on Ethics, the President and Board Chair shall jointly appoint an Executive Council Ethics Appeals Committee consisting of five members, including at least two Councilors-at-Large, and at least one Executive Councilor. The remaining two members shall be former members of the Committee on Ethics. If the case involves a minor patient the Appeals Committee must include a child analyst. The appointment and composition of the Ethics Appeals Committee shall be confirmed by a majority vote of the Executive Council. This Committee is empowered to act on behalf of the Executive Council in adjudicating the charged member's appeal, and its decision shall be final. The Committee shall review the record of the proceedings to ascertain that proper procedures have been followed. If it deems further fact finding is required, it shall refer the matter to the Committee on Ethics for the necessary further investigation and deliberation. On completion of its further review of the matter, the Committee on Ethics shall

report its decision on reconsideration of the matter to the Ethics Appeals Committee. A majority vote of this Committee shall be required to reach a final disposition of the matter. This Committee's final disposition shall be reported to Council and its report shall be considered an action by Council without further debate or vote by Council.

V. Confidentiality and Disclosure

All information and records pertaining to a charge of unethical conduct against a member, its investigation and any decision rendered shall be kept confidential except as set forth herein. Disclosure is authorized in the following instances:

A. Information may be disclosed to those members, staff and non-member consultants who need the information to assure the effective administration of these procedures.

B. A decision relating to a charge of unethical conduct, which has been reviewed and ratified by the Executive Council:

(1) shall be reported with identification of the member, to the Meeting of Members in the Secretary's report of the Minutes of the Executive Council and in such written Minutes, circulated by mail to the membership of the Association if the decision has resulted in the suspension, separation from the rolls, or expulsion of the member from the Association;

(2) shall be reported to the membership of the Association as noted in V(B)(1) above if the decision has resulted in the censure of the member, with the identification of the member included only at the discretion of the Executive Council; and

(3) shall be reported, to the membership of the Association as noted above, if the decision has been to dismiss the charges or exonerate the member, with the identification of the member only on his/her written request.

C. The Committee on Ethics may, at its discretion, report decisions or disclose other matters brought before it to other components of the Association, provided the identity of the parties involved is not revealed.

D. The Committee on Ethics shall provide information concerning a charge of unethical conduct, including the name of the charged member, to the Association's Membership Committee and the Board's Certification Committee when either of these committees consider an application from a member who has been sanctioned for unethical conduct. This information should also be supplied to the Appointments Committee chairs of the Board and Council.

E. The Committee on Ethics may disclose a decision concerning a charge of unethical conduct to other appropriate ethical bodies or, when required by law, to appropriate governmental or other entities.

F. The Executive Council may report an ethics complaint or a decision finding that a member has acted unethically to any licensing authority, professional society or other entity or person if it considers such disclosure appropriate to protect the public.

VI. Resignation

The Association shall not be required to accept a resignation from a member against whom a charge of unethical conduct is pending. An offer of resignation, whether or not it is accepted by the Association, shall not require the termination of an investigation of unethical conduct, nor prevent the rendering or disclosure of a decision on such a charge.

VII. Indemnification

As a condition of membership in the Association, each member agrees to cooperate with the work of the Committee on Ethics, on request, and to release, hold harmless and indemnify the Association, its officers, agents and members of the Committee on Ethics from any and all claims:

A. arising out of the institution and processing of investigations of unethical conduct in respect to said member, and the imposition and disclosure of sanctions as a result of such proceedings; and

B. with respect to any third party action or proceeding brought against such member based upon, relying on, arising from or with reference to the Principle of Ethics and Standards of the Association or any ethical proceeding conducted by the Association involving such member.

January 2005

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January 2007

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* When the patient is a child or adolescent (a minor) the parent(s) or guardian(s) play a significant role in the treatment. In these situations the functions of such a role changes with age, stage of development, diagnosis, as well as growth of capacity within the patient. How the psychoanalyst relates to the patient and family will reflect such changes. These shifts need to be dealt with in direct and open ways with all concerned. The potential power differential and transference-

countertransference between psychoanalyst, patient and parenting figures (or other important family members) can be significant. If not recognized or mishandled such issues can interfere with the treatment and disrupt it.

[1] Refusal of such demands for confidential information, while ethical, may have serious consequences for the patient, e.g., loss of benefits, loss of a job opportunity, etc., which may cause the patient to take some legal action against the member. The fact that refusal is ethical is unlikely to protect the psychoanalyst in those circumstances, unless the member has made his or her position clear both at the onset and throughout treatment. Even with these clarifications a degree of exposure may remain.

[2] The caveat expressed in footnote 1 is applicable. Again, the psychoanalyst may refuse the patient's demand that he or she act contrary to the Principles. While this may protect a member against accusations of unethical conduct, it is unlikely to protect a psychoanalyst against legal allegations of substandard conduct.

[3] A refusal to comply with local reporting laws may be in the patient's best interest; however, the psychoanalyst must recognize that his/her action may result in exposure to prosecution by the government or a civil action ba



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**Psychotherapy and
Counseling Clinic**

**School of Human Studies
Ambedkar University, Delhi**

Vision and Philosophy

Ambedkar University, Delhi is dedicated to teaching, learning and training where the knowledge generated aims to bridge the gap between academia and the marginalized selves and lives of the society. We envision a movement from a hierarchical to a relational understanding of human experience while representing values of humanism, social justice, equality and creativity

The Psychotherapy and Counseling Clinic

The Clinic is a new initiative by the School of Human Studies, committed to the training of socially sensitive mental health professionals. At the clinic along with the sliding fee structure we provide *low cost and free* counseling and psychotherapy to cater to a variety of socio-economic realities of people. The clinic comprises of an Adult, Child and Family Clinic and it provides psycho-diagnostic psychological testing. There is an in house Psychiatrist along with a referral service.

The therapy and counseling clinic becomes a distinctive place where one begins to form a relation with suffering to reach health. Psychoanalysis, as an engaged perspective, locates illness as being human and an engagement with loss as central to move towards healing. In painful experiences the mind loses its capacity to think and feel and the psyche also works to keep out the disturbing feelings. Therapy enables the building of a

relationship with the silent and the articulated pain. It augments an individual's journey in search of self devoted to finding a personal meaning from where seeds of life and dreams of hope emanate.

About the psychotherapists and counselors

The psychotherapists and counselors working in the clinics are psychodynamically trained mental health professionals. They have undergone advanced post graduate training with extensive clinical supervision. Typically the patient and the therapist meet one to two times a week in a quiet and safe setting to explore their current relationships and patterns of behaviour. Through this process the individual feels helped to deal better with the realities of life.

Khel Khel Mein – Child Clinic

Children and adolescents sense a lot from the world around them and at times are caught between expectations and desires.

Sometimes in children you may notice,

- Them being withdrawn and experiencing prolonged sadness
- Separation anxiety and the fear of independence
- Inability to make friends and negative attitude towards oneself,
- Bed wetting, rituals and phobias
- Academic failures, inability to concentrate, hyperactivity, bullying with peers
- Loss of appetite, irritability, temper tantrums, convulsions and fits,
- Sibling rivalry, aggression, defiance, adjustment problems,
- Stress due to difficulties in the parent's relations and unhelpful parenting strategies.
- Autism, Mental Retardation, Learning disability, Dyslexia
- Dealing with your child in these states requires listening to what the child is unable to communicate. The therapist engages with the child and explores his/her inner world through play and expressive techniques.

Abhivyakti – Adolescent Clinic

Adolescents experience and express needs of dependency and independence and in this process you may go through certain challenges like,

- Being blocked in your engagement in school because you are preoccupied with thoughts or feelings.
- Have undergone overwhelming experiences that they find difficult to experience and verbalize.
- Feel confused about their identity, gender and sexuality and feel uncertain about their future.
- Take recourse to drugs or alcohol or gang activities because of feeling depressed.
- Over eat or diet excessively as a way to manage difficult feelings they cannot verbalize and other obsessions about one's body.

Such behavior and experiences interfere as well as carry a potential for personal growth and well being of the child. Psychotherapy as an alternative addresses the deeper conflicts underlying the surface of these disturbances

Anubhav – Adult Clinic

Personal relationships and work are a playground to know oneself and here one may experience acute anxiety, sadness, hopelessness, betrayal and anger. Individual psychotherapy is a space to recover a sense of stability and meaningfulness by looking at difficult life experiences and feelings in a safe engagement with the therapist. You could be experiencing,

- Feeling of emptiness, loss of meaning in life or an inability to experience aliveness and creativity
- Difficulties in relationships with one's families and loved ones.
- Feelings of incompetence, inadequacy at work and negative thoughts about one's future.
- Confusion, ambivalence and anxieties around marriage and intimacy.
- Gender identity crises and fears of acceptance related to it.
- Addictions of alcoholism, drug abuse and sex addiction.
- Troubling relationship patterns or personality problems.
- Recurring thoughts about death or dying.

- Engaging with the loss of a loved one.

Humsafar – Family Clinic

Life in the family acquires a difficult emotional tone specially when you are going through divorce or loss of a parent, or there is too much violence, there is a secret you can't reveal, you feel the family is divided, you are exhausted by the prolonged mental or physical illness of a family member, you have adopted a child or you are a child of foster parents, you and your partner have different expectations.

We understand the notion of the family not only in the sense of its biological origins but also a family where one's emotional rootedness may be more present.

Family therapy is a space to listen to parts of each other in the family with the hope of recovering the realities of the relationship.

- Conflicts in relationships like infidelity, the gap in the parent's expectations and values, incompatibilities between partners.
- Broken and estranged relationships due to divorce,

separation and due to the loss of a parent

- Polarized relationships where the family feels divided on issues, problems of roles and dependency
- Domestic violence and physical abuse within the family or in a relationship
- Sexual abuse and incest in families.
- Dealing with prolonged physical and mental illness, addiction in a family member.
- Resettlement to a new city due to displacement, due to professional choices.
- Foster parents and the adopted child.
- Financial problems
- Infertility and parenting problems
- Lack of spark and feeling of stuckness
- Discord with in-laws and extended families
- Gay and Lesbian families and the struggles and the conflict they experience viz. a viz. the mainstream society.
- Relational strife in families where the voice of the younger member may be oppressed especially in a joint family setting.
- In the absence of the familial spaces what are the families

which one creates and begins to live in and the difficulties experienced in the process.

TO MAKE AN APPOINTMENT

Please call Psychotherapy Clinic **011 23863740**

Or Mr. Rajinder Singh 9717268744

& Mr. Ashis Roy 9873193399

Or email us at: **psychotherapyclinic@aud.ac.in**

A consultation appointment will be fixed for you. Meeting your therapist for one or two sessions will help you understand what type of treatment will be suitable. You will have an opportunity to discuss and ask questions about the recommendation. The evaluation process involves talking about yourself and the problems and concerns that led you to seek assistance.

Treatment

The treatment fee will be determined at a rate that is

mutually acceptable to both parties. Individuals with limited means may arrange a sliding fee. There is also a low fee clinic for individuals who cannot pay for therapy.

Psychological Testing

Psychodynamically informed psychological tests will be used to explore and diagnose the individual's states. Projective personality tests and intelligence tests will be conducted to inform the therapeutic process. Assessment will be confidential.

Referral Desk

In addition, psychoanalytic psychotherapy for adults, adolescents and children is offered through the Psychotherapy Referral Service. Referral for medication, couples therapy, family therapy and supportive therapy is also available



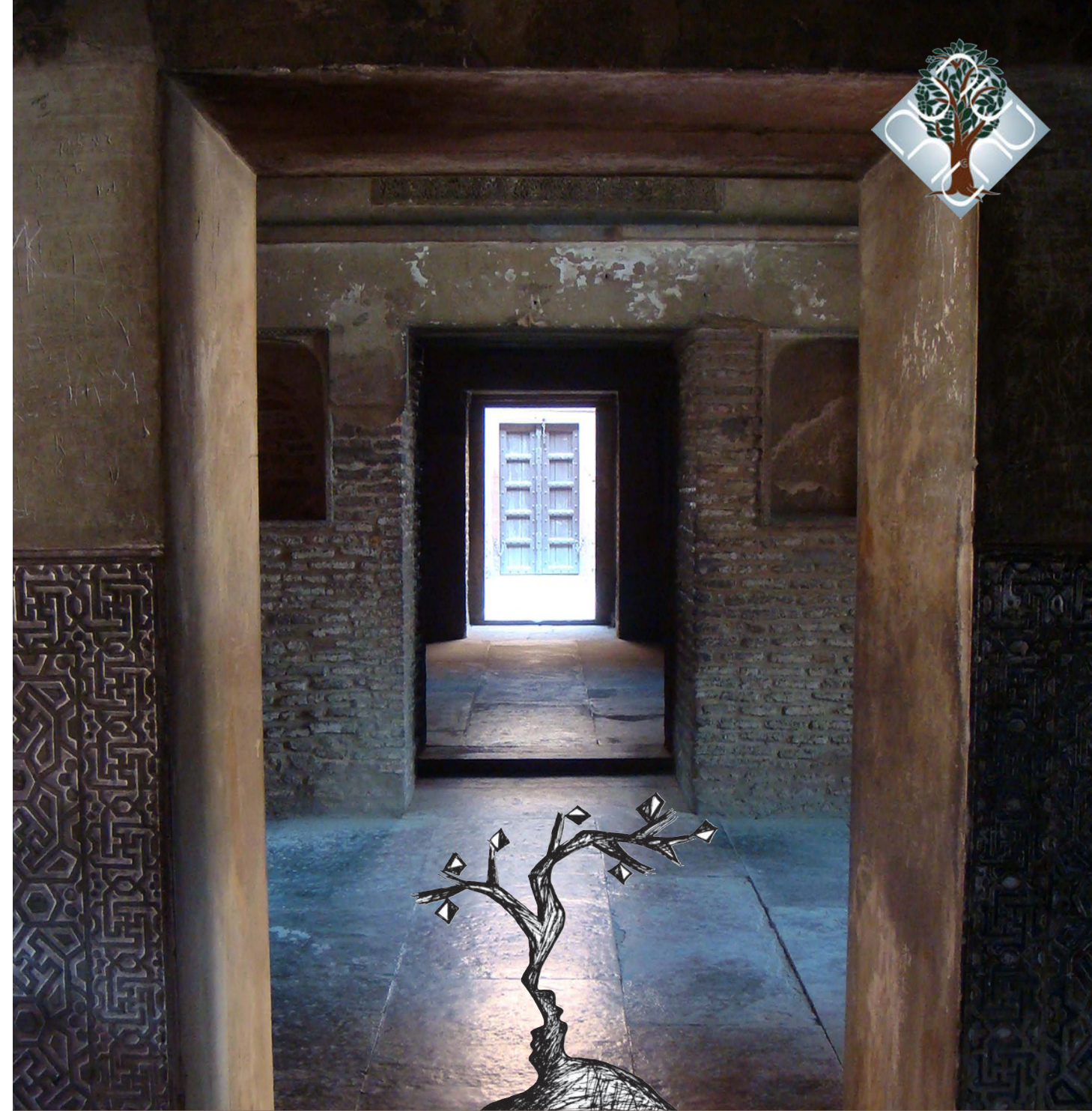
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Centre of Psychotherapy
and
Clinical Research (CPCR)

Contact: (011) 23862321

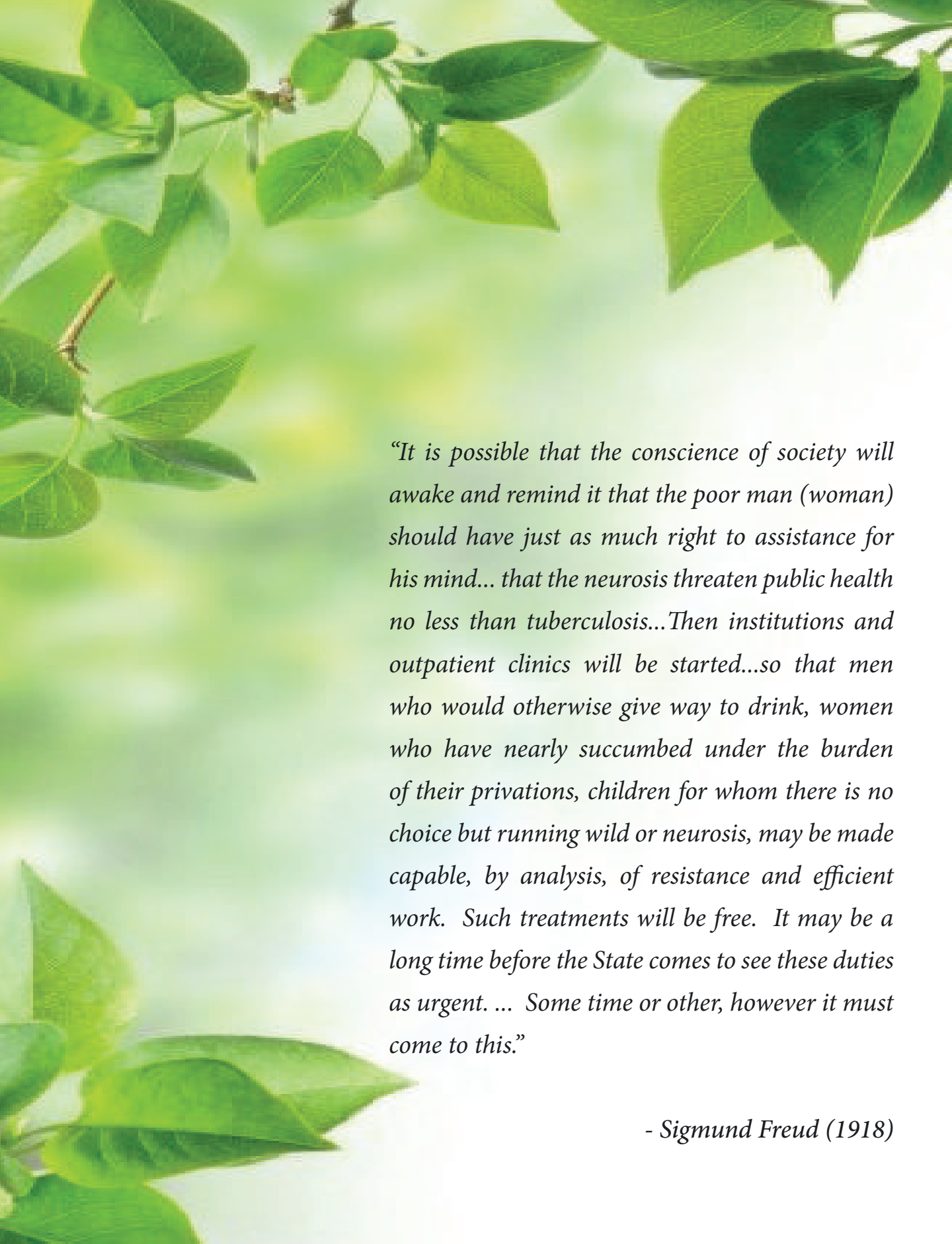
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Photographs Courtesy—Shivangi Verma
& Padma Kasturi
Front Cover—Sakshi Oberoi
Paintings—Ananya Kushwaha



**CENTRE OF PSYCHOTHERAPY
AND CLINICAL RESEARCH**

AMBEDKAR UNIVERSITY DELHI



“It is possible that the conscience of society will awake and remind it that the poor man (woman) should have just as much right to assistance for his mind... that the neurosis threaten public health no less than tuberculosis...Then institutions and outpatient clinics will be started...so that men who would otherwise give way to drink, women who have nearly succumbed under the burden of their privations, children for whom there is no choice but running wild or neurosis, may be made capable, by analysis, of resistance and efficient work. Such treatments will be free. It may be a long time before the State comes to see these duties as urgent. ... Some time or other, however it must come to this.”

- Sigmund Freud (1918)

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FOREWORD

The Centre of Psychotherapy and Clinical Research (CPCR) is guided by a psychoanalytic orientation, which believes in the unconscious, in an experiential lens, a value for caring relationships and an ethic of cultivating compassion. By focusing on psychological complexity—the ironic and tragic in existence—psychoanalysis makes us aware that all humans banish, exile and split off parts of the self in order to bear or avoid emotional pain and conflicts. The sources of suffering in individual and group life may range from subjection to emotional injustice, socio-economic marginalization and political oppression. Sometimes survival may become precariously contingent on the capacity of an individual or group to make life bearable by forgetting, repressing and dissociating or by over-emphasising and remembering in a frozen and un-symbolizable manner, one's history of endured trauma and abjection. Either way, at stake is the human potential for holism - a capacity to be in touch with our inner sense of freedom, playfulness, dreaming, creative fantasizing, lovingness and empathy.

The psychoanalytic journey, mediated by the long term care of a non-judgemental and devoted therapist, helps the patient - the suffering being- to reach relative health and integration of one's painful losses. More often than not, this process also opens up the patient's potential for dreaming and embracing life with a relative sense of self-aware joyfulness.

Unique to this tradition is the emphasis that before becoming a healer, the analyst too undertakes the same treatment as the one through which she would lead her patients. In this sense, the analyst and the patient are fellow travellers, both of whom journey through the darker labyrinths of their respective inner worlds. This is the authentic space from where empathic understanding and compassionate attending take birth.

At CPCR we are also concerned with the modern crisis of capitalism which plagues all fields, including education and health services, particularly mental health, psychiatry and psychotherapy. Our times threaten us with a dangerous dehumanizing situation. All other imaginations of care are quickly being subsumed under a profit oriented, individualistic, "give and take model", with little or no regard for social justice. Going against the powerful currents of mainstream medicine and health care, we at CPCR, AUD work with a free work or low fee ethic. Of course we are aware of the multifarious ways in which the setting and question of fee impact the work of the therapeutic dyad. Therefore ours is not a rigid ideological position.

We treat fee as a living part of the therapeutic relationship and delve with its emerging symbolic meanings. However we believe that the question of fee needs careful rethinking, even as it remains closely tied up to the callings of ethics. It is thus not only our mandate to reach

out with quality care to those who cannot afford mental health services, but to also renew the philosophical vision of psychotherapy and psychoanalysis in a way which would be uplifting.

In our view, the therapeutic relationship is a mutual gift where the therapist helps the patient, and the patient, in turn, trustfully gifts the therapist with an access to the deepest wounds, secrets and shame-pain laden parts of one's life. The trust which the patient places in the therapist and the love that he or she develops for the latter is a gift which can never be subsumed, exhausted or neutralized by any monetary exchange. It is by acknowledging this unique meeting of two human lives that the field of mental health could reach newer responses in its bid to address questions of not only social but also emotional justice. In reflecting on emotional justice and in keeping alive an ethic of no/Low fee, our hope is to also contribute to newer imaginations of the human subject- one who in having received care will someday be able to extend the same to others as well. At CPCRC we are eager to carve out the contours of a culturally embedded, socially as well as emotionally just vision of work in the field of psychotherapy in particular, and mental health at large.

Our aim is to advocate for care of emotional life and train professionals who will embody an ethic of insight and concern, as well as an aware and responsible take on the world they co-inhabit with all other sentient beings. Living for self as well as for others and open to their own erotic, compassionate and playful potential; these professionals would dreamingly find their way in and out of life's inherent challenges and inevitable suffering.

**Prof. Honey Oberoi Vahali,
Director,
Centre of Psychotherapy and Clinical Research**

CENTRE OF PSYCHOTHERAPY AND CLINICAL RESEARCH

The Centre of Psychotherapy and Clinical Research (CPCR) came into formal existence in July 2013. Prior to this, the idea of the Centre and the work which went into its creation was being incubated by the School of Human Studies (SHS). Since 2011, the School of Human Studies had been involved in setting up its psychotherapy clinic, Ehsaas. Between the years 2011-2013, at Ehsaas, we reached out to approximately 150 persons in need of mental health care and also imagined the mandate—the various functions and the philosophical underpinnings of CPCR. In 2013, the Ehsaas clinic became the psychotherapy and counselling unit of CPCR, even as the Centre broadened its purview of work and deepened its engagements.

The Centre is founded on a psychoanalytic, psychosocial clinical orientation.

The CPCR team wishes to record with deep appreciation the continuing support received from all sections of AUD community- the Senior Management Team, teachers, non teaching staff and students. In particular the close involvement, facilitation and encouragement received by us from the Vice Chancellor, Prof. Shyam Menon, has helped us to realise our dream of making Ambedkar University, Delhi (AUD) a unique educational institution which not only values the intellectual growth of its students but is also actively concerned about their emotional and psychological wellbeing.

ASSOCIATION BETWEEN CENTRE OF PSYCHOTHERAPY AND CLINICAL RESEARCH AND PSYCHOLOGY PROGRAMMES (SCHOOL OF HUMAN STUDIES)

The link between the Psychology Programmes of the School of Human Studies and Centre of Psychotherapy and Clinical Research (SHS) and (CPCR) is an intrinsic one. SHS remains the academic home of all programmes of Psychology from BA (H) in Psychology (jointly offered by SHS and SUS), MA Psychology (Psychosocial Clinical Studies), MPhil Psychotherapy and Clinical Thinking (PSYCHOANALYTIC PSYCHOTHERAPY) and PhD in Psychology. CPCR functions as a critical site of clinical practice, on-going exploration and thinking. It nurtures and realises the dreams of the psychosocial clinical perspective in its bid to reach human lives, and to foster and advocate an ethic of sustained care in the field of mental health. The two units of AUD- SHS and CPCR- work closely. This partnership comes most alive in the teaching, training and supervision of MPhil Psychotherapy and Clinical Thinking candidates. The MPhil programme of training psychoanalytic psychotherapists is the first and only such programme in the whole of South Asia. Holding it in place, teachers, therapists and clinical supervisors from SHS and CPCR come together and cohere in offering their energies. Overtime we also look forward to a close association and professional partnership between the Gender Studies programmes of the School of Human Studies and the Centre of Psychotherapy and Clinical Research.

Teachers of SHS and therapists of CPCR also work as an organic whole to build and realise the vision of the Centre. This Centre hopes to rethink the practice of psychotherapy in India, become a hub for a culturally embedded and socially sensitive paradigm of clinical work, thinking and research in the psychoanalytic tradition, work as a training site for mental health and allied practitioners and advocate at the level of Law and Policy. Of course it goes without saying that we are most keen to take our psychoanalytic sensibility and sensitivity to communities which have thus far been neglected, ignored or rendered voiceless.

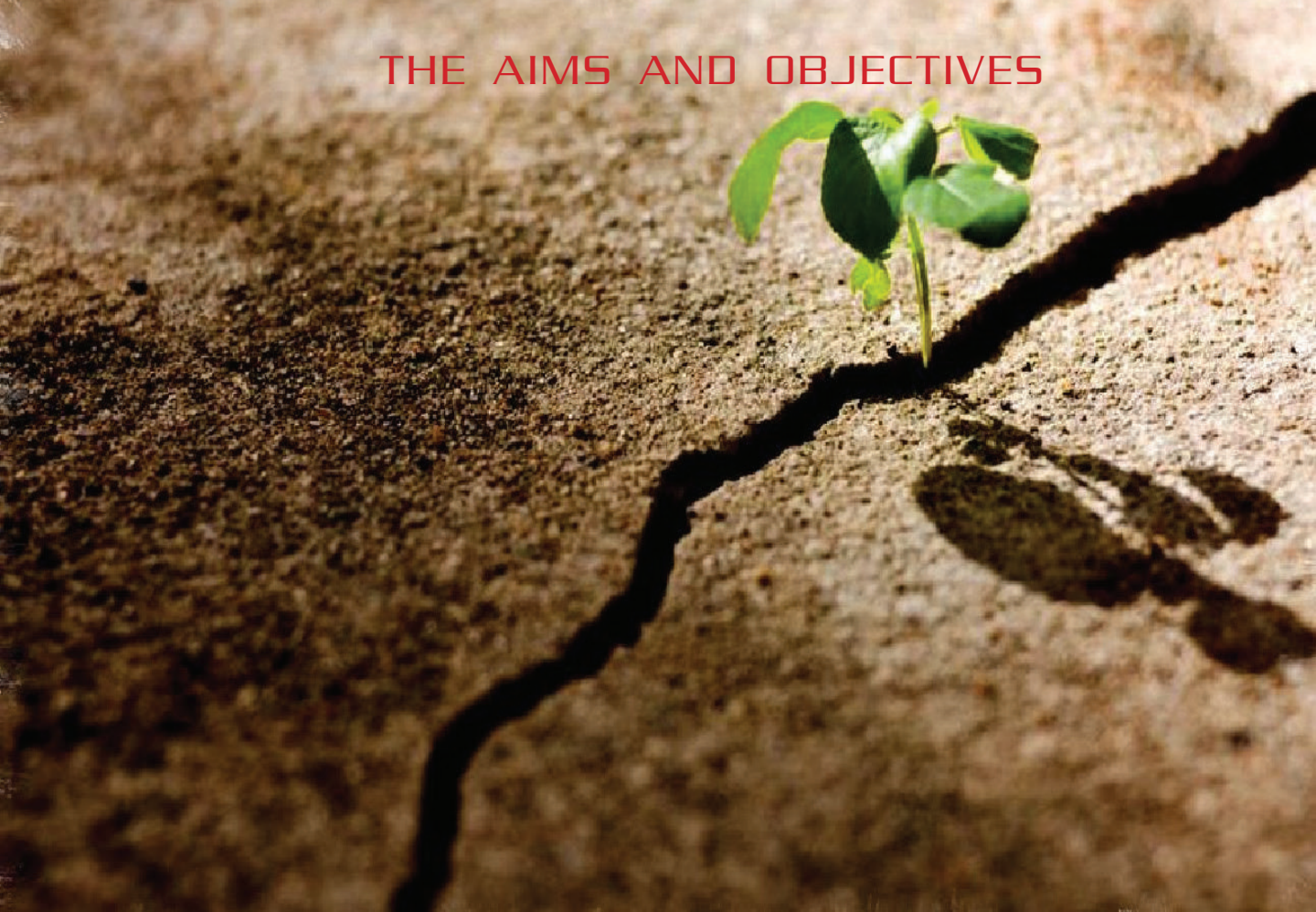
MENTAL HEALTH NEEDS IN INDIA

In India, mental health disorders account for nearly a sixth of all health-related disorders. The prevalence rate of mental disorders indicates that 65 out of 1000 persons are at some point of time in their life in need of psychological care for a mental illness or psychological breakdown. Yet we have just 0.4 psychiatrists and 0.02 psychologists per 100,000 people, and 0.25 mental health beds per 10,000 population. The burden of mental disorders, especially in urban India, is highest among young adults aged 15-44 years. This implies that students in schools, colleges and universities are especially vulnerable to major psychological upheavals.

As part of a community of individuals concerned about mental health related issues plaguing urban India, one is only too aware of the contrast between the incidence of mental illness and the grossly inadequate provision. When all forms of mental suffering are seen solely as illnesses and met with a treatment modality primarily dominated by psychiatric pharmacology, one finds a severe lacuna in engaged thinking about the care, recovery and reintegration of the individuals and families affected. In addition, the rational, scientific perspective makes it difficult for the evolving discipline of psychotherapy to learn from knowledge emanating from traditions of faith and cultural healing which can enrich psychic and emotional health. An engaged thinking requires a particular training that can keep the space to relate to symptoms through deep listening and a caring inter-personal lens. The focus must widen to include, along with symptom management, an understanding of a person's relational ambit, life-history or socio-cultural and politico-historical location.

This need for a more engaged thinking in the mental health care system and encouraging community-based interventions in India were the crucial factors that led to the establishment of the Center of Psychotherapy and Clinical Research (CPCR) in July 2013. The Centre offers psychotherapeutic support; facilitates forms of culturally sensitive psychological research; promotes in-depth exploration of the Indian psyche and serves as a network for training professionals.

THE AIMS AND OBJECTIVES

- 
1. To develop and provide quality psychological services with a no/low fee ethic as well as rethink psychotherapeutic practice in Indian context.
 2. To train psychoanalytic and socially sensitive psychotherapists, through an intensive MPhil Programme in Psychotherapy and Clinical Thinking.
 3. To pioneer psychoanalytic training curricula for academic institutions in South Asian context.
 4. To work in community contexts through inter-subjective and mutually transformative journeys.
 5. To research, publish and disseminate knowledge in the area of mental health and psychotherapy.
 6. To become a hub for training mental health and allied professionals and to evolve a model of appreciating and receiving subjectivity in humanities and social sciences.
 7. To form an association of psychoanalytic psychotherapists in India informing policy on mental health care.



CPCR—ITS WINGS

Ehsaas Psychotherapy and Counseling Clinic

A 'Clinic' is a site where people bring in a range of difficult emotional states and crises. At Ehsaas, we help people to reach a fuller experience of their self by creating a safe space in which anxiety provoking, conflicting shame evoking and traumatized parts can be expressed, held and worked through. This journey is mediated by a relationship with a non-judgmental therapist who serves critical emotional functions on the patient's behalf. Before healing and partial resolution of difficult psychic states takes place, the therapist allows oneself to be "used" by the patient. At times, the therapist comes to represent or symbolize a significant figure(s) from the latter's past, on whom the conflict is projected. As the previously un-bearable and un-thinkable parts come under empathic scrutiny, it becomes possible for the patient to reconnect to memories and reach forms of thinking where none may have existed before. This play between the "then and now", allows for working through of the blocks in the patient's past, as they are relived and ultimately released in the contemporary space within which the therapeutic dyad relates. At the same time, the real relationship with the therapist also comes to serve as a source of hope, trust and faith, transforming the patient's inner and relational world.

Further, in long-term psychodynamic clinical work, gradually the focus may move from being only about an individual and the therapist-patient relationship to also include reflections on pertinent social realities. Working at Ambedkar University Delhi, we have realized that the impact of social realities critically plagues many young Indian minds who find themselves torn between preserving traditional values of inter-relatedness and Western values of autonomy and independence.

Situated as it is in a university context, the Ehsaas Clinic is a unique site for meeting youth and its issues as a distinctive life stage and a creative endeavor to harness the possibility of renewal inherent in any human crisis.

Through its free and low fee psychotherapy clinics, CPCR specially wishes to cater to mental health needs of those belonging to socially and economically challenged sections of the society.

Ehsaas has four psychotherapy clinics namely



- Khel Khel Mein, the child clinic
- Abhivyakti, the adolescent clinic
- Anubhav, the adult clinic
- Humsafar, the family clinic

Ehsaas has received more than 300 persons in states of emotional distress. Patients have come with difficulties ranging from anxiety, depression and suicidal feelings, extreme mood states, body image issues, behavioral problems, adjustment difficulties, drug dependence, difficulty in

sustaining relationships, loss of a loved one or intractable family issues such as domestic violence, sexual abuse and broken homes, caring for a family member with psychosis, alcoholism or prolonged illnesses.

Ehsaas has also worked with children with issues at home such as feeling unloved, unwanted and lonely. Children have also come with issues related to adjustment in the class room, difficulty in academic work and relational problems with peers and teachers.

- Our team works with a variety of therapeutic models:
- Long-term psychoanalytic psychotherapy
- Crisis intervention
- Brief psychodynamic psychotherapy
- Sessions on demand for patients from remote locations in the city of Delhi or neighboring areas, who cannot access psychotherapy on weekly basis.



Associations with Professional Bodies :

Ehsaas has made links with institutions such as Indian Psychoanalytic Society, Lady Harding Medical College, Tulasi Foundation, Psychoanalytic Unit of the Mental Health & Behavioral Sciences Department (Fortis) and National Institute of Public Cooperation and Child Development (NIPCCD), Centre for Equity Studies, Aman Biradari, Society for Multiple Sclerosis, Delhi United Christian School and Udayan Care Foundation among others. The students of MPhil in Psychotherapy and Clinical Thinking obtain training in patient care and work alongside psychiatrists, psychologists, social workers and child-care specialists at these sites.

MPHIL PSYCHOTHERAPY AND CLINICAL THINKING

Centre of Psychotherapy and Clinical Research and the School of Human Studies jointly offer one of the unique programmes of Ambedkar University Delhi- MPhil in Psychotherapy and Clinical Thinking.* Anchored by the larger values and principles which Ambedkar University Delhi stands for, namely, engaged scholarship, praxis based generation of knowledge that seeks to approximate the contours of lived life, an active concern for social justice and equity and regard for those existing at socio-economic margins, this three-year-long MPhil programme for training psychoanalytic psychotherapists, hopes to create reflective and involved professionals who will make significant contributions to the field of mental health.

The major concern of the MPhil programme– the first of its kind in South Asia- is to enable a future psychoanalytic psychotherapist to work with a range of psychological states and to respond to emotional distress and conflict in an in-depth and empathic manner. While being grounded in the psychoanalytic tradition, the course draws from a strong inter-disciplinary basis, where traditions of psychoanalytic psychotherapy are enriched by contributions from literature, art and aesthetics, psychiatry, clinical psychology and neuroscience, history, feminist studies, sociology, anthropology and philosophy. This is in place with our objective of creating professional psychoanalytic therapists who are sensitive, competent, open-minded and flexible and who not only understand the neuro-bio-psychological links but also the intimate presence of cultural, social and structural-political processes in the human psyche, even as they emerge in the clinical hour. We encourage our students to note the flows and oscillations of the dynamic unconscious as it traverses alongside- sometimes in conjunction and at other times in disjunction- with the currents of cultural and historical streams in the patient's being and articulations. The therapist-in-training is invited to understand Psyche as formed through relationships and to appreciate the rhythms of psychic life through communications between the conscious and the unconscious as mediated through dreams, free associations, reveries and symptoms as well as states of mental breakdown. The student is also urged to immerse herself in the cultural mind as enlivened through myths, fables and folk tales. A unique feature of the programme is its emphasis that the trainee

* The MPhil Programme is currently under review. From 2015 onward, it is likely to be re-christened/renamed as MPhil in psychoanalytic Psychotherapy.

therapist goes through the same treatment process as one would, in the future, take one's patients through. Strengthening the axis of introspection and self-reflexive reflection is the emphasis for the candidate in training to undergo personal therapy. This also helps to become open to one's capacity for experiencing inner freedom, playing, dreaming and fantasizing.

Clinical and community based internships, reflective immersions, supervision, an ongoing series of lectures on psychosocial clinical processes, psychodiagnostic and projective testing with clinical populations along with the research dissertation, constitute the practice based components of the programme. On the other hand, a stress on Clinical Thinking and a rigorous take on theory enable this programme to actualize its promise of becoming a praxis based enterprise- balancing traditions of theoretical value with immersed and reflective practice. It is our hope that our trainees will inculcate an ethic of care and sustained relational engagement with states of emotional despair and psychic trauma, even as they grow to appreciate the diverse and complex intersections leading to suffering in the psyche- the play of instincts and drives, difficult childhood experiences, histories of social and structural neglect and deprivation.

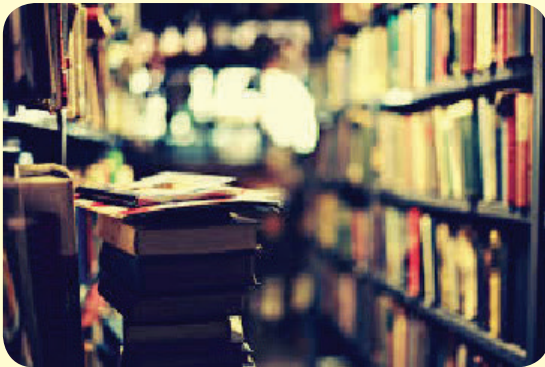
PROFESSIONALIZING PSYCHOANALYTIC THERAPY

CPCR is committed to professionalizing psychotherapy in the Indian context, a commitment reflected in the training it provides, the research projects initiated and the community work imagined within its rubric. CPCR also hopes to become the ground where young psychotherapists seek professional recognition and membership. Our aim is to become a body that works toward the recognition of the professional identity of the psychotherapist by ensuring rigorous clinical training and reflexivity.



Psychosocial Clinical Research

CPCR aims to promote psychoanalytic research and awareness to understand the psyche in a culturally rooted and sensitive manner. Through research on areas such as trans-generational trauma, individual- family matrix internalized in the conflicts, emotional vulnerabilities caused by political and social displacements, the centre envisions to offer reflection on inter-subjective processes at play in complex human conditions. A special focus of the centre will involve psychoanalytic research and clinical thinking. In order to develop and strengthen the psychosocial and clinical praxis in SHS, we will document clinical material portraying “inner geographies” of patients shaped by their respective socio cultural concepts.



Additionally, one of the aims of CPCR is to retain psychoanalysis as a model at the core through which we understand human life, desire, dreaming, playing and suffering while also showing the presence of the Indian-ness in the clinical work which questions and compliments the Western theorizations of Psychoanalysis. In the present context an Indian corpus of psychoanalytic clinical work emphasizing on cultural nuances and processes is much needed. Our effort is to begin a journal of psychoanalytic psychotherapy and clinical research to facilitate thinking on themes of social and cultural import.



COMMUNITY ENGAGEMENT

The team of CPR is aware that those availing therapeutic services in Ehsaas are only a small subsection of the urban Indian society in transition. CPR has the ambition to reach to the varied sections of the society and formulate relevant research questions.

Among the marginalized- CPR has initiated a project to engage with psycho-social and emotional life of certain marginalized communities within (Safai karamcharis and Class IV employees of AUD). The objective is to provide them a platform to voice their inner experiences and feelings, to document these narratives and cull out relevant themes for research purposes.

Women's Mental Health- Psychological disturbances in young mothers has not been engaged in the urban sections of the society especially the ones who don't have enough means to sustain themselves. CPR's interventions are aimed at reaching groups of women with young children, focus on their emotional needs, identify women suffering from postnatal depression, build awareness on mental health related issues as well as sustain them by building community networks.

With Schools- CPR envisions to work with students in schools who are not in a position to reach the clinic. The aim is to help students learn social skills, enhancing self esteem and communication, to support teaching staff and parents dealing with various mental health issues of the students.

Mental Asylums and Prisons- The "chronically ill", institutionalized mental patients and prison inmates remain largely invisibilized, neglected and divested of understanding and care. Most of the task force responsible for the well being of the patient and the prisoner in our country are not dehumanized and devalued themselves. Thus it is not surprising that at times they fail to be sensitive and empathic to those entrusted to their case but also fail to provide sensitivity and empathy. CPR, hopes to open dialogical possibilities through experiential work with the prison inmates, mental patients in asylums as well as their care takers in institutional setups.

EVENTS ORGANIZED BY CPR-2014

- **First Sigmund Freud Memorial Lecture**—“*Freud—A Relational Guru*” By Prof. Ashok Nagpal, (May 2014)
- **Clinical Workshops and Supervision**—“*Interpersonal Analysis*” By Dr. Gurmeet Kanwal (Interpersonal Psychoanalyst, William Alanson White Institute, New York), (August 2014)
- **Talk and Discussion**—“*Couples Therapy*” By Dr. Bari Kanwal, (August 2014)
- **Clinical Workshops with Prof. Sudhir Kakar For Psychoanalytic Psychotherapists** (September 2014)
- **First Indo-German Clinical Conference (Collaboration between Centre of Psychotherapy and Clinical Research & Association for Psychoanalysis and Psychotherapy, Berlin)** (October 2014)
- **CPCR and School of Human Studies celebrated “Awaaz”—World Mental Health Day** (Oct. 2014)



CPCR Team, SHS Faculty and MPhil graduates with Faculty from APB Berlin at the First Indo-German Clinical Conference (Oct 2014)



“Awaaz” - The World Mental Health Day celebration, jointly organized by CPR and SHS (Oct- 2014)

EVENTS ORGANIZED BY CPR-2015

- **Lectures on the life and thoughts of Wilfred Bion:** By Meg Harris Williams (January 2015)
- Film screening and discussion on the life of Wilfred Bion: *A Memoir of the Future* By Kumar Sahani, Meg Harris Williams and Salman Akhtar (January 2015)
- **Film Analysis** of *Chokher Bali* By Dr. Jhuma Basak (January 2015)
- **Talk on** “*Psychic Pain, Bilingualism and Poetry*” By Dr. Salman Akhtar (January 2015)
- **Film Analysis** of *The Namesake* By Dr. Diamond Alidina (February 2015)
- **Second Annual Psychoanalytical Conference— “Paternal in Psychoanalysis” Organized By Fortis Hospital and CPR** (February 2015)
- **Clinical Workshop and supervision by Prof. Sudhir Kakar for psychoanalytic therapists from Delhi and Iran** (February 2015)



Prof. Ashok Nagpal, Meg Harris Williams, Kumar Sahani (Film-maker) and Prof. Salman Akhtar at the Screening and Discussion of Film on Life and Thoughts of Psychoanalyst, Wilfred Bion
(Jan 2015)



CPCR Team and Psychoanalytic therapists from Delhi and Iran in
Clinical Supervision with Dr. Sudhir Kakar
(Feb 2015)

CPCR TEAM



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- 3. Prof. Ashok Nagpal**
Member of Advisory Board
- 4. Prof. Honey Oberoi Vahali**
Member Secretary
- 5. Prof. Rajesh Sagar**
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- 6. Prof. Farida A. Khan**
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- 7. Mr. Harsh Mander**
Centre for Equity Studies
- 8. Dr. Alok Sarin**
MBBS, MD (Psychiatry)
- 9. Dr. Bhargavi Davar**
Director
Bapu Trust and NAZMI Foundation
- 10. Dr. Vikram Gupta**
Sir Ratan Tata Trust

Adjunct and Visiting Faculty

- 1. Prof. Neil Altman**
Psychoanalyst.
- 2. Dr. Madhu Sarin**
Psychoanalyst
- 3. Dr. Vinita Kshetrapal**
Psychoanalyst.

- 4. Dr. Anurag Mishra**
Psychiatrist and Psychoanalytic Psychotherapist.
- 5. Dr. Kusum Dhar**
Psychoanalyst.

Members of CPR and Faculty (Psychology, SHS)

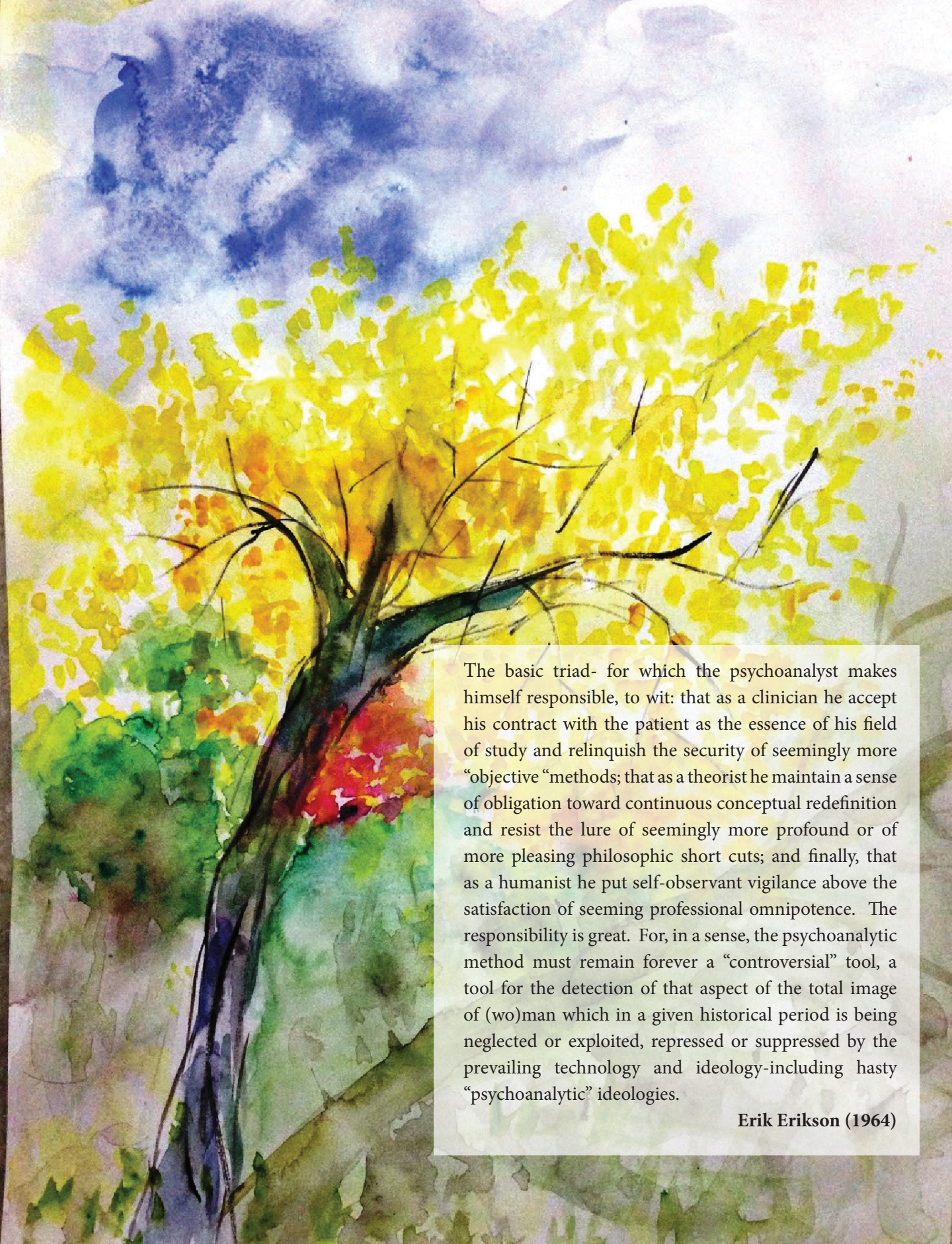
- 1. Prof. Honey Oberoi Vahali**
Dean, Professor, Psychology
- 2. Prof. Ashok Nagpal**
Professor, Psychology
- 3. Dr. Anup Kumar Dhar**
Associate Prof (Psychology) and Director (Centre of Development Practice)
- 4. Dr. Rachana Johri**
Associate Professor of Psychology and Dean SUS
- 5. Mr. Wrick Mitra**
Assistant Professor, Psychology
- 6. Ms. Neetu Sarin**
Assistant Professor, Psychology
- 7. Ms. Anshumita Pandey**
Assistant Professor, Psychology
- 8. Ms. Deepti Sachdev**
Assistant Professor, Psychology
- 9. Ms. Thokchom Bibinaz Devi**
Assistant Professor, Psychology
- 10. Mr. Gangmumei Kamei**
Assistant Professor, Psychology
- 11. Dr. Mamatha Karollil**
Assistant Professor, Psychology
- 12. Mr. Vinod R.**
Assistant Professor, Psychology

CPCR TEAM WITH MEMBERS OF PSYCHOLOGY FACULTY



From Left to Right: Wrick Mitra (Assistant Prof., SHS), Ashis Roy (Psychoanalytic Therapist, CPCR), Shifa Haq (Convener, Ehsaas, CPCR), Deepti Sachdeva (Assistant Prof., SHS), Mamatha Karollil (Assistant Prof., SHS), Bibinaz Thokchom (Assistant Prof., SHS), Prof. Rachana Johri (Associate Prof. SHS and Dean SUS), Neetu Sarin (Assistant Prof., SHS), Anshumita Pandey (Assistant Prof., SHS) and Rajinder Singh (Psychoanalytic Therapist, CPCR)

Below, From Left to Right: Prof. Honey Oberoi Vahali (Director, CPCR; Dean, SHS) and Shalini Masih (Psychoanalytic Therapist, CPCR)



The basic triad- for which the psychoanalyst makes himself responsible, to wit: that as a clinician he accept his contract with the patient as the essence of his field of study and relinquish the security of seemingly more “objective” methods; that as a theorist he maintain a sense of obligation toward continuous conceptual redefinition and resist the lure of seemingly more profound or of more pleasing philosophic short cuts; and finally, that as a humanist he put self-observant vigilance above the satisfaction of seeming professional omnipotence. The responsibility is great. For, in a sense, the psychoanalytic method must remain forever a “controversial” tool, a tool for the detection of that aspect of the total image of (wo)man which in a given historical period is being neglected or exploited, repressed or suppressed by the prevailing technology and ideology-including hasty “psychoanalytic” ideologies.

Erik Erikson (1964)



Ambedkar University Delhi



Lalit Kala Akademi

Hum Sab Nizamuddin is an oral history project of the neighbourhoods of Nizamuddin in New Delhi. From an 800 year old settlement to colonies born with an independent new nation, its historical sites, private homes and spiritual sanctuaries are the sites of peoples' memories and narratives. As we roam the lanes, bylanes, parks, markets and roundabouts of Nizamuddin with them and hear their stories, we may discover some resonance with our own.

SPECIAL EVENTS 6.30 pm onwards

VENUE: Nizamuddin East Community Centre

- 18 April "Why Remember?" Inauguration**
Conversations with residents:
Prof SH Qasmi, Bimla Suri, Dr Qasim,
Sultana Abdullah, Asif Ali
Classical Sufiana performance by
Ustad Abdul Aziz Khan and Armaan Dehlvi
- 19 April Discussion on writers of/writings on Nizamuddin** with Sadia Dehlvi, Shahid Siddiqui, Mohammed Haneef.
- 25 April Nizamuddin on film: Screening & discussion**
Film screening and discussion with Yousuf Saeed
- 26 April Ode to the past. Speaking to the future.**
Dastangoi performance by Aamir Ahmed and Affaan Siddiqui

EXHIBITION 11 am - 7pm

18 - 26 April
Nizamuddin East Community Centre

28 April - 4 May
MCD School, Nizamuddin Basti

A project of Centre for Community Knowledge, Ambedkar University Delhi















Living with the Yamuna. जमुना-जी, और मस्ती



John Bhandari, Mumbai, India, shares a memory of his childhood on the Yamuna river.

My father and I used to gather up bricks and stones and had to cross the river and had to hang about...

Our parents used to take us from going to school and go play in the river...

We had a very special relationship with the river...

Changing courses. बदलते रुख



When I started to study in 1975, it was in a flood, and everything was under water...

It was a very special time for me, and I was very happy to be in the river...

The good waters of the Yamuna. जमुना-जी का अरसा फीरो



The Yamuna river is a very special part of our lives, and it has given us so much...

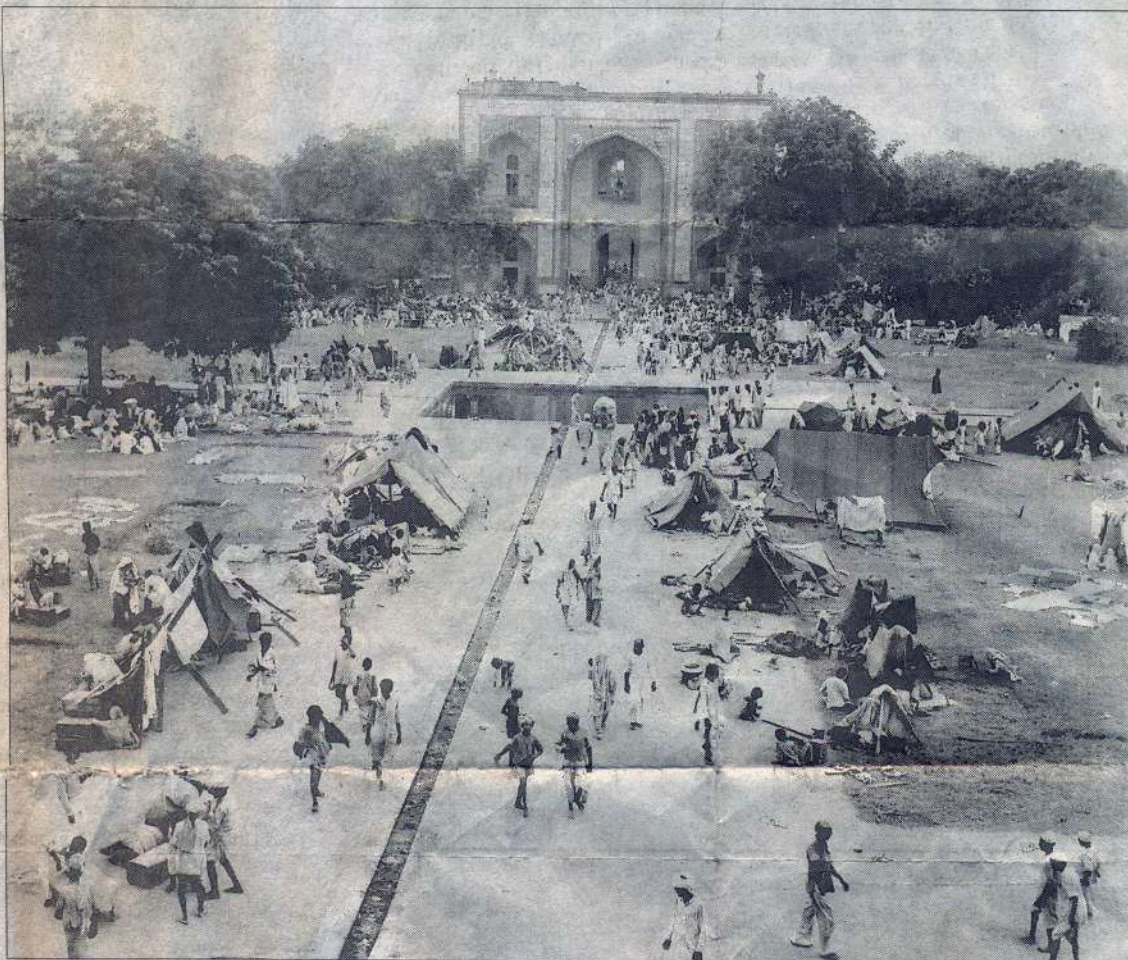
It is a very beautiful river, and it has given us so much joy and happiness...

We've always had ample water and electricity and greenery in this colony. We are very lucky.
By the time I got married and came here, there was piped water in all our houses. But the elders tell us that in the old days getting water was a real struggle. People would have to go to the nearby graveyard to collect water, and that was really a disturbing experience for them.
एक जमाने में यहाँ पर पानी और बिजली और हरियाली का बहुत अच्छा सा माहौल था। हमें बहुत भाग्य है।
जब मैं शादी हुई और यहाँ आया, तो सब जगह पर पानी का पाइप लाइन था। लेकिन बुजुर्गों को पता था कि पुराने जमाने में यहाँ पानी पाने का बहुत मुश्किल काम था। लोग पड़ोसी कब्रिस्तान में जाकर पानी भरते थे, जो वास्तव में बहुत डरावना और अजीब सा अनुभव था।



An exhibition documents the past and present of Nizamuddin, one of the most upscale, former refugee colonies of Delhi

From the East and the West



PRAVEEN KHANNA



(Above) Vani Subramanian; a 1947 photograph of Muslim refugees at Humayun's Tomb, who arrived in caravans and left for Pakistan. Later, others arrived to occupy the same space

VANDANA KALRA

ONE OF the few owners of a black-and-white television in Nizamuddin East in the '70s, Mr Chaddha often had neighbours come home to watch programmes. But he had a novel way of managing the crowd. "He could only fit 20-25 people in his home, so he would issue passes. I've gone to see several 26 January parades and Chitrahaars," says 50-year-old Rajbir. Owner of Delight Parlour in the Nizamuddin East market, Rajbir's family is one of the original allottees in the area. There is a lot more to retrospect, from the discomfort between Nizamuddin East and West (with plots allotted in the latter vs quarters in the East) to the Yamuna waters that now flow kilometres away, unlike the past when the residents walked to its shore across the railway tracks. "Nizamuddin is very interesting. For some people it is only the *dargah*, for others it is just the station, for me it is everything that is Nizamuddin. It is defined by the railway station on one side, the *nullah* on the other, then the Lala Lajpat Rai Road

and the Sunder Nursery. There are two large phenomena, 70-year-old post-Partition resettlement colony, but also the 800-year-old *basera*. We are talking about varied histories, yet a common shared life and knowledge," says Vani Subramanian, about the project that took her four months.

The filmmaker has documented voices from the neighbourhood in an exhibition. Titled "Hum Sab Nizamuddin", the oral history project has panels that chronicle its past and present. While Ali Kumar, 40, recalls how his father needed a ration card to obtain licence for a coal and firewood business after he arrived from Peshawar, 80-year-old SK Gandhi remembers bulldozers flattening the land, and his family living on the railway station, who were told that the area would become a refugee colony. Seema Bhatt, former resident of Nizamuddin East, says, "I was fascinated to see Punjabi families carry their *atta* to Ramchander to get tandoori rotis and parathas made by him."

Subramanian's chronicles begin much before Partition though. A panel has a photograph of a 1450 illus-



(Top) A photograph of Aneja Restaurant from 1958, which shows a Diwali spread and its specialty *khoye ki mithai*; Lala Ramlal Seth from Nizamuddin East on the Yamuna with friends

tration of Nizamuddin Auliya with three attendants. An excerpt from a brochure reveals that artist Baba Sanyal had suggested naming the neighbourhood on the great saint. In archival photographs, there is Shahid Siddiqui, chief editor of the *Nai Duniya*, an Urdu weekly, as a baby in his father's lap; another has a 1958 print of Lala Sahai Ram, owner of Aneja Restaurant, with his Diwali spread. "The family could not identify the people in the photograph. It was a dry cleaner next door who remembers that night of brisk preparations," says Subramanian. New-age heroes of the locality too are documented, including budding soft rock artiste Zubay Ali. There are panels on Aari work embroidery and crochet by women in the *basti*. Children too have contributed sketches and paintings.

More archives are still being gathered. Two days ago, a resident brought a photograph of his mother standing by the only hand pump in the area from the early 1950s. "The exhibition has become a community exercise," says Subramanian. Just like it was meant to be.

The exhibition at Nizamuddin East Community Centre is on till April 26; it continues at MCD School, Nizamuddin Basti, from April 28 to May 4

Annual Report 2015-16

Centre for Urban Ecology and Sustainability
AMBEDKAR UNIVERSITY DELHI

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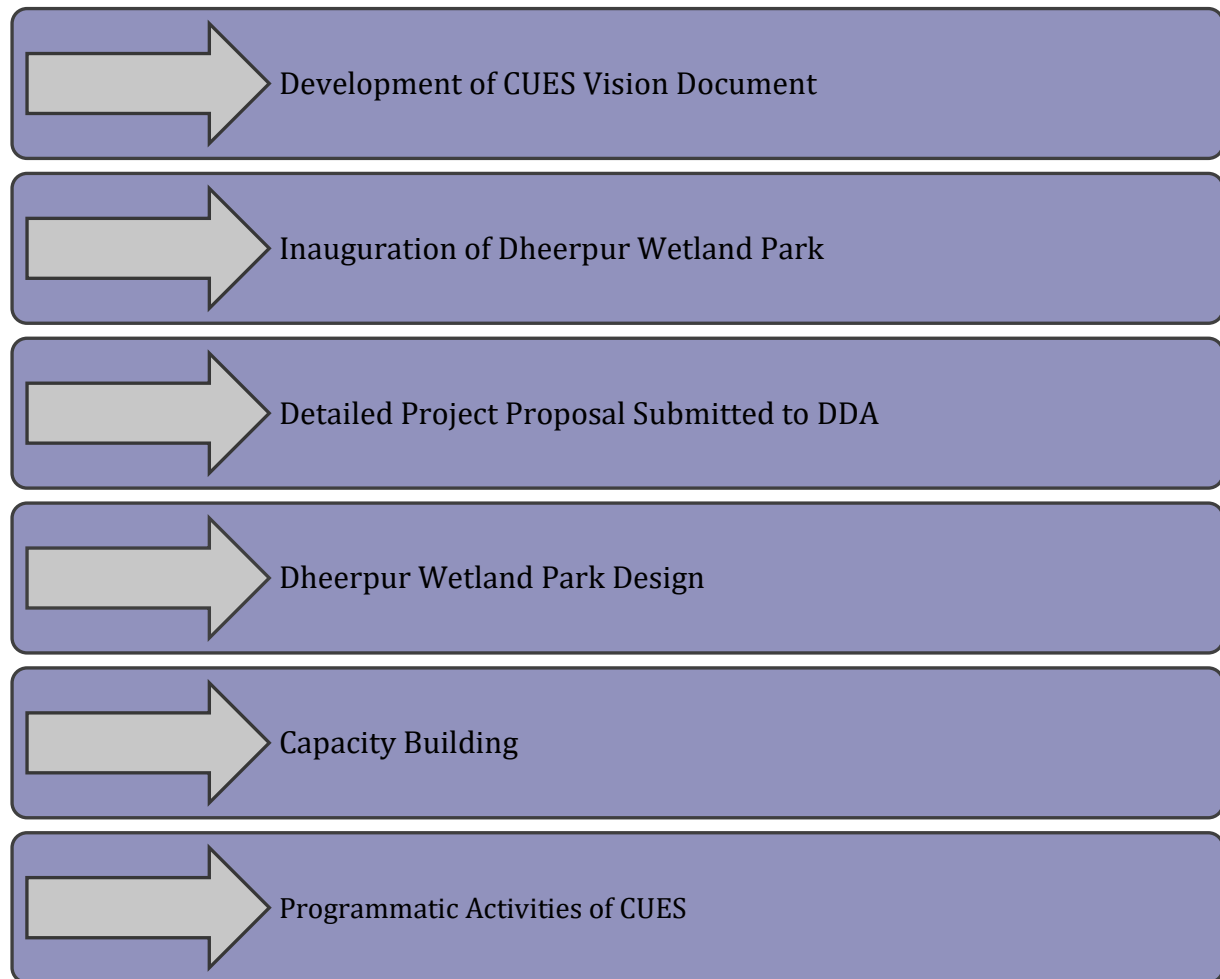
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Annexure A- CUES Vision Document

Annexure B- Detailed Project Proposal Submitted to DDA

Annexure C- Dheerpur Wetland Park Progress Report (1 Nov 2015- 31 March 2016)

Activities of the Centre, 2015-16



1. Development of CUES Vision Document

One of the foremost tasks of the Research staff working at the Centre for Urban Ecology and Sustainability (CUES) was to develop a Vision Document for the Centre. Although the CUES was formally established on 08 October 2015, the development of the Centre's vision, mission and goals were being worked upon for several months prior to the establishment of the Centre. In consultation with members of the Interim Committee and drawing from their past experiences, the vision, mission, and goals of the Centre were constituted. Keeping in view the immediate objectives of the Centre as well as long term vision of Ambedkar University Delhi, the Centre has been created with a mandate on Urban Ecology, Conservation of Wetlands and Urban Sustainability. The objective of the Centre is twofold: (i) to address urban ecological issues with a view to offer solutions, and (ii) to develop a skilled cohort of professionals who actively engage in, and find solutions for urban ecological challenges (Annexure A: Vision Document).

2. Inauguration of the Dheerpur Wetland Park



Fig.1 Inauguration Function of the Dheerpur Wetland park

The Dheerpur Wetland Park was formally inaugurated on 19 June 2015 by the Chief Guest Shri Balvinder Kumar, Vice-Chairman, Delhi Development Authority (DDA). The event was also graced by Prof Shyam B. Menon, Vice-Chancellor, AUD, Prof Vijaya S. Varma, Chairman, Planning Division, AUD, and senior scientist and ecologist Prof C.R. Babu. The inauguration ceremony was flagged off by the unveiling of a plaque by Shri Balvinder Kumar. This was immediately followed by the planting of saplings at the inauguration site by Shri Balvinder Kumar, Smt Achla Singh, Director, Directorate of Higher Education (DHE), Govt. of NCTD, Prof Shyam B. Menon, Dr Asmita Kabra, Dean (Officiating), School of Human Ecology (SHE), and Dr Suresh Babu, Director, Centre for Urban Ecology and Sustainability (CUES).



Fig.2 Unveiling of the foundation plaque at Dheerpur



Fig.3 Planting of sapling by Shri Balvinder Kumar, Vice-Chairman, DDA

While making his way to the podium, the Chief Guest was briefly introduced to the design plan of the proposed Dheerpur Wetland Park that was graphically visualized in the form of posters and a short movie clip.

The Vice-Chancellor of AUD presented the opening address to the gathering consisting of AUD staff, students, and guests from DDA and DHE. Prof C.R. Babu was also invited to address the audience. The Chief Guest was then presented a bouquet by Ms Sarmistha Roy on behalf of the University, following which he addressed the gathering. He was also presented with a plant sampling by Dayachand Ji, Head Gardener, AUD, and with a memento by Ms Sarmistha Roy at the end of his speech. Prof Vijaya S. Varma delivered the closing address of the occasion. The inauguration ceremony came to a close with several staff members of AUD planting saplings at the inauguration site.





Fig.4 Activities during inauguration function

3. Detailed Project Proposal Submitted to DDA

One of the other tasks of the CUES, besides creation of a detailed Vision Document, was to develop a pre-proposal for development of wetlands for funding by DDA. This proposal was submitted to DDA on behalf of CUES, which listed the details of civil and earthwork needed to be carried out by DDA, along with a work schedule for the first five years of the project (Annexure B: Detailed Project Proposal Submitted to DDA).

The proposal envisages to ecologically restore the 25.38 Hectares of land earmarked for conservation of wetlands at Dheerpur as per the Management Agreement with AUD, using well-established frameworks of restoration science. Once established, over a period of five years, the Wetland Park would provide hydrological, regulatory, cultural and aesthetic benefits to the entire local population that includes Mukherjee Nagar, Nirankari Colony, Gandhi Vihar and the Ambedkar University Campus. It is also envisaged that the Wetlands Resource Centre of the Park would form a hub for nature education and outreach programs that further the cause of conservation of wetlands and long-term urban sustainability.

An initiation grants of Rupees 10 Lakh has also been requested from DDA. The proposal is presently in process within DDA, and it is anticipated that earth-work and other activities would be initiated at the site soon.

4. Dheerpur Wetland Park Design



Fig. 5 Bird's Eye View of the wetland

Using the Realtime Landscaping Architect 2014 software, the Centre created a 3D model of the proposed Dheerpur Wetland Park (Fig. 5). The design and placement of waterbodies in the 3D model is based on the horizontal surface flow treatment wetland model design of wetlands. Treatment wetlands are essentially constructed wetland systems designed to maximize removal of pollutants from runoff and stormwater by means of several physical and biological mechanisms. In view of the various ecosystem functions and services that are expected to be derived from the Dheerpur Wetland Park on completion, specific design considerations (gradient, size and depth of waterbodies, island dimensions, etc.) have been taken into account while designing various features of the wetland park. The wetland model that has been developed includes a nursery, a deep and shallow wetland, treatment wetlands, a woodland, tall and short grasslands, and a Wetland Resource Centre besides several visitor facilities.

5. Capacity Building

a. Human Resource

Currently, the Centre is being managed by three staff members – two Research Assistants and one Research Intern. The three staff members have been given various responsibilities pertaining to the Centre and its first and foremost project – restoration of the Dheerpur wetlands. They have been instrumental in creating the Vision document of the Centre and generating the project proposal for Dheerpur Wetland Restoration. They have also been engaged for achieving specific objectives such as surveying flora, fauna, soil and water characteristics, besides compiling baseline data.

As per the provisions of the CUES start-up grant, the Centre has also been able to engage one MA Intern on an earn-while-you-learn basis. The intern has been specifically tasked with designing the CUES and Dheerpur Wetland Park blogs.

b. Equipment

Centre has been engaged in acquiring the necessary equipment for proper administration and functioning of its various programmes. It currently has a desktop, a laptop, a multi-purpose printer (with photocopy and scanner). Alongside, basic floral and faunal survey instruments have also been purchased by the Centre such as spotting scope, camera, GPS and range finder.

c. Website & Social Media

The Centre for Urban Ecology and Sustainability maintains two Wordpress blogs.

- <https://urbanwetlandrestoration.wordpress.com/>
- <https://cuesataud.wordpress.com/>

The urban wetland restoration blog specifically deals with the Dheerpur Wetlands and Parks Project. It outlays basic information about wetland restoration, the vision planned for Dheerpur wetland restoration, the Advisory Board, and research conducted at Dheerpur.

The cues@aud blog provides information of the Centre - its Vision, Mission, Goals, Organisational Structure, Programmes, and Advisory Board. Researchers of the Centre posts short write-up on urban ecological issues on a regular basis.

Both the blogs are regularly updated with information about current and upcoming events and activities that are conducted.

The Centre also has a twitter account by the name of CUES_AUD which is accessible at https://twitter.com/CUES_AUD/. Updates of upcoming events and activities are put up on the twitter page.

6. Programmatic Activities of CUES

Parks and Forests Programme	Wetlands Programme	Urban Sustainability Programme
<ul style="list-style-type: none"> • Study of Vegetation Ecology of South Delhi Ridge • Faunal Assessment of Sanjay Van • Creation of Herbarium for Delhi [Specimens and Digitized Herbarium] 	<ul style="list-style-type: none"> • Referencing for Dheerpur (Physio-chemical and ecological attributes) • Biodiversity Monitoring and Ecosystem Redevelopment in Dheerpur • Site-specific Interventions and Introduction of Species at Dheerpur (Annexure C: DWP Progress Report) 	<ul style="list-style-type: none"> • Student Volunteerships and Internships • Nature Walks (Including Introduction to Wetlands, Birding, Identification of Flora, etc.) for Students and Nature Enthusiasts. • Short Certified/Credited Courses in Urban Ecology and Restoration Ecology

Fig. 6. Programmatic activities of the Centre during 2015-16

CUES Team

Vijaylakshmi Suman - Research Intern

Meenakshi Singh - Research Assistant

Ajay Immanuel Gonji - Research Assistant

Dr Suresh Babu - Director, CUES



The project envisages to ecologically restore, over a period of five years, the 25.38 Hectares of land earmarked for conservation of wetlands at Dheerpur as per the Management Agreement between DDA and AUD, using well-established frameworks of restoration science. Once established, the Wetland Park would provide hydrological, regulatory, cultural and aesthetic benefits to the entire local population that includes Mukherjee Nagar, Nirankari Colony, Gandhi Vihar and the upcoming Ambedkar University Campus. It is also envisaged that the Wetlands Resource Centre of the Park would form a hub for nature education and outreach programs that further the cause of conservation of wetlands and long-term urban sustainability.



Kachnar



Plain Tiger Butterfly



Ashy Prinia



Indian Bull Frog



Green Bee-eater

Wetland Plan

Nursery: To manage propagules, have tub cultures & hatcheries, and stock plant saplings

Deep Wetland: Up to 15 feet deep, with an island in the centre and supporting various aquatic avi-faunal species

Shallow Wetland: With depth upto 8 feet and marshes on sides with species like *Cyperus*, *Typha*, *Phragmites* and *Carex*

Treatment Wetlands: To maximise removal of pollutants from run-off and storm water by means of several mechanisms

Woodland: Mix of native species, maintaining soil stability; local climate, and serving as refuge for avi-fauna

Grasslands: Acting as a corridor between wetland & woodland, providing habitat & food for nesting and migratory birds

Wetland Resource Centre: To co-ordinate and manage the development of wetland, serve as data archive, and platform for training

Visitor's Facility: With facilities like reception, information centre, conveniences and parking space



**GENDER STUDIES FACULTY,
School of Human Studies,
Ambedkar University, Delhi**



On

would like to cordially invite
you to a lecture by

**Prof. Kumkum
Sangari**

Vilas Professor of English and
Humanities, University of Wisconsin,
Milwaukee, and Visiting Professor at
Gender Studies Programme, SHS, AUD

TO MARKET, TO MARKET: GENDERED CONTRADICTIONS

**A DISCUSSION OF FAMILIAL
PATRIARCHAL REGIMES, AN
ASCENDANT MARKET, AND
A CAPITULATIVE STATE**



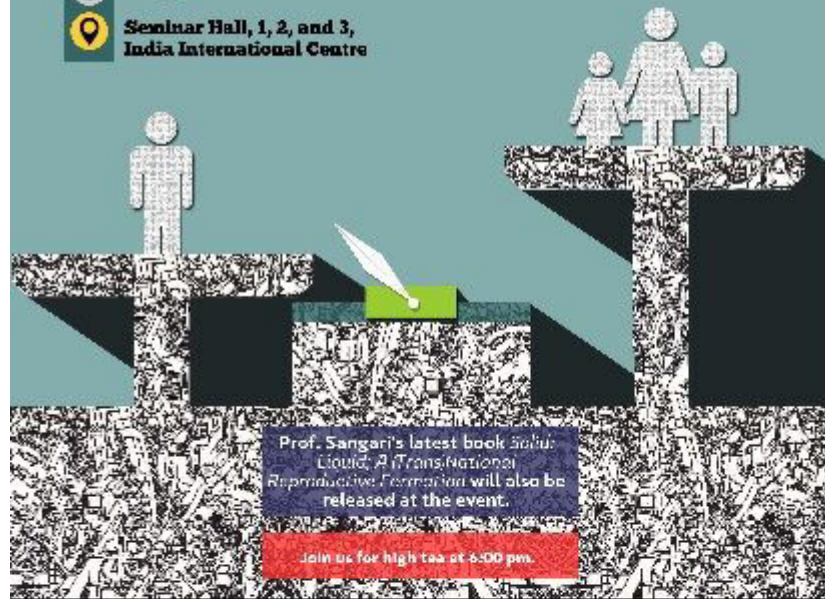
Wednesday, 12 August 2015



6:30 pm



**Seminar Hall, 1, 2, and 3,
India International Centre**



Prof. Sangari's latest book *Solid
Liquid: A Transnational
Reproductive Formation* will also be
released at the event.

Join us for high tea at 6:00 pm.

Annual Report

2016-17



Ambedkar University Delhi

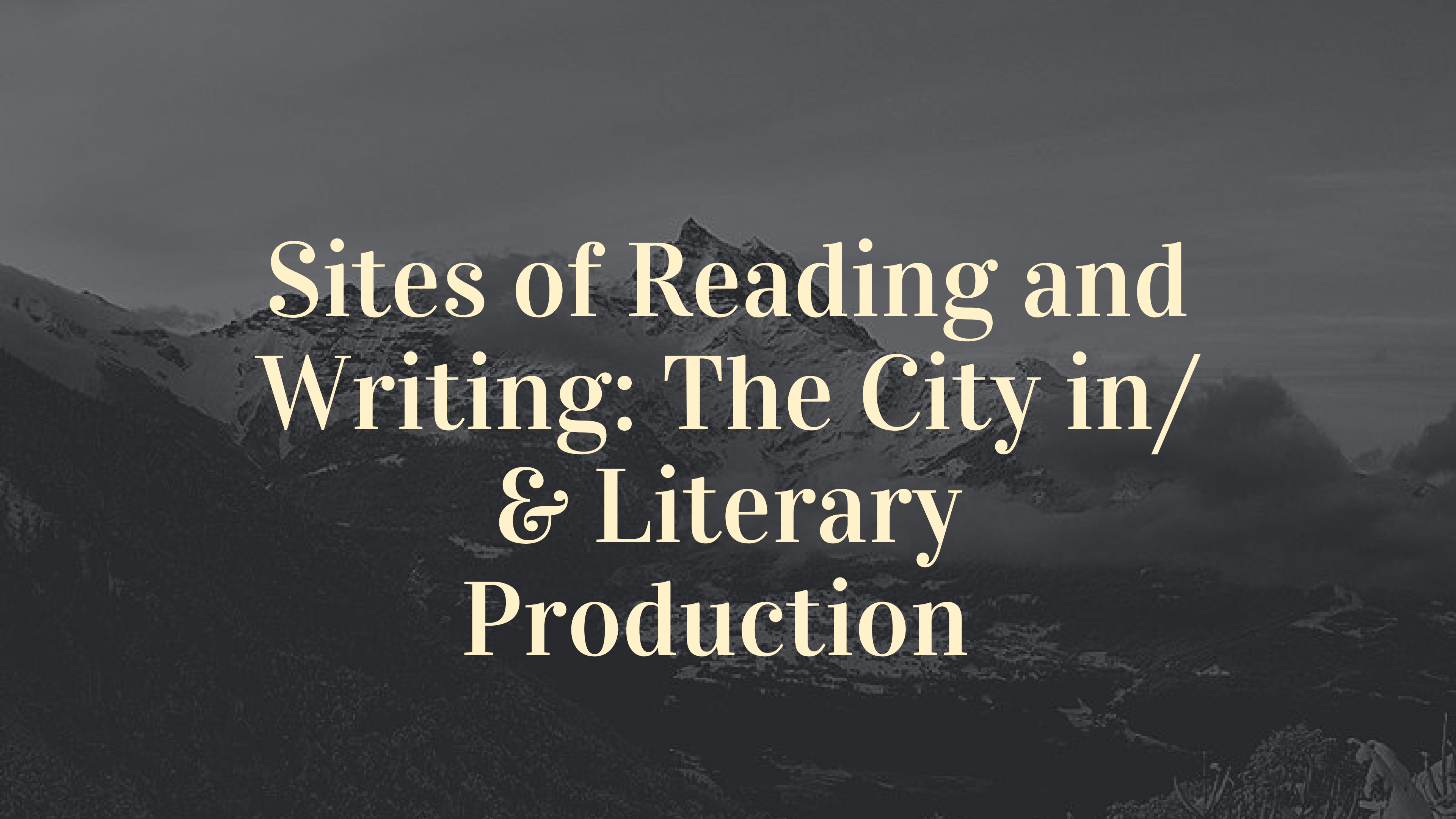


Mental Health Advocacy

In 2016, the Centre launched a national-level campaign for creating awareness and responding to the lacuna in the Mental Health Care Bill 2016. After the Bill was passed by the Rajya Sabha on 8th August 2016, CPR highlighted several serious omissions such as failure to recognize the legal standing and official recognition of psychotherapists, psychoanalysts and counsellors as Mental Health Professionals. To highlight these issues, the Centre coordinated several meetings with professionals and an online petition was submitted to the Union Minister of Health and Family Welfare. Some of the highlights of the petition are:

- Establish the Psychological Council of India which will regulate the quality of the training programmes of psychotherapists, psychologists and counselors and grant them professional recognition. It is to be noted that the mandate of Rehabilitation Council of India (RCI) does not cover the spirit and practice of psychotherapy and it remains largely relevant only for rehabilitation-based professions. The RCI should not be the sole arbiter of who a psychological mental health professional is.
- Expand the definition of clinical psychologist to include those who have a post-graduation in Psychology and a Master of Philosophy in Psychotherapy obtained after completion of a full time programme of at least two or more years which includes supervised clinical training, is grounded in service delivery and ethically informed practice from a University recognized by the University Grants Commission 1956 and which is accredited by the NAAC.
- Expand the definition of a mental health professional to include psychotherapists. The Centre proposed that the definition of a psychotherapist is a person with long years of psychotherapeutic practice accredited by international or national bodies of psychoanalysis and other forms of psychotherapies. Psychotherapist also means a person with Masters or Post-Masters specialized training, from established institutions in India or abroad, in one or more of the many psychotherapeutic/psycho-social clinical approaches which include supervised clinical training, internships and ethically regulated practice.

The Centre hopes that these would be included when the Rules and Regulations for the MHCB are created.



*Sites of Reading and
Writing: The City in/
& Literary
Production*



BURARI GROUNDS, JUNAYD RIZVI



MODEL TOWN, AAMINA RAHIM



FATEHPURI MASJID, MALAYKA SHIRAZI



HAZRAT SHAH WALLIULLAH LIBRARY, MARIA SIDDIQUI



CHAWRI BAZAAR, RIDIMA SHARMA



FRIENDICOES, ASENSG BORANG



CR PARK, SHREEPARNA CHATERJEE



CONNAUGHT PLACE BLOCK A, RABAIL MOTIHAR



RAJIV CHOWK METRO, PRATISHTHA



CONNAUGHT PLACE, MANSI AND LAKSHITA



GREEN PARK, SUPRITA DAS



LADO SARAI, SHIKHA SHREENIVAS



HIJRON KA KHANQAH, TWINKLE TANWAR



LOTHIYAN ROAD, TANYA RAJVEDI



PURANA QILA, RANJINI



KAMLA NEHRU RIDGE, KU MERO



KAMLA NEHRU RIDGE, HRISHITONNOY



LOTHIYAN ROAD, STENI THOMAS



RED FORT, HIMANSHU BHATNAGAR



GHALIB KI HAVELI, ANANDITA THAKUR



LADAKH BUDDHIST VIHARA, ANUJA DASGUPTA



YAMUNA BANK, SHREYAS AND SANDRA



MAJNU KA TILA, RAJLAKSHMI BHAGAWATI

The Cities of Everyday Life: Sarai Reader

Rana Dasgupta. Capital: A Portrait of Twenty-first Century Delhi

Aman Sethi. A Free Man: A True Story of Life and Death in Delhi

Georg Simmel. "The Metropolis and Mental Life"

Shilpa Phadke. "Unfriendly Bodies, Hostile Cities: Reflections on Loitering and Gendered Public Space"

Walter Benjamin. "Baudelaire" & "Paris, the Capital of the Nineteenth

Century," in The Writer of Modern Life: Essays on Charles Baudelaire

Setha Low. "An Engaged Anthropological Approach to Space and Place"

Jen Jack Geiseking and William Mangold The People, Place and Space Reader

Stephen Legg. Spaces of Colonialism: Delhi's Urban Governmentalities

Saskia Sassen. "The city" Its return as a lens for social theory," in City, Culture and Society

Sunil Kumar. "The Pir's Barakat and the Servitor's Ardour", in Mala Dayal ed. Celebrating Delhi

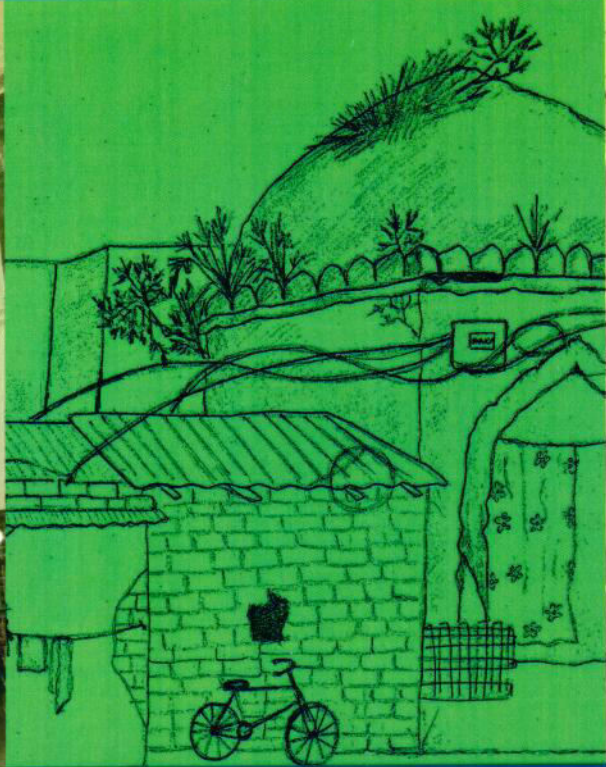
Gautam Bhan. In the Public's Interest: Evictions, Citizenship and Inequality in Contemporary Delhi

Hagar Kotef. 'Movement,' Political Concepts: A Critical Lexicon

Rashmi Sadana. 'On the Delhi Metro: An Ethnographic View'

हम सब महरौली

hum sab mehrauli



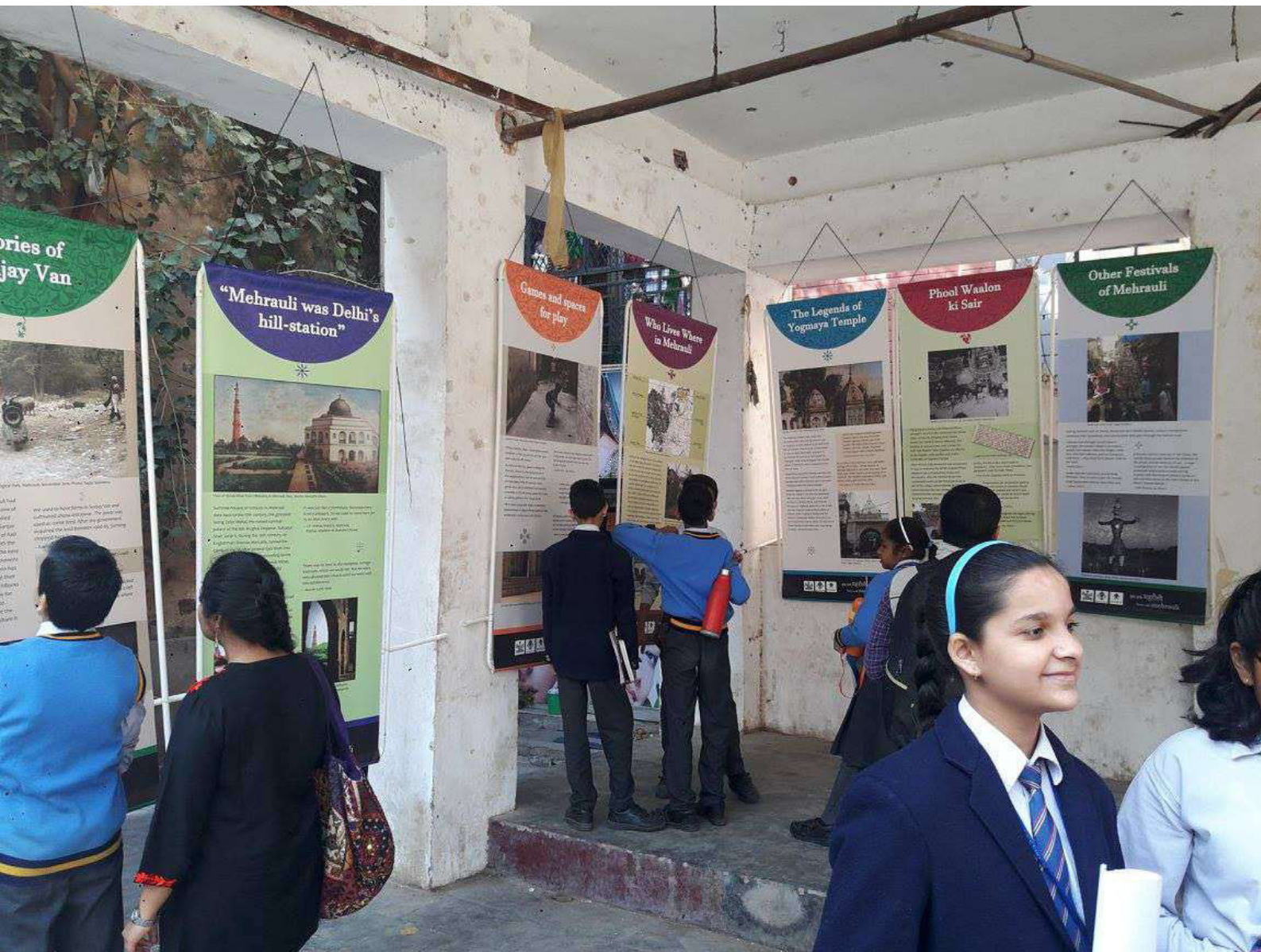
23 फरवरी 2017 से
23 FEBRUARY 2017 ONWARDS

KALU RAM COMPLEX, DESU ROAD, NAI BASTI, WARD 1, MEHRAULI

कालु राम कॉम्प्लेक्स, देसु रोड, नई बस्ती, वार्ड 1, महरौली



www.aud.ac.in/ceck







Experiences of Urbanisation



Urbanisation is the process of population concentration in cities and towns. It is a result of migration from rural areas to urban areas in search of better opportunities, education, and healthcare. This process has led to the growth of cities and towns, which are now the centers of economic and social activities. However, rapid urbanisation has also led to several challenges, such as overcrowding, pollution, and the loss of green spaces.

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शहरीकरण के अनुभव



शहरीकरण का अर्थ है जनसंख्या के केंद्रित होने का प्रक्रिया। यह ग्रामीण क्षेत्रों से शहरी क्षेत्रों में प्रवास के कारण होता है। इस प्रक्रिया के कारण शहरी क्षेत्रों में जनसंख्या का तेजी से बढ़ना शुरू होता है। शहरीकरण के कारण शहरी क्षेत्रों में आर्थिक और सामाजिक गतिविधियाँ बढ़ती हैं।

शहरीकरण के कारण शहरी क्षेत्रों में आर्थिक और सामाजिक गतिविधियाँ बढ़ती हैं। शहरीकरण के कारण शहरी क्षेत्रों में आर्थिक और सामाजिक गतिविधियाँ बढ़ती हैं। शहरीकरण के कारण शहरी क्षेत्रों में आर्थिक और सामाजिक गतिविधियाँ बढ़ती हैं।

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Redefining history: Locals narrate their stories at museums

Cheena Kapoor

cheena.kapoor@dnaindia.net

If memorising names and dates is not your cup of tea, chances are you would have dreaded history exams. After all, who wants to know about the emperors long gone and their reigns long ended.

But history neither needs to be an inert, dead subject, nor does it belong only to the high and the mighty, as students of the Centre for Community Knowledge (CCK), Ambedkar University, prove.

In an effort to document and display the life stories of discreet persons, currently living in different parts of Delhi, the CCK team has organised an open exhibition titled 'Hum Sab Mehrauli', where one can catch a glimpse of the past through people's own memories of their neighbourhood.

The exhibition has been organised under the community outreach programme named 'Neighbourhood Museums', under which the team records the history of people in Delhi, and also collects local artefacts from various areas, which are then displayed to the general public.

"The idea is to document oral history using collective memory of the locals," said CCK member Meshra Murali. "History is made by people, their lives, and surroundings. There are not many records of this. It is an attempt to engage with the narrative of the locals," she said.

The initiative, which is partly funded by the Indian National Trust for Art and Cultural Heritage (INTACH) and the Leiden University, Netherlands, aims at revisiting existing cultural knowledge by engaging the communities involved. The idea is to establish a link between formal and uncoded knowledge.

As of now, the team has put up panels at Nai Basti in Mehrauli. The panels tell the history of the locality in words of the locals who



Panels at the open exhibition titled 'Hum Sab Mehrauli'

have lived there for decades.

"The Neighbourhood Museum is an attempt to represent the diversity of lives and livelihoods in the city, through interviews, recordings, photographs and artefacts. Each Neighbourhood Museum showcases a fascinating picture of the growth of the city, as seen by its citizens," the CCK team said. Many people in Mehrauli told the team members that until a few years ago, they knew every person in the area and could give precise information about where everyone lived. But in the last few years, with an increase in the number of apartments and growing population, it was getting impossible to know people in even one's own building.

Earlier, a Neighbourhood Museum was set up at Shani Bazaar of Shadi Khampur village, which received great feedback from locals, who were amazed to read the history of their area.

"Shadi Khampur has been my home for the last 30 years and I had little idea about its history," confessed 62-year-old Raj Kumar Gautam. A group of children excitedly identified familiar pictures of their neighbourhood. "*Samosey-waali* aunty" exclaimed 12-year-old Sahil Saxena, pointing to the picture of a woman.

Neighbourhood Museums redefine history, let locals narrate their story



[CHEENA KAPOOR](#) | Fri, 3 Mar 2017-07:40am , DNA



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In an effort to record and showcase the life stories and narratives of ordinary people currently living in different parts of Delhi, the CCK team has organised an open exhibition

titled 'Hum Sab Mehrauli', where one can catch a glimpse of the past through people's own memories of their neighbourhood.

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"The idea is to document oral history using collective memory of the locals," said CCK member Mesha Murali. "History is made by people, their lives, and surroundings. There are not many records of this. It is an attempt to engage with the narrative of the locals," she added.

The initiative, which is partly funded by the Indian National Trust for Art and Cultural Heritage (INTACH) and the Leiden University, Netherlands, aims at revisiting existing cultural knowledge by engaging the communities involved. The idea is to establish a link between formal and uncodified knowledge.

As of now, the team has put up panels at Nai Basti in Mehrauli. The panels tell the history of the locality in words of the locals who have lived there for decades. "The Neighbourhood Museum is an attempt to represent the diversity of lives and livelihoods in the city, through interviews, recordings, photographs and artifacts. Each Neighbourhood Museum shows a fascinating picture of the growth of the city, as seen by its citizens," the CCK team stated. Many people in Mehrauli told the team members that until a few years ago, they knew every person in the area and could give precise information about where everyone lived. But in the last few years, with an increase in number of apartments and growing population, it was getting impossible to know people in even one's own building.

"Apartment buildings started coming up around 1996-97. The first one, Yogmaya Apartment, was built in Ward 2," said Ankit, Ward 2 resident.

Earlier, a Neighbourhood Museum was set up at Shani Bazaar of Shadi Khampur village, which received great feedback from locals, who were amazed to read the history of their area.

"Shadi Khampur has been my home for the last 30 years and I had little idea about its history," confessed 62-year-old Raj Kumar Gautam. A group of children excitedly identified familiar pictures of their neighbourhood.

"Samosey-waali aunty" exclaimed 12-year-old Sahil Saxena, pointing to the picture of a woman.

Joginder Singh Rohilla, in his sixties, was one of those who agreed to have his family history documented and displayed. He said: "My family has been living in Shadi Khampur for over 600 years. The spot where we are standing used to be agricultural land."

VISUAL HISTORY

A museum of everyday objects: Mehrauli's old-time residents narrate the history of their locality

A neighbourhood museum project focuses on the narratives of those who have lived in Mehrauli for generations.

Zinnia Ray Chaudhuri

Published Yesterday · 11:30 am.



Courtesy: Usha Kumar

The story goes like this. Hundreds of years ago, a midwife who lived in Mehrauli was called to a mansion near the Hauz-i-Shamsi lake at night to deliver a baby. The mansion's residents were unlike anyone the midwife had ever seen – unnaturally radiant, incredibly beautiful. After the delivery, as was the custom, the family thanked her by gifting her a sack full of what she thought were grains. The midwife returned home and opened the sack with her husband – in it were gold coins. The husband got suspicious of her whereabouts that night, and demanded to know where she got the gold. Distressed,

the midwife took him to the lake to show him where the strange family lived, but there was no mansion to be seen.

“Nobody knows what happened to the midwife,” said Mesha Murali, with a smile. “This is one of my favourite stories. There are many similar paranormal stories that tend to do the rounds in the Mehrauli area.”

Murali heard the ghostly legend from an old Mehrauli resident while researching the history of the Delhi locality for a neighbourhood museum opened by Ambedkar University’s Centre for Community Knowledge along with the Indian National Trust for Art and Cultural Heritage, or Intach.

Called *Hum Sab Mehrauli*, the museum at the Kalu Ram Complex lays emphasis on the stories of Mehrauli’s residents and how they interact with their physical space, instead of its many monuments. It opened for public viewing on February 28.



Murali, the project coordinator for the Mehrauli Neighbourhood Museum, described how it all started. “We put together a team in early September and started approaching old-time residents and shopkeepers in the area with requests for interviews, old pictures and any visual material that would

enable us to put together a historical and cultural narrative of the neighbourhood as told by its residents rather than historians.”



Hum Sab Mehrauli exhibition (Courtesy: Facebook)

At first, there were some difficulties.

“Many people weren’t interested in talking to us at first, and those who did weren’t willing to hunt for old pictures and once they did it took some convincing on our part to make them part with the photographs,” she said. “Older residents were uncomfortable with the idea of video interviews, so we have several audio interviews which will be playing in the background at the exhibits.”





Mohammad Anwar a resident of Ward 7, Mehrauli, 1970s (Courtesy: Mohammad Tohir).

Eventually, the residents opened up to the idea of the museum and began contributing. The team was able to collect around 120 photos by Mehrauli residents, some of which show family picnics, or the subject posing in front of the Qutub Minar.





Mohammad Anwar posing opposite the spot where Jain temple Ahinsa Sthal stands today, 1970s (Courtesy: Mohammad Tohir)

Before Mehrauli, Ambedkar University and Intach had set up neighbourhood museums in Shadi Khampur (in 2012) and in Nizamuddin (in 2015). According to Surajit Sarkar, coordinator at Centre for Community Knowledge and professor at Ambedkar University, the idea behind them is to rediscover and preserve stories about the everyday lives of the people who inhabit these spaces. Neighbourhood museums move beyond the textbook narratives of history – they can set up anywhere, in a haveli, an abandoned warehouse, or a garden.





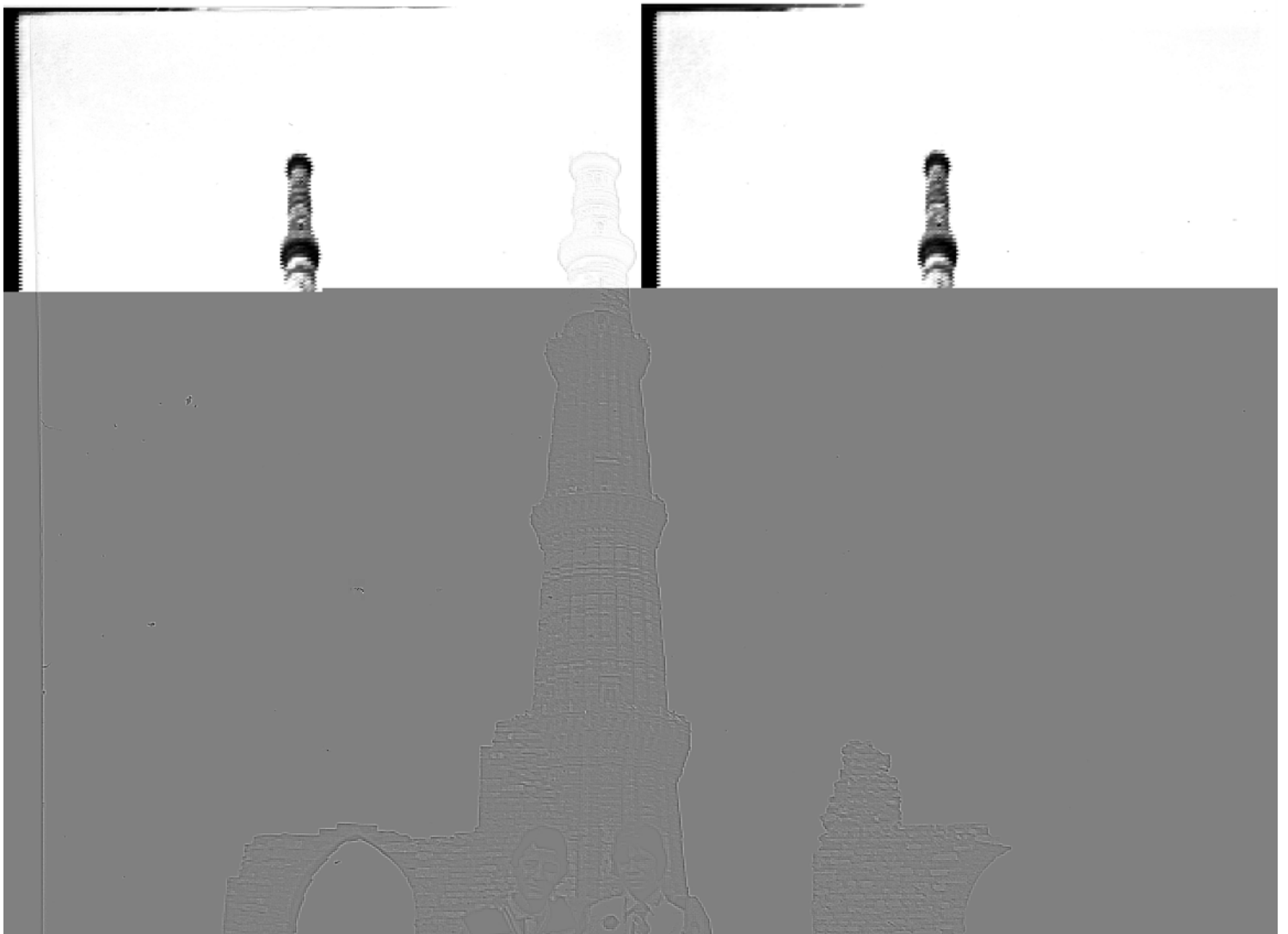
Residents of Mehrauli at the Qutub Minar Complex, 1990s (Courtesy: Anil).

One of the seven ancient cities that make up Delhi, Mehrauli has a plethora of cultural traditions that survive to this day. Among them is the Phoolwalon Ki Sair, an annual event where people from across religions come together to offer floral chaadar and pankha at the Dargah Qutbuddin Bakhtiyar Kaki and the Yogamaya temple, both in Mehrauli, as a symbol of communal harmony.

The exhibit at *Hum Sab Mehrauli* has been curated keeping in mind the themes that emerged during the researchers' conversations with the residents – ecology, water and sanitation, relationship between people and historical monuments, and festivals.

“Water and sanitation played an important part in the stories of many residents,” said Murali. “Some talked about the time when they would go in the open to defecate.”

One anecdote in the exhibit is a 70-year-old resident's reminiscence of a time when access to Sanjay Van, a forested area near Mehrauli, was unrestricted. “One could go in and out whenever he or she pleased,” said Murali. “People would go into the forest for defecation in groups, never alone. Getting attacked by jackals in the forest was a common occurrence and men used to carry large sticks to defend themselves and their children from such attacks.”





Residents of Mehrauli at the Qutab complex, 1970s (Courtesy: Mohammad Tohir).



DR. B. R. Ambedkar University Delhi

CENTRE FOR URBAN ECOLOGY AND SUSTAINABILITY

Please find links to blog articles on CUES Research in Sanjay Van:

- <https://cuesonline.org/2016/07/15/fauna-in-the-city/>
- <https://cuesonline.org/2016/12/14/fauna-in-the-city-part-ii/>
- <https://cuesonline.org/2017/03/03/alien-in-the-forest/>

Annual Report 2016-17

Centre for Urban Ecology and Sustainability
Ambedkar University Delhi



Annual Report 2016-17

Centre for Urban Ecology and Sustainability

Ambedkar University Delhi

Submitted by:

Dr. Suresh Babu
Director (CUES) & Associate Professor,
School of Human Ecology
Ambedkar University Delhi

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Background

The Centre for Urban Ecology and Sustainability (CUES) established on 8 October 2015 with the vision to become a global centre for excellence in Urban Ecology and contribute to the long-term sustainability of cities. The Centre's mission is to work towards the creation of sustainable cities and enhancing the quality of urban spaces to benefit present and future generations with insights from experiences gained by engaging with Delhi. Our goal is to engage in action-based research in urban ecology, ecological restoration and sustainability. We are working towards developing a skilled cohort of professionals who actively engage in, and find solutions for urban ecological challenges.

The Centre has three premier programmes - Parks and Forests Programme, Wetlands Programme, and Urban Sustainability Programme. In past one year it has grown in its research capacity and is currently anchoring research projects under its three premier programmes. Under the Wetlands program the centre is currently engaged in ecological restoration of Dheerpur Wetland Program. Simultaneously, a team of researchers is also engaged in ecological survey of Delhi Ridge. Under the sustainability program we are currently engaged in education and outreach programmes through volunteering and citizen science projects. The present report highlights the activities of the Centre for the year 2016-17.

Wetlands Programme

Delhi has had a history of several small and large water bodies. These water bodies, also known as wetlands, serve as important ecologically functional units whose services are critical to the proper and sustained functioning of the city's ecosystem. Yet, wetlands in the city today face the risk of being decimated as a result of mismanagement of waste water, and the growing pressure on them to make way for development projects. Out of the 600 wetlands recorded in the Capital, 274 have already dried up and as many as 190 have been lost forever and cannot be revived. The ones that survive are in a terrible state with raw sewage inflows and pollution loads. In such a scenario, possible interventions would involve rejuvenation, restoration and conservation of Delhi's existing wetlands. The Wetlands Programme of the Centre has been actively undertaking restoration of Dheerpur Wetlands, the project is currently in its second year.

DHEERPUR WETLAND RESTORATION PROJECT

Progress of Work

According to the proposed plan for execution of earthwork at the DWP site, earthwork will be carried out in a phased manner (Table 1.1). While a major portion of the earthwork will be undertaken in Phase I, the remainder of the earthwork, and most of the civil work will be undertaken in Phase II. Some of the activities under Phase I such as baseline survey and collection of ecological data, construction of boundary wall, and creation of field nursery have already been completed. The installation of bore wells and iron gates are also being processed in the DDA as part of Phase I. The progress report is attached as Annexure - I

INDEPENDENT STUDY

Name of Student: Karuna Kumari

Title of Thesis: A Study of Two Wetlands and their Neighbourhoods to Understand Ecological Degradation, Kirari, Outer Delhi

Year: 2017



Figure ii Purple heron (*Ardea purpurea*) at DWP



Figure ii Bluethroat (*Luscinia svecica*) at DWP



Figure iii A view of Delhi Central Ridge (Image taken during vegetation survey)

Parks and Forest Programme

The national capital of the country has the highest proportion of urban population in the country. The city also has numerous parks and forests, a majority of which constitutes the Delhi Ridge. Ridge is considered as the major water recharge zone of the city. In a city like Delhi where there is immense potential for high levels of air pollution, forests and other green spaces act as sinks for CO₂ and other gas emissions. Besides, urban forests provide habitat to a variety of flora and fauna, many of which have established niches exclusively in urban ecosystems. Developmental activities and the resultant loss and fragmentation of green spaces

coupled with both deliberate and inadvertent conversions of green spaces are some of the issues that the city is faced with. The Parks and Forests Programme of the Centre aims at undertaking research of urban parks/ forests in an effort to understand concerns over their future. Under this programme, there have been emphasis on employing ecologically sound interventions that benefit both, the human and non-human components of urban landscapes. The Centre for Urban Ecology and Sustainability has been actively engaged in the collection of baseline data on flora and fauna of the Delhi Ridge. In particular, there is ongoing research on the distribution and status of fauna, and vegetation composition and relationships of native and invasive species in the urban forest fragments of the city. The Centre is currently engaged in the development of a detailed proposal for the restoration of a small portion of the Central Ridge as an experimental plot

Figure iv Sanjay Van (Southern Ridge)



Figure vi Nilgai in Sanjay Van (Southern Ridge)





Figure vii GIAN- MHRD Urban Ecology Course field visit

Urban Sustainability

The concept of urban sustainability envisions a city that is capable of running on renewable sources of energy, produced within the city and has minimal dependence on external as well as exhaustive energy sources, along with less import of other resources such as water. It is primarily based on efficient and sustainable use of resources. The main focus of this programme has been on spreading awareness about sustainable cities and fostering sustainable values in urban societies. This programme sustains most of its activities through volunteerships and citizen science projects.

I. Linkages with Academic Programmes

GIAN/MHRD - Urban Ecology Course

Under Global Initiative of Academic Networking (GIAN) of MHRD, CUES organised a week long course titled “Urban Ecology: Integrating Society and Environment in the Study of Urban Environments”. The course was conducted from 15-21 November 2016. Instructed by Prof. Daniel W Schneider from the University of Illinois; this course was aimed to make participants understand the important processes affecting urban ecosystems. Thirty participants from different academic and research institutions attended the course. The course covered wide range of topics such as urban metabolism and urban ecosystem restoration using a multi-disciplinary approach combining ecological analysis with historical, sociological and anthropological studies. The course was not only limited to classroom interactions and two on-field sessions were also conducted. The first on-field session was held at Dheerpur Wetland Park (DWP) to discuss restoration of urban wetlands. DWP is the ongoing restoration project of CUES, under the MOU between Delhi Development Authority and AUD. Led by Dr. Suresh Babu, in this session the proposed restoration plan was discussed along with challenges of restoring urban wetlands. The course ended with a second on-field session, conducted in Sanjay Van which is an urban forest located in South Delhi . Here participants were made aware of the biodiversity and challenges that Delhi Ridge is facing.

SDes Field Visit

One day orientation for the II year students of the School of Design, Ambedkar University Delhi was held in Sanjay Van, a city forest. This orientation was a part of their course on Human Ecology. Students were first taken on a bird and tree walk. After that students were given a brief introduction of Sanjay Van; its history, flora and fauna as well as the challenges of managing urban green spaces in a city like Delhi.

II. Collaborations

Ajay Immanuel Gonji, Junior Research Assistant at CUES presented a pictorial representation of the fauna of Sanjay Van - a city forest in Delhi - at an open exhibition titled "Hum Sab Mehrauli". The event was organised by the Community for Creative Knowledge (CCK), Ambedkar University Delhi at a Neighbourhood Museum in Mehrauli, Delhi. The exhibition was part of a larger project that attempts to exhibit some of the collected narratives of residents from different parts of the Mehrauli settlement.

III. Workshop and Seminar

a) Amit Kaushik, Junior Research Assistant at CUES attended the following events:

Short duration internship for an ongoing project at Wild Otters, Goa in Sept. 2016. The project broadly looks at the otter diet and challenges faced by the species due to rapid urbanization.

b) Sonali Chauhan, Sr. Research Assistant at CUES attended one day workshop on "The Ridge and The City: Environmental Politics in Delhi" organised by Centre for Policy Research, Delhi on 27 Sept 2016



Figure viii Bird watchers at Dheerpur campus of AUD

IV. Outreach Programmes

- a) Organised Tree walk on Kashmere Gate Campus of Ambedkar University Delhi
- b) Campus Bird Count (e-Bird)- The Centre participated in the 2017 Campus Bird Count 2017 held between 17 February and 20 February. The campuses of Dheerpur, Karampura, Rohini and Kashmere gate were covered. An orientation was also held before the event which helped participants to learn about unique characteristics of birds that are common to Delhi.
- c) Blog: The section is dedicated for blogs which proffers researched write- ups on issues relating to urban environment and sustainability. It is a forum for researchers to discuss papers, exchange ideas and comments on published content, with a view to build a peer group interested in urban ecology and its sustainability.

Budget Allocated to Centre for Urban Ecology and Sustainability

Table 1 Year 1 is the Budget corresponding for the time period of this annual report

Proposal for Core Grant to CUES (FYP)										
S. No.		Unit Cost	No. of Units	Year 1	Year 2	Year 3	Year 4	Year 5	Total (in ₹)	
A Recurring										
1 Salaries										
i	Director	Faculty (Additional Charge)								
ii	Senior Research Assistants	35,000	2	8,40,000	8,40,000	8,40,000	8,40,000	8,40,000	42,00,000	
iii	Junior Research Assitants	25,000	3	9,00,000	9,00,000	9,00,000	9,00,000	9,00,000	45,00,000	
iv	Junior Office Assistants	15,000	1	1,80,000	1,80,000	1,80,000	1,80,000	1,80,000	9,00,000	
v	Research Intern	18,000	2	4,32,000	4,32,000	4,32,000	4,32,000	4,32,000	21,60,000	
Total				23,52,000	23,52,000	23,52,000	23,52,000	23,52,000	1,17,60,000	
2 Travel										
				1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	5,00,000	
3 Contingencies										
				1,50,000	1,50,000	1,50,000	1,50,000	1,50,000	7,50,000	
4 Consumables										
				1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	5,00,000	
Total Recurring (1+2+3+4+5)				27,02,000	27,02,000	27,02,000	27,02,000	27,02,000	1,35,10,000	
B Non-Recurring										
1 Research and Survey Equipment										
i	Survey and Research Equipments and accessories			3,00,000	-	-	-	-	3,00,000	
ii	Workstation, Computers, Software and Peripherals			3,50,000	-	-	-	-	3,50,000	
Total Non-Recurring				6,50,000	-	-	-	-	6,50,000	
TOTAL (A+B) in ₹				33,52,000	27,02,000	27,02,000	27,02,000	27,02,000	1,41,60,000	

CUES TEAM

Ajay Immanuel Gonji

Amit Kaushik

Meenakshi Singh

Shashank Bhardwaj

Sonali Chauhan

Vijaylakshmi Suman

Dr. Suresh Babu (Director, CUES)

Annual Report

2016-17



Ambedkar University Delhi



***ehsaas*—the Psychotherapy and Counselling Clinic**

The *ehsaas* clinic in the University has been functioning as the training, teaching and practice site for psychoanalytic psychotherapy. It serves to bridge the gap between academia and the marginal voices that reach us in safety of the clinic. True to the University's vision and ethos of social justice and quality, *ehsaas* provides free and nominal-fee counseling and psychotherapy to cater to persons from all socio-economic backgrounds presenting diverse forms of psychological conditions. The Centre's commitment to these concerns is renewed by training MPhil trainees in enabling reflective clinical practices through regular supervision and mentoring.

This year approximately 231 (164 females and 67 males) patients have availed long-term and short-term psychotherapy at *ehsaas* and/or consultation. The patients included teachers, non-teaching staff and students within the University and outsiders. In the last year an equal number of people from outside the University have approached *ehsaas* seeking Psychotherapeutic help testifying to the reputation *ehsaas* has gained for the services it has provided.

Community Mental Health

An informal collaboration between the Centre and Centre of Equity Studies with Aman Biradari in their project '*HAUSLA*', to work with adult homeless people began in 2015. CPR familiarised itself with the issue of mental illness amongst the homeless and the kind of vulnerabilities it leads to. Over this academic year, the Centre has deepened this engagement through involvement of MPhil Psychoanalytic Psychotherapy trainees, as part of their Community Internship Programme, to work in three community-based sites.

1. Shine Shelter Home for Women

Shine Shelter Home for women is a state approved shelter which aids women who have difficulty in finding a stable home due to any circumstance. In Shine these women are trained vocationally to become beauticians, chefs, tailors, etc. Along with this, Shine also offers them to get an education such as helping in enrolment into courses offered by IGNOU. They also help train some of the girls to become teachers so that they can be employed by the organization's school in Lakkarpur.

The work for the interns included sustained conversations either individually or in small groups on how to listen to their stories in a different light, how to hold fantasies for the future while keeping difficult life situations in mind.



DR. B. R. Ambedkar University Delhi

SCHOOL OF LAW, GOVERNANCE & CITIZENSHIP

Visit to Moti Nagar Police Station (BA LP 2017-18)

Photos from the visit



AUD QUEER COLLECTIVE

is delighted to invite you and your colleagues to

AUD QUEER FILM FESTIVAL

Date: 21-23rd September

Time: 1:30 - 7:00 PM

“The richness of our communities, our cities, and our nation lies in recognizing and celebrating our diversity. That diversity is not only in our various ethnicity and cultures, but also in the diversity of our sexual orientations. We all contribute, each in our own way, to the strength, vitality, and the well-being of our society.”

– George Takei

Our beloved Ambedkar University, Delhi is a community that celebrates diversity. It is a space that welcomes and lends ears to a variety of voices – that is the very essence of our culture. It is a space where students, teachers and staff from various walks of life can have opportunities to share something common – a shared space for ideas and expressions to proliferate. It is in this spirit that the AUD Queer Collective is hosting a 3-day film festival that would showcase various expressions of queerness as seen through selected Indian and International films. The films offer a collage of differences in what it means to be queer as well as of sameness in what it means to struggle and seek happiness when the odds are stacked up against you. The Indian films come from a host of regional languages and the international ones also include films that tell stories from a variety of geographies.

The film festival will present an array of multifarious genres, from crime to drama to romance, along with a myriad of formats, from documentaries to animated movies to feature films.

The movies will follow up with a quick round of discussions over tea & snacks!

NOTE : The AUD Queer Collective does not accept funds from any private firms or corporations. Neither is it an official part of the University's administration that would allow us to claim funds from the resource pool of the University. All our activities are funded by collective members – students and faculty members who wholeheartedly support our cause. In this regard we appeal to the entire AUD community to kindly extend a helping hand in order for us to arrange and organise more such events that are aimed at bringing us closer together. So please support us with any amount of financial donations that is suitable to you.

#AUDQFF

DAY 1



1:30 – 2:05 PM

More than a Friend

(Director: Debalina; Genre: Documentary)

This is a movie about two Bengali women who live together, Rupsa and Ranja and offers a multiplicity of perspectives into the subject of same-sex relationships.

2:10 – 2:40 PM

Naked Wheels

(Director: Rajesh James; Genre: Documentary)

A diverse group of people of different genders and who come from various walks of life such as college teachers, students, lorry drivers and others, coming from different social backgrounds are out on a road trip on a truck.



2:45 – 2:57 PM

Maacher Jhol- The Fish Curry

(Director: Abhishek Verma; Genre: Animation, Drama)

'Maacher Jhol' follows the trials of a 30-something Bengali art curator, Lalit Ghosh, in his quest to come out to his father. Verma seeks to normalise the life-changing moment in Lalit's life with something as common as Maacher Jhol, or Bengali fish curry (a staple dish in a Bengali household).

3:15 – 4:15 PM

In Between Days

(Director: Sankhajit Biswas; Genre: Documentary)

It is a compelling and sensitive documentary focusing on two teenage Trans friends who land jobs at an NGO doing HIV prevention outreach.



4:15 – 4:35 PM

Shakyata

(Director: Anindya Shankar Das; Genre: Narrative Short)

Shakyata is two days in the life of a typical middle-class Marathi family in Pune. However, Vishnu Deshpande, a zoology professor and the loving patriarch of the family is gay, deep in the closet and is being pressurized by his lover to attend a gay party.

4:45 – 7:00 PM

Velutha Rathrikal

(Director: Razi; Genre: Mystery, Drama)

Velutha Rathrikal (White Nights) is an independent cinematic adaptation of the eponymous novel by Fyodor Dostoyevsky. A brief but intense encounter during the five nights between two girls makes the plot of the film set against the deep woods of Attappadi and surroundings.



DAY 2



1:30 – 3:10 PM

The Holiday Heart

(Director: Robert Townsend; Genre: Drama)

After losing his police officer lover, Christian drag queen Holiday Heart meets 12-year-old Niki and her drug-addicted mother, Wanda.

3:20 – 4:50 PM

The Pearl of Africa

(Director: Jonny von Wallstrom; Genre: Documentary, Adventure, Drama)

The Pearl of Africa is a documentary film directed by Johnny von Wallstroem, it focuses on the life of Cleopatra Kambugu, a Ugandan born woman who decide to live openly as a trans woman despite hostility towards same-sex relations in the country.



5:00 – 6:30 PM

Oriented

(Director: John Witzendorf; Genre: Documentary)

Three Palestinian friends explore their national, sexual and cultural identities in Tel Aviv. They form a non-violent group called Qambuta to represent gender equality.

DAY 3

1:30 – 3:00 PM

Tangerine

(Director: Sean Baker; Genre: Comedy, Crime, Drama)

After hearing that her boyfriend/pimp cheated on her while she was in jail, a hooker and her best friend set out to find him and teach him and his new lover a lesson.



3:10 – 4:50 PM

The Blossoming of Maximo Oliveros

(Director: Auraeus Solito; Genre: Drama)

An effeminate boy named Maxi plays sister, mother, maid and cook for a close-knit clan of petty crooks. Their unorthodox family values are shaken up after Maxi, harassed by some local goons, is rescued by a handsome police officer and promptly tumbles head over heels in puppy love.

5:00 – 6:30 PM

Happy Together

(Director: Kar-Wai Wong; Genre: Drama, Romance)

Yiu-Fai and Po-Wing arrive in Argentina from Hong Kong and take to the road for a holiday. Something is wrong and their relationship goes adrift. Yiu-Fai's life takes on a new spin, while Po-Wing's life shatters continually in contrast.



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3.6. Centre for Psychotherapy and Clinical Research

The Centre of Psychotherapy and Clinical Research (CPCR) came into formal existence in July 2013. Prior to this, the School of Human Studies (SHS) anchored the conception and formation of the Centre in a project mode. Since 2011, exploratory psychotherapy clinics were already functioning and offering mental health support to students as well as all other members of the AUD community. Since its inception, the guiding vision of CPCR has been premised on a psychoanalytic orientation. This vision rests on a non-commercial orientation to mental health care, a belief in the unconscious that respects psychological complexity in human affairs, a value for caring relationships and an ethic of cultivating compassion.

The aims and objectives of the Centre are to:

1. provide quality psychological services for all in need, irrespective of their socio-economic possibilities with a nominal fee.
2. set up a non-commercial ethic of care in public mental health system
3. rethink psychotherapeutic practice in the Indian context.
4. train psychoanalytic psychotherapists with an enduring social sensitivity, through an intensive MPhil Programme in Psychoanalytic Psychotherapy.
5. work in community contexts through inter-subjective and mutually transformative journeys.
6. research, publish and disseminate knowledge in the area of mental health and psychotherapy.
7. become a hub for training mental health and allied professionals and to evolve a model of appreciating and receiving subjectivity in humanities and social sciences.
8. form an association of psychoanalytic psychotherapists in India.
9. create platforms for professional networking, to inform mental health policy and to participate in crucial concerns related to Mental Health in the Indian and Global context.

In the year 2017-2018 the Centre was able to consolidate these aims through the following:

***ehsaas*: The Psychotherapy and Counseling unit of the Centre**

The *ehsaas* clinic in the University has been functioning as the training, teaching and practice site for psychoanalytic psychotherapy. It serves the crucial function of attending to the psychological needs of the AUD community and beyond by providing a receptive and safe space for the expression of marginal voices and experiences. True to our vision and the university's ethos of social justice and equality, *ehsaas* provides counselling and psychotherapy at a nominal fee and for free, and caters to persons from all socio-economic backgrounds with diverse forms of psychological challenges.

This year *ehsaas* extended its care to 224 patients (20% men and 80% women) through long-term and short-term psychotherapy sessions. A majority of the patients were suffering from depression, anxiety and panic attacks, while a small percentage of patients came with suicidal ideation and needed urgent help. A small number of patients were also affected by psychotic problems and were treated with both medication and therapy.

The patients also included students from the University of Delhi, Jamia Millia Islamia, and Jawaharlal Nehru University. A large number of patients came from residential areas in and around Delhi and the NCR. The age group of a majority of patients was between 20-28 years. A smaller subsection of those in need of care were older persons between the ages of 50-65 years.

Community Mental Health

An informal collaboration between the Centre and the Centre of Equity Studies with Aman Biradari in their project '*HAUSLA*', to work with adult homelessness began in 2015. PCR familiarized itself with the issue of mental illness amongst the homeless and the kind of vulnerabilities that their life context leads to. Since October 2015 the Centre's engagement with this project has been multifaceted. While the Centre has been building its base in three community based sites, i.e., 'Shine Home for Women', 'Kilkari: The Children's Home' and 'Geeta Ghat: A Shelter for Homeless Men', persons with mental illness from homeless shelters and those living on the streets have also been coming to *ehsaas* to seek consultations with the psychiatrist and psychotherapists of the *ehsaas* clinic. This year the Centre has continued to further its commitment to and deepening its engagement with this project.

M.Phil Psychoanalytic Psychotherapy

The Centre and SHS jointly offer M.Phil Psychoanalytic Psychotherapy, a 100-credit, 3-year programme providing rigorous training in psychotherapy. The programme delicately balances the relationship between the taught and theory-based components and several experiential dimensions of training a psychotherapist such as reflective immersions, infant observation, clinical and psychosocial internships, psychotherapeutic work at *ehsaas* clinic, community oriented commitment, research work and in-depth professional training in psychotherapy. Another special feature of the training is the trainees' own initiation into personal therapy.

Mental Health Advocacy

In 2017, the Centre continued to devote its energies to launch a national-level campaign for creating awareness and responding to the missing points in the Mental Health Act. After the Rajya Sabha passed the Bill on 8 August 2016, the Centre had highlighted several serious omissions and oversights in the Bill. A collective movement gained synergy at this front. The Centre coordinated meetings with professionals and groups working on this issue. Some of the main points in the online petition which the Centre created and the appeals that it sent to MPs of

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3.6. Centre for Psychotherapy and Clinical Research

The Centre of Psychotherapy and Clinical Research (CPCR) is founded on the psychoanalytic clinical orientation which believes in the unconscious, in an experience near perspective in engaging with psychic complexity, a value for caring relationships and cultivating compassion. It upholds the ethic of extending care to those in need of psychological help, irrespective of their socio-economic capacities. It aspires to rethink clinical practice and training of psychodynamic psychotherapy in India and South Asia. The centre will become a hub of networking with professionals in the arena of mental health and also impact policy in the field. Research on psychoanalytic psychotherapy, culture and psyche, also the role of empathy and subjectivity in higher education will inform its activities. Through its engagement with psychosocial suffering, this centre will make crucial contributions to actualizing the vision of the University. The centre has an active consideration for social justice and is devoted to its realization in the psychosocial domain.

The aims and objectives of the Centre are:

- To provide quality psychological services for all in need, irrespective of their socio-economic possibilities with a nominal fee.
- To train psychoanalytic psychotherapists with an enduring social sensitivity, through an intensive MPhil Programme in Psychoanalytic Psychotherapy.
- To work in community contexts through inter-subjective and mutually transformative journeys.
- To research, publish and disseminate knowledge in the area of mental health and psychotherapy.
- To become a hub for training mental health and allied professionals in a continuous learning and professional development mode.
- To evolve a model of appreciating and receiving subjectivity in the field of higher education, especially in humanities and social sciences.
- To form an association of psychoanalytic psychotherapists in India.
- To inform policy on mental health care in the Indian context.

- To create platforms for professional networking and to participate in the crucial concerns related to Mental Health in the Indian and Global context.
- To encourage a culture of humanism and compassion in the field of mental health and to evolve models of professional practice which counteract the rising consumerism in the field of health care, particularly Mental Health.

In the year 2018–19, to achieve these objectives, the following activities were carried out:

Collaborations

The Centre was approached by Azim Premji University, Bangalore, to help enhance the capacities and skills of their counseling Centre Mindspace. Two members from their centre visited the Centre for an interactive session that spanned a range of topics related to psychotherapeutic services in a university setting with the intention to learn from the experience and expertise of the Centre in this area on 20 February 2019.

***ehsaas* —The Psychotherapy and Counseling Clinic**

The *ehsaas* clinic in the University has been functioning as the training, teaching and practice site for psychoanalytic psychotherapy which is at once clinical and in-depth in character and socially attuned. True to the University's vision and ethos of social justice and quality, *ehsaas* provides free and nominal-fee counseling and psychotherapy to cater to persons from all socio-economic backgrounds presenting diverse forms of psychological conditions.

The Centre's commitment to these principles of thought and practice thrives by training MPhil students in capacities that enable reflective clinical practices through regular supervision and mentoring.

In the year 2018, until March 2019, *ehsaas* clinic was contacted by more than 300 persons for psychological help regarding various issues at both campuses, Kashmere Gate and Karampura.

70% of the applications were received from women, and 30% from men. Some applications were also received from gender-queer persons.

The nature of issues with which the applicants approached *ehsaas* spans a range of psychological difficulties. Depressive symptoms and anxiety-related issues were found to be most commonly

experienced. Many people also sought relief from severe states of panic, compulsive-thinking, dissociative states, sleep issues and suicidal thoughts. Other commonly seen issues were difficulty in coping with academics and life situations, relationship difficulties, body image issues, mood fluctuations, issues around sexual orientation, anger outbursts. *ehsaas* has also been working with persons who have endured traumatic situations such as childhood abuse, sexual abuse, rape, chronic illness, recent death of significant ones, etc.

To cater to the range of emotional disturbances and psychological difficulties encountered, *ehsaas* clinic has been striving to provide crisis intervention therapy, short term therapy, and long -term therapy based on the unique need of each applicant. In addition, the *ehsaas* team has been providing long term psychological care to many patients who came to *ehsaas* with deep-going issues in the past years. Through a creative effort to harness the potential for social change even as we address crisis in an individual, *ehsaas* makes a lasting contribution to transformation of the social fabric towards collective well being.

The following table provides details of applications received and their status:

Information on <i>ehsaas</i> Applications in 2018-19*	
Number of enquiries	300
Number of applications received	210
Number of people treated	125
Number of persons actively seeking psychotherapy at present	90
Number of successful terminations	20-25
Number of people referred outside the University	50-60
Number of people on wait-list	30
Number of applicants who are students/employees/alumni of the University	110
*The numbers are indicative of approximate data that is based on available information	



Prof Rachana Johri
Centre of Psychotherapy and Clinical Research

Details of clinical work at ehsaas 2018-2019.

In the year 2018, until March 2019, ehsaas clinic was contacted by more than 300 persons for psychological help regarding various issues at both campuses, Kashmere Gate and Karampura. Out of the total 300 persons who approached ehsaas about 100-110 of the total applicants were students/alumni/employees of Ambedkar University Delhi, and approximately 100 persons reached us via word of mouth, internet or referrals through professionals and teachers. Most of our enquiries and applications were from residents of Delhi- NCR.

The age range of persons who applied for help was varied. About 78% of the applicants were between 18 to 28 years of age, 13% were between 29 to 39 years, 8% above 40 years, and 1% below the age of 18 years.

70% of the applications were received from women, and 30% from men. Some applications were also received from gender - queer persons.

Approximately 51% of the applicants were either pursuing or had finished their Post Graduation. 39% were Graduates in various fields of study; about 4% of the persons had or were pursuing a Doctoral Degree. 6% of them had an educational qualification up till 12th standard.

Most were students (61%), and about 27% were employed at various positions. 7% of the applicants to ehsaas were unemployed and 5% were homemakers.

Out of the above mentioned number, about 125 persons have sought process oriented psychotherapy and counseling services at ehsaas in the last year. Approximately, 20-25 persons have concluded psychotherapy with a successful outcome. The rest are continuing to receive help at CPR.

The nature of issues with which the applicants approached ehsaas spans a range of psychological difficulties. Depressive symptoms and anxiety related issues were found to be most commonly experienced. Many people also sought relief from severe states of panic, compulsive-thinking, dissociative states, sleep issues and suicidal thoughts. Other commonly seen issues were difficulty in coping with academics and life situations, relationship difficulties, body image issues, mood fluctuations, issues around sexual orientation, anger outbursts. Ehsaas has also been working with persons who have endured traumatic situations such as childhood abuse, sexual abuse, rape, chronic illness, recent death of significant ones.



To cater to the range of emotional disturbances and psychological difficulties encountered, ehsaas clinic has been striving to provide crisis intervention therapy, short term therapy and long term therapy based on the unique need of each applicant. About 15 to 20 persons were helped with brief crisis intervention work ranging from 3 to 10 sessions during 2018- 2019. About 70 – 80 persons are being offered short term therapy ranging from 10 to 25 sessions. Almost 20 persons are being taken care of in long term therapy ranging from 25 to 100 sessions. In addition, the ehsaas team has been providing long term psychological care to many of patients who came to ehsaas with deep going issues in the past years. Through such long term clinical work, the focus also evolves from individual psychological healing to reflections on pertinent social realities. Through a creative effort to harness the potential for social change even as we address crisis in an individual, ehsaas makes a lasting contribution to transformation of the social fabric towards collective well being.

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Information on ehsaas Applications in 2018- 2019 *	
Number of Enquiries	300
Number of Applications Received	210
Number of People Helped	125
Number of Persons actively seeking psychotherapy at present	90
Number of successful terminations	20-25
Number of People Referred Outside AUD	50-60
Number of People on Wait-List	30
Number of Applicants who are Students/Employees/ Alumni of AUD	110
*The numbers are indicative of approximate data that is based on available information	

Demographics of Applicants*



<i>Age Range (In years)</i>	<i>Gender</i>	<i>Educational Qualifications</i>	<i>Occupational Status</i>
Below 18: 1%	Females: 70%	Up to 12 th : 6%	Student: 61%
18- 28: 78%	Males: 30%	Graduate: 39%	Employed: 27%
29- 39: 13%	(Inclusive of Gender- Queer Applicants)	Post Graduate: 51%	Unemployed: 7%
40-50: 3%		Doctorate: 4%	Homemaker: 5%
Above 50: 5%			
*Percentages are rounded off and are indicative of approximate data based on available information			

Prof. Rachana Johri

Director, CPR

Ambedkar University Delhi

SOCIAL STUDIO II: SERVICE DESIGN (Academic Year 2018-19)

Winter Semester 2019.

SERVICE DESIGN STUDIO BRIEF

Theme: Responding to Homelessness in Shahjahanabad through design of services

The studio sought to link the theme of homelessness on the one hand, and questions related to theme of place-making in Shahjahanabad on the other hand, through the design of services. The studio began by emphasizing the theme of relational space or relational geographies. As opposed to theories of urbanism and design that draw out urban-space or the Old city of Delhi as a pre-existing container or inert, historical object, the emphasis in this studio was on the space of Shahjahanabad as a network of relationships between people and also objects and services that endure or change over time. How do relationships between people and entities such as services pan out over time? This studio only attempted to answer such questions by charting out or map out relationships, it also was attempt at drawing out the human relationships, in terms of services, that together comprised the home as an edifice. With an enhanced conception of the home as dynamic entity that was constituted through relationships and services, the studio subsequently took into account how homelessness itself could be disaggregated into services, in a public register, in the city of Shahjahanabad. With an enhanced comprehension of how static entities and concepts such as home and homelessness can be disaggregated into services, it was anticipated that the students might have a deeper insight into how a service designer can respond to the needs of those who are homeless.

MODULE 1: MAPPING SERVICES, STUDYING PLACE AND DISAGGREGATING IT INTO SERVICES AND RELATIONSHIPS. AND INTRODUCTION TO STUDY OF FORMAL SERVICES.

The module covered a site study of the areas near Turkoman Gate and Ajmeri Gate, the Breakdown of space of Ajmeri Gate and environs into services and relationships, the disaggregation of the space of Ajmeri Gate into a network of human relationships (via mapping services, service providers and relationships between them), the disaggregation of Disaggregating the homes of service providers into services, and the disaggregation of one's own home into services. Formal services were also introduced, followed by a film screening of Shounak Sen's Cities of Sleep.

MODULE 2: UNDERSTANDING HOMELESSNESS IN SHAHJAHANABAD WITH ACTION RESEARCH COMPONENT.

This module focused on Action research and also in situ exhibitions, through which community participation was emphasized. In addition, in this module we engaged with the legal frameworks of homelessness and how to expand our conception of services in the context of homelessness.

MODULE 3: MOVING SERVICE BLUEPRINT: IMPLEMENTATION

This module focused on the service design aspect of the studio, where the students were expected to use the tools and methods already introduced to them through the service design workshop to identifying the service and the user profile they preferred to work within the context of homelessness. With the help of customer experience journey mapping, stakeholder relationship mapping and developing persona profiles, the students worked towards developing a Service Brief (Service Map). This was followed by working on initial concepts with multiple iterations, rationalizing of concepts and idea shortlisting, towards final concept of design proposition. The module culminated with the final Service Design Blueprint.

STUDENT PROJECTS

1. RAHUL CHAUDHURY: SERVICES FOR HOMELESS

If you want enough time to understand the pain and sufferings of the homeless, even two months will seem as insufficient as two days. That is the endlessness of a homeless person's woes.

- Tarunnum Ji

Caretaker, Social Worker
Women's Collective of SPYM
Urdu Bazaar Night Shelter

In our attempts to (further) understand the "social" that surrounds us, we, as social design students, focused on homelessness in Shahjahanabad. Particularly, we focused on the stretch between Turkman Gate and Ajmeri Gate. The idea behind this studio initiative was to understand the various layers and dimensions within which homelessness exists. Furthermore, we were to understand the Citymakers' experiences as service users and providers. For our final presentation, we were to present a service proposal—new service, or improvements within pre-existing services – that we feel to be necessary.

For my project, I focused on the Voter ID Camps for Citymakers, as organized in Electoral Offices and/or Homeless Shelters. The idea behind these Camps is to ensure that the Citymakers are able to apply for and then obtain Voter ID cards.

The Voter ID Card is one of the most essential units of "visibility". Citymakers often find themselves in need of employment on a daily basis, and a lot of these opportunities are inaccessible to those Citymakers who lack a proper documentation. For example, a lot of decoration and cleaning gigs in a marriage function can be denied to those Citymakers who cannot provide a legitimate identification document. The Voter ID Card becomes a reflection of a Citymaker's "legitimacy" as a worker/citizen in many such cases.

Apart from seeking employment, such documentation can also be a life saver in many perilous situations. If a Citymaker is lost, found beaten up/intoxicated, is in any such dangerous situation, then their Voter ID Card can make a huge difference in determining how they'll be treated by law enforcement authorities.

Speaking of law enforcement authorities, the Voter ID Card can also help vulnerable Citymakers defend themselves against police brutality and mistreatment. The caretakers in a SPYM Night Shelter on Asif Ali Road speak fondly of a certain Rahul, who was once a street vendor near India Gate. They talk of how he was framed by the police without any evidence was thrown into jail. “If he had a Voter ID Card, it wouldn’t have been that easy to just throw him behind bars”, says Mohinder Ji, a caretaker from the aforementioned SPYM Shelter.

However, beyond just gigs and the police, the Voter ID is obviously a tool for the Citymakers to make their voices heard. It would be an incomplete assessment of the Voter ID, that too in the election season, to not talk of its utility as an extension of the Citymakers’ will. “We want to vote better people in so that they come to power, get us better ration, get our kids into better schools, get us better lives”, says Tarunnum Ji, a social worker and a homeless shelter caretaker in Urdu Bazaar. “Voting is our right and we want to exercise it, why the hell won’t we want to? It is one of the few things that makes politicians give a damn about us, even if once in every five years!” says Mohinder Ji.

Given all of this information, I decided to further understand the Voter ID Camps and how they function. The whens and whos and whats and hows and wheres of such Camps.

Before I go on to answer these questions, I feel obliged to mention that these answers are obviously not the most detailed depiction of the ground reality. There is a lot more than meets the eye of an outside observer as myself, but I hope to present here whatever I was told to be important by those whom I met on the field.

Most of my conversations around the Voter ID Camps revolved around how most, if not all, those who are present for the camps get their cards made, and most of them then go to vote as well. These camps happen at various frequencies and in various places depending on whom you ask. “It happens every Saturday in a Daryaganj Office”, “It happens, I guess, 3 times a year maybe?”, “One Camp was organized just last week in this very Night Shelter”

So, how do these camps function? To summarize the process, there are Electoral Offices in various regions, as there are night shelters, run by NGOs such as SPYM and SANTOSH. The NGO-Shelter Staff, along with the Electoral Offices, facilitate such camps for the Citymakers who live in and around the shelter. The camps usually last for 1-2 days, for about 5-8 hours a day. Details such as the Camp date, time and venue is communicated by the Electoral Offices to the NGO-Shelter Staff, who

then let the Citymakers know of the same, who then spread the word around.

While it is true that many Citymakers have gotten Voter ID Cards made because of such camps, it is also true that some of them miss out on such camps. One of the many reasons behind this exclusion is the mobility of the Citymaker community. A citymaker may or may not be in the shelter when the camp was announced and/or conducted. They might not be present for all the visits made by the Electoral Office Staff. Some Citymakers, due to their intoxicated state, are not capable of interacting with the Shelter Staff or the Electoral Office Staff and hence miss out on the Camp.

I hope to design service proposals that can address these exclusions and make the Voter ID Camps more inclusive.

These proposals are:

- flexible proxy systems for Citymakers who usually live in a shelter, but might be away during the camp
- special teams to help severely intoxicated Citymakers interact with the Camp Staff
- awareness teams that make regular visits to shelters, and talk of not only the camp process but also raise discourses regarding the right to vote

With my limited understanding, this is all I know and wish to propose for my final service design presentation. However, I wish to continue my visits to the field, and understand much more than I have in my two months, or as Tarunnum Ji would call it, two days of experience.

2. RUBINA SINGH: SAFE SPACES FOR SURVIVORS OF GENDER-BASED VIOLENCE LIVING IN DUSIB SHELTERS

Project problem statement:

How might we create a safe space for survivors of gender-based violence living in DUSIB night shelters?

Background

During our visits to the homeless shelters in Old Delhi, I realized that many women living in night shelters were survivors of some form of gender-based violence (GBV). Some had escaped situations of GBV (domestic violence, trafficking, sexual abuse) and reached Delhi while others would experience sexual harassment or domestic violence while living in the streets or in the Shelters. A cycle of violence is being perpetuated which is then leading to early marriage amongst young women living in shelters.

Two stories particularly stood out for me

1. Rina* (21) had an abusive husband back in her village in UP. She was married at 18 to a man twice her age and domestic violence became a way of life. After giving birth to her first child, she ran away and came to Delhi leaving behind her family. She ended up living on the street until she was rescued by the DUSIB team and has now been living in the shelter for the past two years.

2. Meena* (19) was born in Delhi and came to the shelter with her family at the age of 3 after her Jhuggi was demolished. In an attempt to protect her from sexual harassment, her parents got her married to a man living in the shelter at the age of 13. She is now 19 with two children, still living in the shelter, and faces domestic violence almost every day. She has no means of earning a livelihood at present and believes she is better off with an abusive husband as compared to being a single mother and homeless.

*names changed

Beyond these, we have also heard stories of women as young as 10 and as old as 60 facing sexual harassment within the shelter compound. While women face GBV irrespective of where they come from or where they live, the idea that the shelter is a space for a vulnerable community to find solace gets defeated if residents do not feel safe or find themselves in a cycle of violence.

These stories formed the basis of my service design proposal which attempts to form a community-led service to address GBV against women living in Shelters.

Service Design Proposal

While there is a larger link to reduction of GBV and housing rights for women, the scope of this service design proposal is limited to immediate prevention and redressal of GBV and providing after-care services to survivors of GBV. This service proposal is still in the nascent stages and will change over time based on further research and feedback from all stakeholders.

Shelter Residents' Collective – The first step of the service is to co-create a space which brings together women and men living in night shelters. Facilitated by a third party organization, the night shelter collectives will be based on the 5th Space Model developed by Pravah. 5th Space offers a community-led model focusing on creating space for people to discover themselves, engage in social action, and active citizenship. For this service, I want to create a version of this model which offers a co-created space for shelter residents to express themselves and their needs/wants and use their collective strength to co-design a safe shelter space for women and survivors of GBV.

The collective may design a shelter-led helpline for women facing violence, offer trainings for bystander intervention to shelter residents, provide information and access to legal and medical services if desired, counselling for survivors and couples, and create a social support network for survivors to enable them to end the cycle of violence.

Similar collectives can be co-created in various shelters and depending on the specific needs and wants of the shelter, the collective can work towards addressing these needs while respecting the agency of the members. In the long run, the service of co-creating such collectives can also provide a space for residents to advocate for their collective rights, access to justice, access to housing, and much more.

3. SALOMI CHRISTIE: RESPONDING TO HOMELESSNESS IN OLD DELHI USING THE SERVICE DESIGN PERSPECTIVE.

The service design studio began as an exercise in place-making and exploring the historical stretch between Turkman Gate and Ajmeri Gate in Shahjahanabad (or modern day Puraani Dilli) as a network of human relationships and services (both formal and informal) in time. We would visit the stretch at different times of day and night to attempt to learn what life is like here, especially for the homeless, since the studio's theme was to respond to homelessness in this area using the design of services.

I have been acquainting myself, throughout the studio, with what services mean conventionally and what they mean in this particular geographical area, while learning to use design tools such as customer journey maps, user personas, stakeholder maps and service process maps and blueprints to understand the homeless shelters themselves as a service.

It has been an eye-opening experience literally because the homeless in urban cities are so invisibilized. And once you get to know them and interact with them on a day-to-day basis, you develop a more nuanced understanding of homelessness itself. Like Gautam Bhan said in an interactive feedback session in our studio, the difference between homeless people and us is just one tragedy.

Speaking to homeless people on this stretch really hit 'home' the fact that there are several hundreds of people heading to Delhi every other day, running away from oppressive situations in their native places and/or seeking better opportunities in life. The city absorbs them but mostly through informal means, at least at first. My experience on the field gave me some insights on how these informal means work. A person getting out of the Delhi Junction (Old Delhi railway station) can find a way to make a daily wage upwards of Rs. 50, doing a wide range of activities on either sides of the law, from pulling carts to becoming a pimp on G.B. Road. Food is available in langars (community kitchens) and they find a place to sleep either on the streets or in the rain baseras (homeless shelters). Many become victims of substance abuse. This is tied in with the physical strength that is required of them to do their job and the mental fortitude to live through each such day that comes with its own sets of struggles. There are several persons with disabilities among the homeless population, many dependents on inadequate pensions, trying to navigate a world that constantly ignores their presence and needs. One shelter (No.176) among 11 in the vicinity of the Turkman Gate-Ajmeri Gate stretch is designated for disabled persons as per the DUSIB website. However, one visit is enough to see that

this designation is deeply misguided since the space allocated to persons with disabilities (especially those with mobility-related impairments) has the classic response to calls to accessible spaces - a ramp, that too an uneven one, which anyway is of no use since one cannot enter the narrow doorway of the building while sitting on a wheelchair. If we set value judgements aside for a moment, we will see how these people have been excluded by the design of the shelter itself, followed by the city and the country in the larger context. Another vulnerable group that have historically lived in this part of Shahjahanabad (in Lal Kuan) have also been ignored - the transgender community (among them more specifically the hijras). No shelter has been designated for them. Implications of this are extremely dangerous considering the ostracization of this community which is but obvious and the NALSA judgement has already enumerated them quite clearly.

Using service design methods has helped me understand this better since I built the service blueprint for homeless shelters as a service with the community. Taking the process to the chief stakeholders in the service's design led to clarity regarding inadequacies at different points in the user's journey. For example, the present shelter system hosts people who have lived in it for over ten years. There is little to no transition support for people living in these shelters, and even if they exist, they are informal and facilitated by civil society or individual do-gooders. Using my blueprint itself as a prototype came in handy to explore other aspects of shelter as a service. At this point, a quick reading of related policies, laws and Supreme Court judgements showed that the term 'shelter' itself has never been holistically defined.

The biggest learning for me has been that one cannot look at shelter as a service on its own. I have come to define shelter as a 'service of services', the overall success of which depends upon seamless end-to-end designed experiences for the user (someone who finds themselves homeless or destitute in the city) through the provision of allied services that include but are not limited to first response, healthcare (primary as well as secondary), food and nutrition, water, sanitation and hygiene, clothing, education, livelihood and identity (along with the assertiveness that comes with it). While doing so, workable solutions are possible only if the homeless are not treated as one homogenous group but as a vastly diverse set of human beings experiencing the condition of homelessness through different journeys.

Lawrence J. Vale, in an essay called 'Capital Architecture and National Identity' says this thing that stayed with me throughout this studio experience. It goes something like this - "Urban design, like war, can be seen as an extension of politics by other means." This moment of discovery really changed

my own opinion of Delhi as a city (having been born and brought up here), and of course the power of exclusion by design.

Ultimately, feedback from the field for my first response intervention using the Rain Basera smartphone application and the two states of blueprints I developed (current and future), gave me the biggest insight of all - that issues as complicated as homelessness can use more creativity through conscious and deliberate social design practice to be understood first and then dealt with in a more nuanced manner than the existing benevolent developmental top-down policy approaches.

4. NIKIL AUGUSTINE: LABOUR MANDIS IN A SERVICE DESIGN PERSPECTIVE

How might we create a centralised scalable database system for daily wage labourer with a channel for feedback and support that discourages the exploitation of labour.

First few words that come to mind when talking to people about daily wage labourers are exploitation, cheap labour and safety concerns. This is a statement to how there is a lack of basic human decency, recognition and complete disregard for life. Attitude of the so called “maalik” towards labourers has, in their words been indifferent, lacking any empathy so to speak and exploitative in nature. Their whole cycle is based largely on chance and the contacts they’ve built and for a new comer it can be intimidating and hard to get in. Ultimately, their means of livelihood and even bare necessities such as food depends on if they get employment for the day.

Currently how it works is, they wake up, freshen up, go sit at the chowk, a “Maalik” or the owner of an establishment or a service, contractor working in some organization comes to the chowk and approaches the middlemen or the “dalal”, which are of two kinds. The first kind is the one whose purpose is solely dedicated to referring labourers to their respective “maaliks” and officially earning their livelihood through this. The other kind of “dalal” is part of the labourers itself who suggests the “maalik” more labourers among his group. Nevertheless, both these dalals take a cut in the process. After that the labours are paid some token money and given instructions as where and when to reach. The labourers travel to the destination, start working and towards the end of their shift which can last from anywhere between 8 to 36+ hours go back and look for a place to rest. They try to get admission in the Rainbasera and if not able to get a spot they sleep around the area nearby to the chowk, next morning the cycle continues.

The purpose of my research and suggested intervention is not completely replacing the service but more like a value addition where an alternative is provided. After days of field research talking to the labourers, the care takers of rain basera and suggesting the service to them let me to come to the near final draft. I started by observing the chowk and how it functions then interviewing passive elements like people from juice stalls and cigarette shops who although don’t directly take part in the chowk activities but are ever-present otherwise. After establishing a bit of familiarity with the space I went forward interviewing the labourers, understanding their problems, forming an opinion, creating a draft, explaining it to the people taking feedback, updating the proposal, and go back to the field and pitching it to them.

My Service revolves around introducing a central database that is not location specific and contains the registration data of the labourers, along with their mobile numbers, their skills and the task they are ready to perform. This database can further be connected to the registration at the Rainbasera that can not only provide a database but can also act as a pivot around the people who come looking for labourers. Furthermore, a union can be registered through the Ministry of Labour and employment, once established this can act as a proper channel for labourers to raise complaints and hope for a solution. This will also act as a deterrent to exploitation and instil some community confidence among the people. The biggest concern which will be faced is the inclusion of people who don't want to be introduced in a formal system as currently the labour chowk gives people an opportunity to be anonymous and work.

5. ATHIRA NAIR: HOMELESSNESS - SERVICES FOR BELONGINGS

Imagine feeling lost and not knowing what to do or where to go. You spend each night in the musky weather on a bench, which you call your bed. As you wake up to the chattering noises each morning you decide which public place will allow you to clean yourself up. When you get hungry, you beg people for change to eat a cheap meal or you search the nearest garbage can. For the rest of the day you sit in the city hoping people will notice you and want to help out.

Every day in cities and towns across the country, men, women, and children dressed in rags walk the streets, often talking to visions and begging for money. Most are carrying plastic bags or bags or sacks filled with stuff on their back wherever they go.

Many people who experience homelessness have some other the things that they possess - a utensil or two, a toothbrush, one or two set of clothes, shoes, water bottle and a bag. They have personal items they carry as well- bank passbooks, Aadhar card, Voter ID Card and some cash. Staying in a night shelter or staying on the streets means that they have to carry around their possessions wherever they are going. Even if they are living in the night shelters for a very long time, they need to keep a check on their possessions many times due to lack of security and safety.

Staying in a shelter for years, means your possessions/belongings increase in number, and if it's a family then it's even more. And all the space that could be used to accommodate more people gets utilized by these 5-6 sacks for clothes, 2-3 trunks to store personal belongings, for keeping their utensils and so on. Same was for a women's shelter at Turkman Gate.

When it was my initial days of going to the field and understanding the services and the human relationships that go on, I even talked to a few handcart pullers at Ajmeri Gate. These people live on the street as they have no place to park their 'thelas' if they even wanted to live in the night shelter. And they had very few belongings because living on the streets means, people getting robbed at night and no safe space to hide their things. And so did the rickshaw wala's or people who lived on the street. They just owned two pairs of clothes and rest of the things they wear it on their body and keep it safe inside their clothes. When asked as to why they owned such fewer amounts of things, their only reply would be that they don't have any place to keep stuff to own it.

Homeless people already have a lot of stress due to the problems they face on a daily basis and I wanted to do something that would help them have one less thing to stress about every day. So I took up the problem of storage. I went and talked to people living in the shelters and few people

outside of it as well and understood that the need for a secure space to store their belongings is very much needed, since this restricts them to a place and creates a lot of clutter.

This led me to the idea of creating a simple storage locker system much like the existing cloak rooms that we find at different places. In order to do so I looked into various case studies regarding storing of belongings like New Delhi Railway Station, Akshardham Temple, Golden Temple, Amristar and even the Transitional Storage Center in San Diego. I studied their system and took out component which were applicable to the Shahjahanabad setting. I made a simple service where a person comes to the storage area, gets a form filled with their details then they are given the key and a copy of receipt and they can go and store their belongings in the locker. When I came up with this service I encountered a problem of 'unclaimed belongings'. At the night shelters there have been cases that people come and leave their belongings and haven't come to take it back for months. So tackle such a case I put in another step where if a person doesn't inform and hasn't come for 45 days, the locker would get emptied and the things will get segregated into reusable and recyclable. The reusable will be sent to an NGO where they can give it back to the community and the recyclable ones could be sent to the recycling unit. All these lockers will be placed in locations that are near facilities that they use, like public washrooms and near the night shelters. And according to the place and need the sizes of the locker will also vary for example, public washrooms would have small lockers to store bags and small items whereas the ones near the night shelter would be bigger ones so that they can store a lot of items which have been there for a long period of time.

I focused on not complicating my service too much because homeless people already have a lot of stress in their daily life. Instead of adding on to it with complex procedures, I wanted to create something very simple and safe for them. Something they can access any time. A place where their belongings, which is important to them, which is something they identify to and which holds a lot of memories can be kept safe and they can go around, not being tied to a place due their belongings anymore.

6. ABHISHEK SOLANKI: HOMELESSNESS- A SERVICE DESIGN PERSPECTIVE

It's 3:00 in the morning and the streets of the old city are abuzz with loaders and daily wage workers unloading heavy goods from trucks and loading them onto carts, which then help transport these to the various wholesale markets in the area. It's a collision of the old and the new. The methods used to unload and load, the people, the bulls and the carts, all seem to belong to an older era. The rapidly evolving city seems to be colliding with these professions of the past. Yet it's not a conflict, these old professions seem to blend so well with the new, that only those who go out of their way and look for them realise that they exist. This small system of intertwined services supports way larger systems and feed directly or indirectly the ever-growing economy of the country. However, its these small services, these small professions that seem far away from that economic growth. They still seem to belong to an era from the past, perhaps because the cycle of growth is not a cycle but a ladder instead.

Home is a word which can have many meanings. It could instantly take you miles away to where your family is, for some it could be the place where they were born and for others it might be where their ancestors were born. For some, home can only be home if they can own a piece of paper that gives them legal ownership of the brick and mortar structure. So, what does home-less mean? Does it mean not owning a piece of paper stating your legal right to a piece of land and some bricks and mortar, or could it mean not having a family to share the space with. It's not easy to define what it means, the word homeless. If you add another tangent, that of time, to this already complex scenario, it becomes even more complex. Someone who has been occupying a space, with bare minimum belongings that is, for an extended time of say 3 decades, that's almost half a life, do they have no rights to call such a space their own, call it home. Belongings is yet another tangent that leads to further complications if added to the situation. Can belongings in themselves be termed home?

With the theme of homelessness and the area defined as old Delhi, the main aim was to come up with a solution that considers all the aforementioned questions and tries to answer them or if not answer, acknowledge them in some regard. The present solution to tackle homelessness in Delhi is the 'Night Shelters' installed by the Government. The night shelters as the name itself suggests are a seemingly temporary fix to the problem and are far from addressing the issues at the root levels. The less than 50percent occupancy of the 191 shelters which at max can house some 20 thousand people are far from creating homes for the lakhs of homeless in Delhi. And here we are talking of

shelters and not homes. One of the major critiques of the night shelter model, by those whom it is meant for, is that there is no freedom, no security and a lack of trust. The structures themselves most of which are temporary porta cabins, are far from something that can be suggestive of home.

A service design solution to this, would be to take the night shelter model and break it down. Instead of doing away with it completely, break it down into services. Shelter being just one of the services. Food, a safe place to leave your belongings (lockers), and basic amenities such as showers and clean washrooms being the other services. Quick field research reveals that the most common profession of the homeless in the area of study, is that of rickshaw pullers. Majority of these rickshaws are rented through hubs which are usually run by one person who owns the rickshaws and rents them out to the rickshaw pullers for daily charges of roughly 50rs per day. A rickshaw puller then spends around 20-30rs to use a washroom and 100 for food for the entire day. A relatively new expenditure is to get their mobile phones charged, which costs 20 bucks a charge. So, to have a service that can bring all of this together, that is the food providers, washrooms services a shelter service that has more than one option and a locker service, with plans that allow independent usage or plans that give access to more than one service with discounted/subsidised rates, might give the rickshaw pullers an experience which is way more than living in a boxed shelter and maybe somewhat closer to home.

Space could be the biggest challenge that the aforementioned service might face. But just a few visits make it clear that there are already pre existing spaces which might fit perfectly for these needs, and these spaces are being used for very similar purposes. So to just legitimise them a little and install a system in place through interconnecting services, we might give the city a new outlook towards these old services that are on the lowest rung of the economy but are also forming the bedrock of the same economy.

7. BHAWNA PARMAR: SELF-SUSTAINED LIVELIHOOD FOR WOMEN

Problem statement?

How might we create a service that empowers women to earn a self-sustained livelihood and break out of the vicious cycle of homelessness while also taking into consideration their apprehensions and family responsibilities?

As I started to move from Turkman gate to Ajmeri gate, I found that public space belonged to men and private space belonged to women. This began my quest to locate women in this area. I knew it can't just be a space of men so I decided to dig deep. After multiple visits, we did find one night-shelter for women when we stumbled upon three old women sitting at a crossroad trying to hide from the scorching sun. They told us they lived at a RaenBasera in front of the Hanuman temple. When we reached the temple we could only see a narrow alley leading up to a community. This is where it all began.

After finding some women at Turkman gate and asking them and the caretakers about their lives, the one thing that all the women in the age bracket of 16-45 said was that they want to learn something. After asking where do young women go as this is an unofficial old women's night shelter, I was directed towards Jama masjid's family and single women night shelter. These 2 sites became the hub of my research.

Women here in the shelters had not come to Delhi looking for work. They were either running away from home because of domestic violence, marrying into homelessness, widowed, abandoned or were born into homelessness. Often accompanied by children they found themselves in a highly vulnerable state. This was in stark difference to the reason why men came to Delhi, which was to look for jobs. The kind of work they do is highly exploitative in nature, they are involved in rag picking, cleaning, selling sex and some who don't work at all pass their time by watching tv, just lying around in the shelter, making videos on tiktok, gossiping and getting into arguments.

After a lot of visits, it was revealed that the women did get training in beautician work, stitching and pad making by the NGO SPYM because of Skill India yojana. The stitching training included making bags which the NGO sold. The women only got Rs.9 for each bag. As they were only trained for 15 days and then they were asked to make bags, they weren't that used to stitching fast and accurately. Hence they could only stitch 3-4 bags in a day which amounted to Rs. 36. Another frustration for the women was that they had to travel long distances to do this training and work and had to leave their

kids behind. As many of the women were breastfeeding, they did not feel it was right to leave the kids alone, they also had other responsibilities like cooking, washing clothes etc. This being a highly patriarchal space, the men did not help with the household chores at all, it was seen as women's work. And being away from home for more than 8 hours a day wasn't feasible for them. Moreover, the nature of assigning training is top down, where the caretakers are supposed to select the candidates. This leads to biased choices and disregard of women's autonomy and right to make an informed decision.

After asking why they haven't tried looking for a house outside this shelter one woman said, "we do want to. I was born into homelessness, my mom and dad had moved here from Bihar. I grew up like this, got married like this and now my kids are going through the same. I want to give them a better life but since my husband doesn't earn much and I don't earn at all it's going to get a little difficult to sustain ourselves. Here at the shelter because of various NGOs my kids get free school supplies, uniforms and tuitions, shelter is free for all, water electricity everything. So till we don't have enough money we cannot think about moving out".

When asked another woman if they take care of their health they say, "We keep our kids as a priority. Whatever we earn goes for their present and future needs. Right now we don't focus on health much as our aim is to earn enough money to survive."

All the women were very keen on learning and working on designing clothes for a living. But they didn't want to leave their family responsibilities to do that. And they were not happy with getting menial pay for the amount of work they put into things. The incentive wasn't good enough. Even after looking for and asking them to try to non-traditional jobs, they stuck to wanting to learn fashion designing as that is what they were passionate about.

So the women and I came up with an idea of bringing the training and work to the shelter. If the women could work inside the shelter and divide responsibilities of looking at kids one by one, the responsibilities would be taken care of. As the women were very keen on fashion designing, this is what I planned the service to entail. A way to train the women into stitching their own clothes, coming up with the brand name, setting up the prices, deciding on how to sell it and assigning roles among themselves. For this, I decided to partner with a Silai School like the Usha Silai School who were already working to train women.

After discussing this with them, their excitement was unfathomable but they did warn me that they get into a lot of arguments and fights, so to work together like this will have to do be in such a way that they don't fight. Even something as simple as assigning days to different people to use the machine could reduce the fights. But after my visit, I learned that they loved to dance and sing, so the service will include team building exercises which will be performed through dance, songs and drama. Other than the training, to help them set up their own business, they said they need skills like negotiation, small business management. The service will include life skills like the ones listed above, negotiations, small business management, money budgeting matters and leadership skills. This will give the women ownership over their work, where all the profit would be theirs, and it might also give them enough confidence and monetary support to move out of the shelter.

8. NATASHA CHANDOK: SECONDARY HEALTHCARE FOR THE HOMELESS.

The semester began with us familiarizing ourselves with the designated stretch, i.e., Turkman Gate to Ajmeri Gate as part of our Service Design studio, where we looked at interpersonal relationships, service related transactions and talked to the service providers, understanding reasons of their migration to the city of Delhi, their work schedules and everyday challenges. We then looked at 'Homelessness' within the stretch, starting with group night walks which gave us further clarity on how to observe as well as pose diagnostic questions to get acquainted with challenges faced by the community.

Upon my conversations with the homeless currently living in two of these night shelters, No. 83 which is a Porta Cabin and No. 176, which is an RCC Building, I found that the current healthcare facilities provided to the inhabitants of the shelter are insufficient, mismanaged and disorganized. This wasn't found out without recurrent visits, building relationships with the community or getting through the first layer of interaction, which was always painted rosy. These shelters are run by SPYM and only for men. Once I figured that the Mobile Health Team has no schedule or time of visiting, is not a 'van' as I was told but rather one person on a bike, I got interested in further understanding the lapse of healthcare facilities available at the shelter, which included the disappearance of the 'van', which some confirmed was functional till two years back. The same people, now more open and honest, described the situation further – a doctor visits with a bag of medicines that is used to replenish the Medicine Box the caretaker has and spends not more than 5-7 minutes, asking questions to the whole group of people at once, and leaves.

Many a times, I heard people tell me that they feel as though it isn't even the doctor but his compounder or pharmacist who hands them the same medicine week after week, without investigating or giving out a prescription for record. In case of emergency, both the shelters send out the aggrieved in their vehicle to the LNJP or GP Pant Hospitals or call for an ambulance. Upon my interactions, I figured that there was a huge gap as getting access to primary healthcare facilities was somewhat manageable, either through the existing healthcare model of the NGO or by visiting a private doctor and paying a sum but there are some persons who're dealing with chronic pains and issues related to pain that are left unattended. The definition of health is thus reduced to cold-cough or hospitalization upon severity of issues, the spectrum in the middle often invisibilised. Whether due to old age or due to past accidents or probable chronic illnesses like arthritis or diabetes, these persons are just 'dealing' with their pains, not being able to afford private healthcare, or mentally

fatigued of recurrent visits to the hospital, where they receive only emergency help, with no appointment scheduled in the OPD. It is due to these dynamics that the homeless community is never put in touch with specialist doctors or pain managers. I recognized that the main issues were arising out of the fact that many are unaware of the difference between 'Emergency' and 'OPD', or need help in being escorted to these hospitals as well as some guidance as to what the root cause of their pain actually is.

Interestingly, the story isn't much different outside the shelters. When I spoke to Rickshaw and Cart Pullers outside, I realized that due to their occupational hazard that leads to chronic pains in their bodies, they are not able to come to terms with the fact that pain is not a requisite of human existence, it's an ailment or a symptom of a bigger ailment and requires treatment or rather management, whether through allopathic medication or through massage and physiotherapy. The continuity in their description of their pain with that of the homeless inside the shelters hence takes us to a further analysis of this being an impending issue that needs to be dealt with, with more empathy and structure.

From this point on, I set out to ideate a proposal which would include a comprehensive Pain Support Service, where an entity of an intermediary is created and dispersed in the field, to listen to the aggrieved individuals, more like first respondents or foot soldiers, coming from a similar and relatable background, eventually bridging the gap between them and secondary healthcare already available for access. Some of these learnings are based on the ASHA worker model, where the main objective is to mobilize an individual to act upon their grievances. Since most of these persons are migrants, living without family or friends, it also becomes difficult to go through the cumbersome procedures carried out at big hospitals and the emotional labour of receiving treatment alone is quite high. It is here that this foot soldier is required to provide support, assistance and guidance for counselling, healthcare awareness, appointment booking, escorting to healthcare facility, escorting to free diagnostic centers, record-keeping as well as follow up appointments.

This could be understood as a more human-centric, local and compassionate version of 'Practo', with many touchpoints and interpersonal relationships. The funding proposal for such a service is dependent on the National Health Mission budget and its subsequent fund transfer to Delhi State Health Mission. Along with this budget, some percentage of funds need to be raised through the network of Center for Social Welfare, who would be responsible to train the NGO staff for further training of the foot soldier.

While much is left to be explored and further built upon for creating a robust service design plan, I believe the ways in which we've been able to create a pool of resourceful information through diagnostic and propositional questions are mechanisms-in-making that can be used to design social services in many unfavourable situations we may come across as Social Designers.

9. AKASH BHAKUNI: COMMUNITY RADIO ESTABLISHMENT

A Community radio establishment is a Community service for the homeless males working at Asaf Ali road, Shahjahanabad. The community radio seeks to establish a connect between Community and Experts (consisting of psychologists, consultants, Researchers) in order to organically develop, maintain and improve cohesively. The needs of the community are linked with professional and personal fields. The proposal seeks to negotiate and guide in a positive direction as from the research insight it was evident that they cannot improve in terms of financial, emotional support. Therefore, a positive collective and indirect approach to exchange views was needed. Inviting Bottom up approach to get the community out of the problem cycle.

The service will work like an open channel where community can participate through phone calls (Toll Free No.) and speak about the issue they would like to share and all of this will be recorded and further noted down and drafted into a paper. This Paper will read the brief about the issue and these questions will be addressed and forward to expert before the actual radio programme begins. during the radio programme the issue will be briefly discussed and then the directional ways to positively and creatively, institutionally (whatever in the hands and approach of community that will do the good will be advised in a form of tips, tactics, trust building etc.) This programme will run during Sunday (which is the only free time for the Users) After the programme Users are free to give the feedback and questions for the next Sunday over telephonic calls till Wednesday following which the issues are then sent to experts in written form after assimilating it in forms of understandable data(2days) after which the expert reads and understand and suggest possible solutions and advices for the community.

The programme will be in Hindi language as it is the most understandable in terms of communication and a major part of the programme will consist the community participation. The Monitoring of the programmes will be done by Monitory Agency of Ministry of Information and Broadcasting so that no violent, defamatory, racist, ostracism against a community, gender. The content manager will play an important role in choosing and setting up the rhythm of programme as Some unpopular opinions are always expected.

The Discussion will happen in an open channel and the mediator that is Radio jockey will be over viewing on biases and unpopular opinion and will maintain a strict eye and ears on the content that is been generating throughout the discussion. So that community don't form any Biasness and

Political agenda. The Community radio service guiding principles will always follow the Maslow's hierarchy of needs in order to maintain the component of Worthiness, respect among the community regarding each and every individual. So that inclusion can be truly practised irrespective of power dynamics, occupation and Social of position of an individual.

The component of radio is established in order to maintain privacy in terms Identity of the talker hence this doesn't mean that the issues of an individual can be undermined as the nature of the issue discussed over the radio programme would be Homogenous in nature (common family and emotional problem discussion + Financial Improvements tips) but at the same time heard by the community. Hence establishing a link for invisible emotional needs to come out and be open about it. Making Unknown familiar connection in terms of experience when heard over radio about it.

The idea was established initially as a form of capturing and identifying the emotional needs because most of the person of community lives away from their homes and finding a lack of emotional support from family. Some of the person did also face internal disputes with family but seeks to reconnect and improve. However, the community radio service does not bind itself to one single topic however as there is a diverse range of topics that were demanded. Henceforth the service finds its sustainability in terms of frequently changing the topics demanded via community.

The area covered by the community radio would be 3- 5 kms of stretch and the permission and license is to be taken by Ministry of Information and Broadcasting, Delhi Government

Community radio stations are to be operated, owned, and influenced by the communities they serve. That means that the Radio jockey who is the main mediator between Users (community) and Experts will be an important component as radio stations here play a role of mediator who will play major role in Understanding the issue and then articulating it and forwarding it to Experts. The diagram below shows what and how it is expected it is expected to function.

Initially there is expectation from nonprofit organisation to provide a mechanism for enabling individuals, groups, and communities to tell their own stories, to share experiences and, in a media-rich world, to become creators and contributors of media.

The following are the topics that Community demanded in research,

- Entertainment
- Directional Advices
- Drug de- addiction convincing & lifestyle discussion
- Vidhayak Report
- Reporting on development and issues faced by community
- Speaking skills Programme
- Learning basic English verbal dialogues for improvement in skill level
- for new jobs



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THE TIMES OF INDIA

From next month, a green drive to weed out 'foreigners' from Ridge

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NEW DELHI: After months of delays, work on clearing the 'invasive' vilayati kikar trees from Delhi's Central Ridge will finally start early next month. The plan is to completely transform the area by planting a number of native species while developing green landscapes internally.

The kikars can be removed only after the native species grow to a certain height, said officials. The initial phase aims to complete a 2km stretch along Sardar Patel Marg by the end of the year, following which the other section along Vande Mataram Marg will be taken up.

The Central Ridge is spread over **864 hectares...**
...423 hectares are to be restored over five years

Total cost of restoration **₹12.6cr**

THE PROBLEM
 The 'invasive' vilayati kikar and lantana have replaced the diverse native communities

THE SOLUTION

FIRST PHASE OF RESTORATION
 Between SP Marg & Vande Mataram Marg

- Lantana and vilayati kikar to be removed
- 100-150 tree and shrub species to be used to develop forest communities and shallow valleys
- 70-100m wide greenway to be developed along the boundaries; a walkway and cycleway to be built inside
- Waterbodies and rain-water ponds to be created in deeper depressions of the ridge; to be lined with Indian date palms
- A shrubland to be created with fruit-bearing shrubs
- Medicinal garden to be developed
- Two recreational parks of 0.5 ha each to come up
- Ecological corridors and green bridges to be developed for animals
- Animal safaris to be launched
- 'Nature interpretation centre' proposed

The project will be implemented by Centre of Urban Ecology and Sustainability with the help of professor C R Babu, head of Centre for Environmental Management and Degraded Eco-systems (CEMDE).

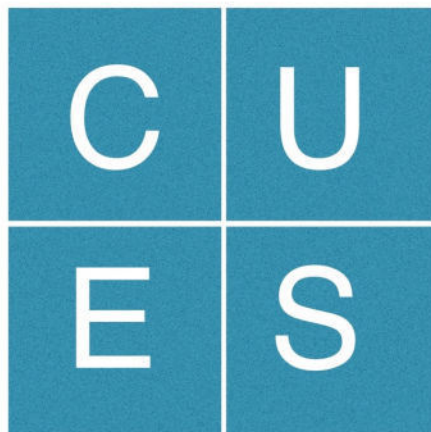
Visitors will be able to experience the natural beauty of the ridge along with a number of attractions, including mini bird and jackal safaris, said Babu. "There have been some delays, but work can start by early September and we will simultaneously carry out plantation and work on shrub and herb gardens," he added. Areas to attract birds will also be developed during this period. Once the rainy season is over, sewage treatment plants will be used to provide water.

The drive, which was supposed to start two months ago, was delayed as certain permissions were needed to work on the ridge. The Delhi government had earlier set a deadline of March 2019 for the first phase covering around 100 hectares. In total, the project will cover 423 hectares and the ridge management board has approved a budget of Rs 12.6 crore for five years at a cost of Rs 3 lakh per hectare, an official said.

Babu said the ecology of the ridge would be automatically revived due to the diversity of native species. Two recreational parks will be developed and merged with the existing forest area and have cycleways, walkways and waterbodies.

“We will create green corridors and bridges for animals and people can also experience mini safaris by coming across animals like porcupine, jackals and Indian hare. If successful, this model can be implemented across Delhi,” said Babu.

Central Ridge covers around 864 hectares, but it is highly fragmented and consists of a variety of urban infrastructures in between.



Centre for Urban Ecology
& Sustainability

Annual Report, 2017-18

General Background

The Centre for Urban Ecology and Sustainability (CUES) has been in existence since its establishment on 8 October 2015, and has been actively engaged in working towards (1) addressing urban ecological issues with a view to offer solutions, and (2) developing a skilled cohort of professionals who actively engage in, and find solutions for urban ecological challenges. In the past two years or so, the Centre has gradually grown in its research capacity and is currently anchoring several projects under its three premier programmes - Parks and Forests Programme, Wetlands Programme, and Urban Sustainability Programme. The present report highlights the activities of the Centre for the year 2017-18.

Programmatic Activities of CUES, 2017-18

Parks and Forest Programme

- Development of a Proposal for Restoration of Central Ridge
- Faunal Surveys in Sanjay Van
- Workshops
- Panel Discussions

Wetlands Programme

- Dheerpur Wetland Restoration Project
- Deepor Beel Preliminary Survey
- Campus Bird Count 2018

Urban Sustainability Programme

- Linkages with Academic Programmes
- Collaborations
- Workshops and Seminars
- Research Publications
- Outreach Programmes

Parks and Forests Programme

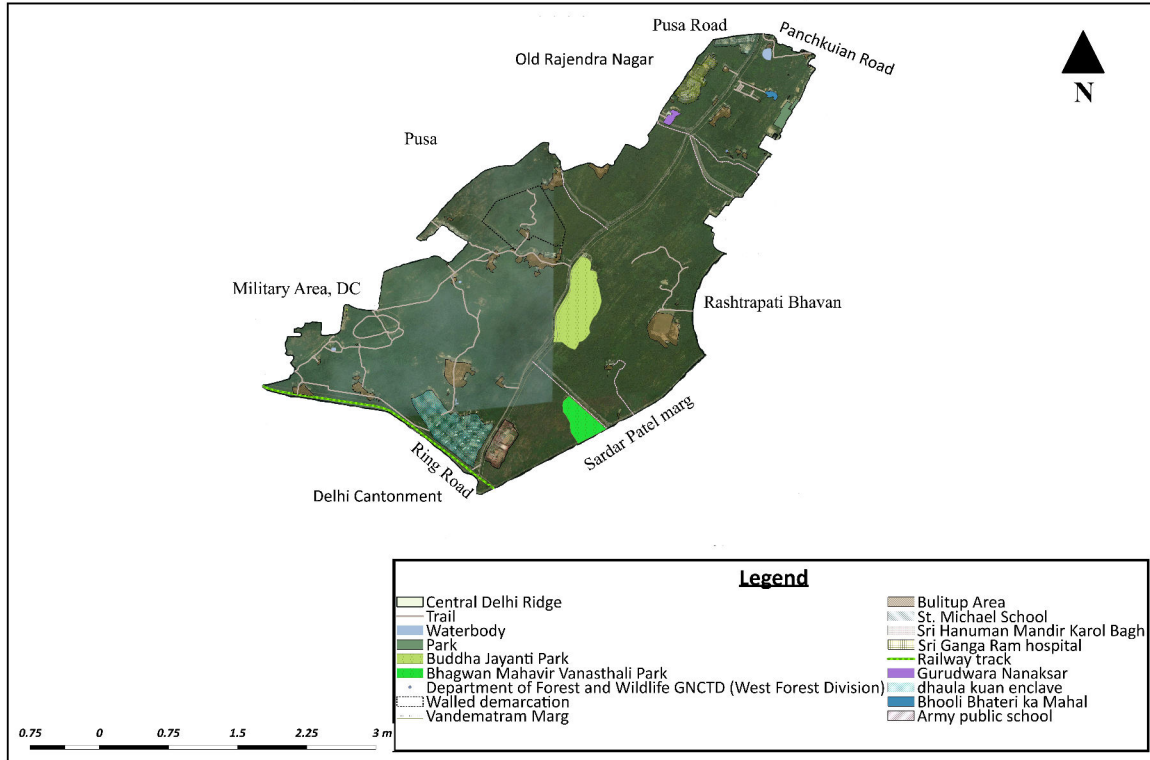
The Parks and Forests Programme of the Centre aims at undertaking research of urban parks/ forests in an effort to understand concerns over their future. Under this programme, there have been emphasis on employing ecologically sound interventions that benefit both, the human and non-human components of urban landscapes. The Centre for Urban Ecology and Sustainability has been actively engaged in the collection of baseline data on flora and fauna of the Delhi Ridge. In particular, there is ongoing research on the distribution and status of fauna, and vegetation composition and relationships of native and invasive species in the urban forest fragments of Delhi.

Development of a Proposal for Restoration of Central Ridge

The Centre for Urban Ecology and Sustainability is involved in a project of the GNCTD which aims to restore the Central zone of the Delhi Ridge. The Central Ridge is a complicated landscape with several departments of the government claiming ownership over different parts of the patch (Figure 1A). While there is an on-going tussle between these various government departments, the pervasiveness of invasive species such as *Prosopis juliflora* continues to pose a major threat to the overall ecosystem health of the Central Ridge (Figure 1B).

With the help of in-house expertise at CUES, the Centre is in the process of submitting a detailed project proposal to the GNCTD for the restoration of the Central Ridge in a phased manner. The basic protocol of this restoration project would involve the systematic thinning of invasive vegetation and replacing them with native species. Based on the results of this pilot project, the project may be extended to other parts of the Delhi Ridge.

Central Delhi Ridge Reserve Forest



Central Delhi Ridge Reserve Forest Vegetation Composition

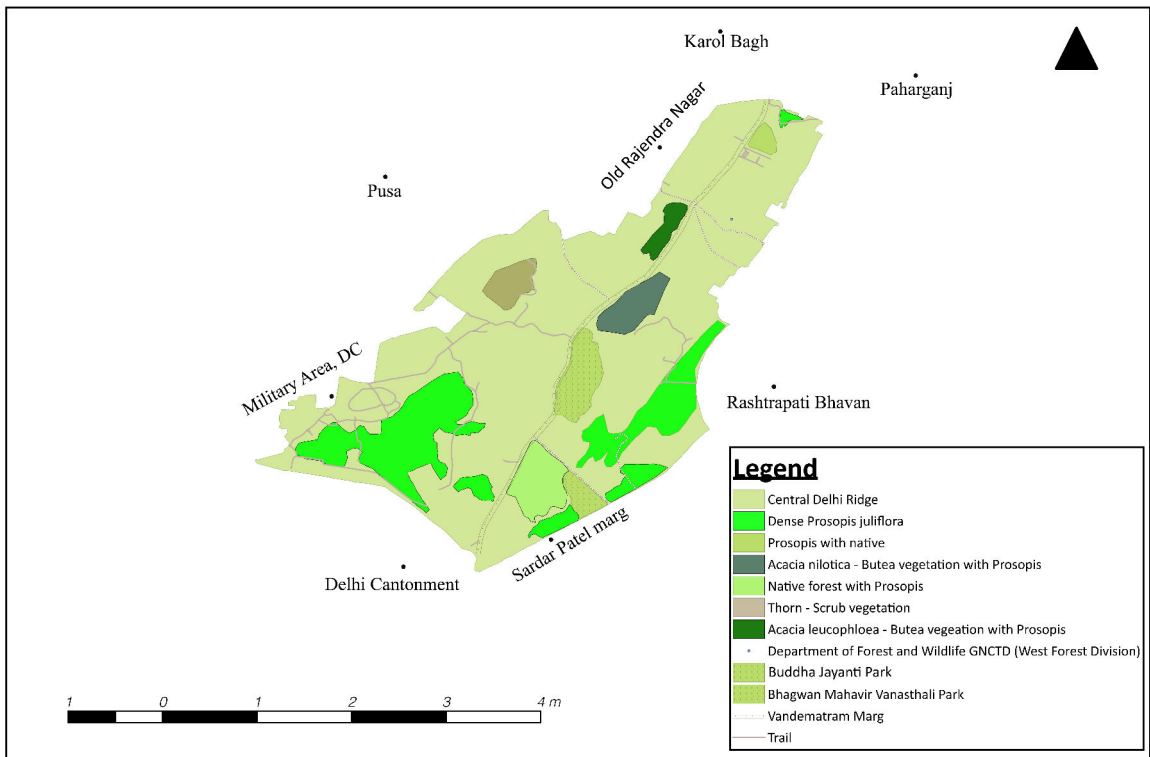


Fig.1A Natural and Human-made features of the Central Ridge; **Fig.1B** Vegetation Composition of the Central Ridge

Faunal Surveys in Sanjay Van

The Centre for Urban Ecology and Sustainability has been involved in a long term study of the faunal elements of the Sanjay Van woodland of the South-central ridge. While there are on-going studies on the Golden Jackal (*Canis aureus*) and the Nilgai (*Boselaphus tragocamelus*), there is a proposal to intensify research in the near future on the wildlife that is found in this woodland. Masters students of the School of Human Ecology (SHE), Ambedkar University Delhi were provided internship opportunities in the Centres faunal assessment project in Sanjay Van (Table 1).

Table 1 SHE Student Internships in CUES Projects

Student Name	Title of Internship	Year
Akaash	Estimating Population of Nilgai (<i>Boselaphus tragocamelus</i>) Using Line Transect Method in Sanjay Van	2017
Rohit	Distribution and Habitat Use of the Nilgai in Sanjay Van, Delhi	2017

Workshop titled 'Urban Animals', IIC, New Delhi

Director of CUES and Associate Professor at the School of Human Ecology (SHE), Ambedkar University Delhi, Dr Suresh Babu presented a talk in a one-day workshop titled, 'Urban Animals'. Led by Dr Maan Barua, the workshop was organised at the India International Centre (IIC), New Delhi on 29 November 2017. Well known scholars from various Indian and International Universities presented short talks, and engaged in discussions on the social, political and ecological aspects of animals in the city.

Panel Discussion at Ambedkar University Delhi

Ajay Immanuel Gonji, Junior Research Assistant at CUES represented the Centre in 'Urban Tiffin' - an event hosted by the AUD Urban Collective. He was part of a panel discussion along with Awadhendra Sharan of the Centre for the Study of Developing Societies (CSDS). His talk provided a brief overview of ecology in the city, looking particularly at the ecology of Delhi.

Wetlands Programme

Dheerpur Wetland Restoration Project

The Dheerpur Wetland Restoration Project is one the major projects of the Centre, and has been in operation since the inauguration of the Dheerpur Wetland Park on 19 June 2015. Immediately after the wetland was inaugurated, the Centre prepared and submitted to the Vice-Chairman, Delhi Development Authority (DDA) a detailed project proposal for the restoration of Dheerpur Wetlands. The project proposal contained details of civil and earthwork needed to be carried out by the DDA, and a work schedule for the first five years of the project. As per the schedule of work proposed in the project proposal submitted to DDA, the tasks for the Third year (2017-18) of the Dheerpur Wetland Park restoration project were as under.

S. No.	Tasks
1	Creation and Maintenance of Field Nursery
2	Introduction of Aquatic Flora and Fauna
3	Creation of Marshes, Short and Tall Grasslands, and Woodlands
4	Creation of Greenways and Avenues, Green Belt and Barrier along the Perimeter
5	Creation of Horizontal Flow Treatment Wetlands
6	Monitoring of Water Quality
7	Monitoring of Biodiversity and Ecosystem Redevelopment
8	Adaptive Management and Consultative Meetings
9	Student Volunteerships and Internships

1. Creation and Maintenance of Field Nursery

Over the past two years or so, the Centre has gradually expanded the Dheerpur Wetland Park field nursery, and has diversified the species that are maintained at the nursery. The stock of saplings at the nursery is constantly replenished by procurement of saplings from nurseries within and outside Delhi, besides using in-house methods such as vegetative propagation. In the year 2017-18, about 45 species of tree saplings were procured from Government nurseries in Uttarakhand. Through vegetative propagation, species such as *Populus* and *Salix* were developed at the DWP nursery. Saplings that are maintained at the

nursery are used to develop greenways and avenues, green belts and barrier along the perimeter.

2. Introduction of Aquatic Flora and Fauna

Since construction of waterbodies at the DWP has not yet been undertaken by DDA, there has not been any active introduction or maintenance of aquatic flora and fauna by the Centre. However, in an effort to control mosquito breeding in the monsoon generated stormwater that accumulates in the DWP area, *Gambusia affinis*, a fish that feeds on mosquito larva, is bred at the DWP site for release during the monsoon season.

3. Creation of Marshes, Short and Tall Grasslands, and Woodlands

Although marshes, grasslands and woodlands have not yet been developed because of incompleteness of earthwork by DDA, the Centre has been actively involved in creating seed banks and plots for the generation of grasses. At present there are 17 species of grasses that are being maintained in the DWP. As far as the woodlands are concerned, it is expected that the saplings developed at the nursery will augment the creation of the woodlands at a later stage in the project.

4. Creation of Greenways and Avenues, Green Belt and Barrier along the Perimeter

Several saplings of various species have been planted along trails within the DWP (Figure). Species form the green belt along the perimeter.

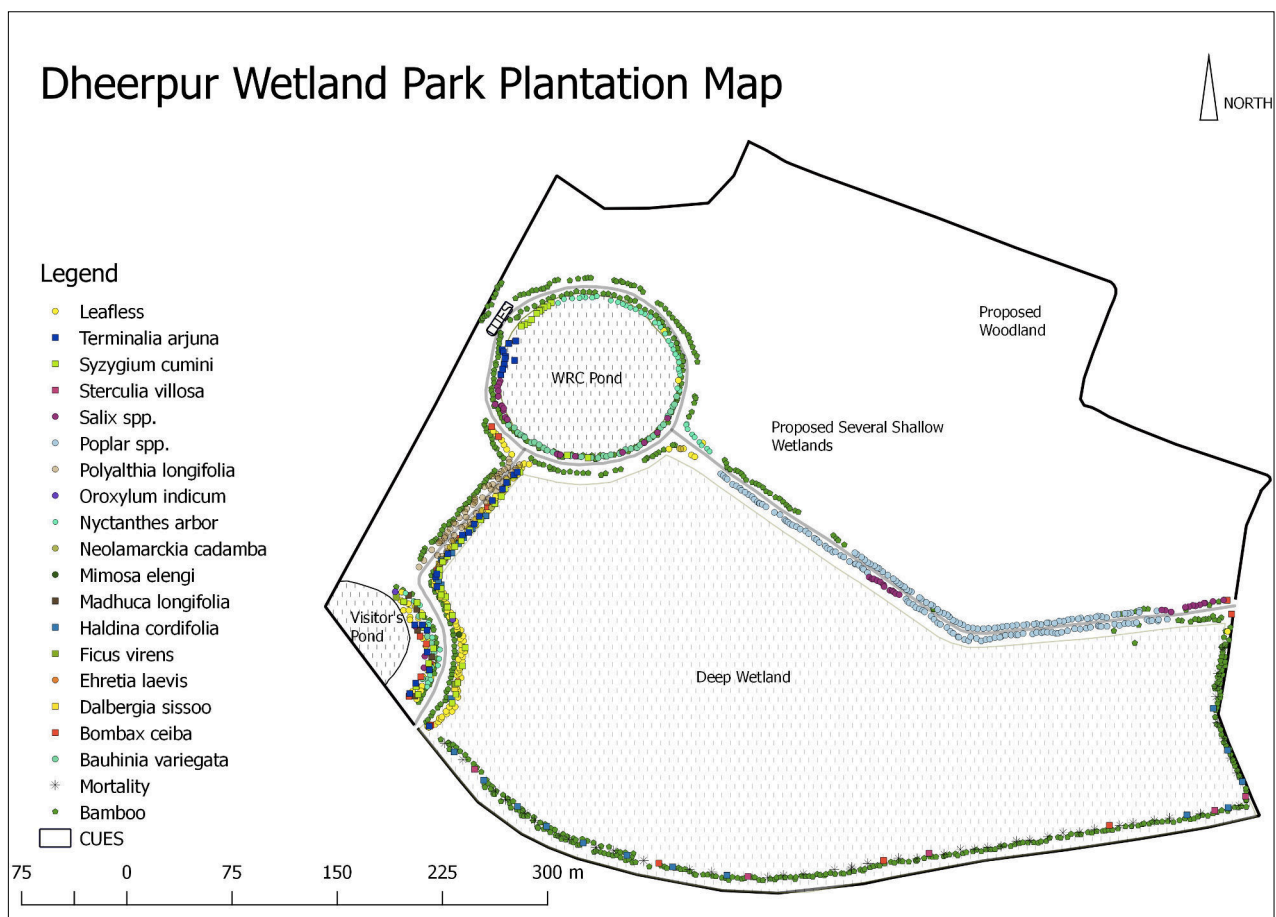


Fig. 2 Map showing Greenways and Avenues, Green Belt and Barrier plantation in the Dheerpur Wetland Park

5. Creation of Horizontal Flow Treatment Wetlands

Details of earthwork such as volume of earth to be excavated and slope angles of waterbodies and island have been calculated and submitted to engineers in DDA along with CAD generated Architectural drawings. It is expected that the creation of the Horizontal Flow Treatment Wetlands will get underway before the monsoons of 2018.

6. Monitoring of Water Quality

The Centre has been monitoring the physico-chemical properties of both surface and groundwater in the DWP area. To understand the groundwater quality, water samples were **Fig. 2** Map showing the sampling strategy for monitoring of avifauna in the Dheerpur Wetland Park

collected and analysed with the Orion 013010 conductivity cell thermo scientific instrument for salinity, pH, TDS conductivity and resistivity. Furthermore, groundwater and Gandhi Vihar drain water samples were also analysed for the presence of heavy metals (Mercury, Lead, Arsenic, Cadmium, Copper and Chromium) using Inductive Coupled Plasma Mass Spectrometry (ICP-MS) technique.

Tests conducted on groundwater revealed that the quality of water is poor, with the major cause for the deterioration of water quality being contamination from anthropogenic sources. People living in the periphery of the DWP are engaged in agriculture and livestock rearing. Effluents from surface flows of domestic waste water, commercial activities in the nearby Gandhi Vihar, as well as from agricultural runoff contaminate groundwater by seeping into the soil. Traces of Arsenic were found in samples of groundwater but not in samples of drain water indicating to the possibility that the origin of Arsenic is geogenic.

7. Monitoring of Biodiversity and Ecosystem Redevelopment

In an effort to gain insights into species richness, abundance, habitat use and migration patterns of bird species in the DWP region, the Centre conducted regular bird counts through means of a standardised bird monitoring protocol (Figure).

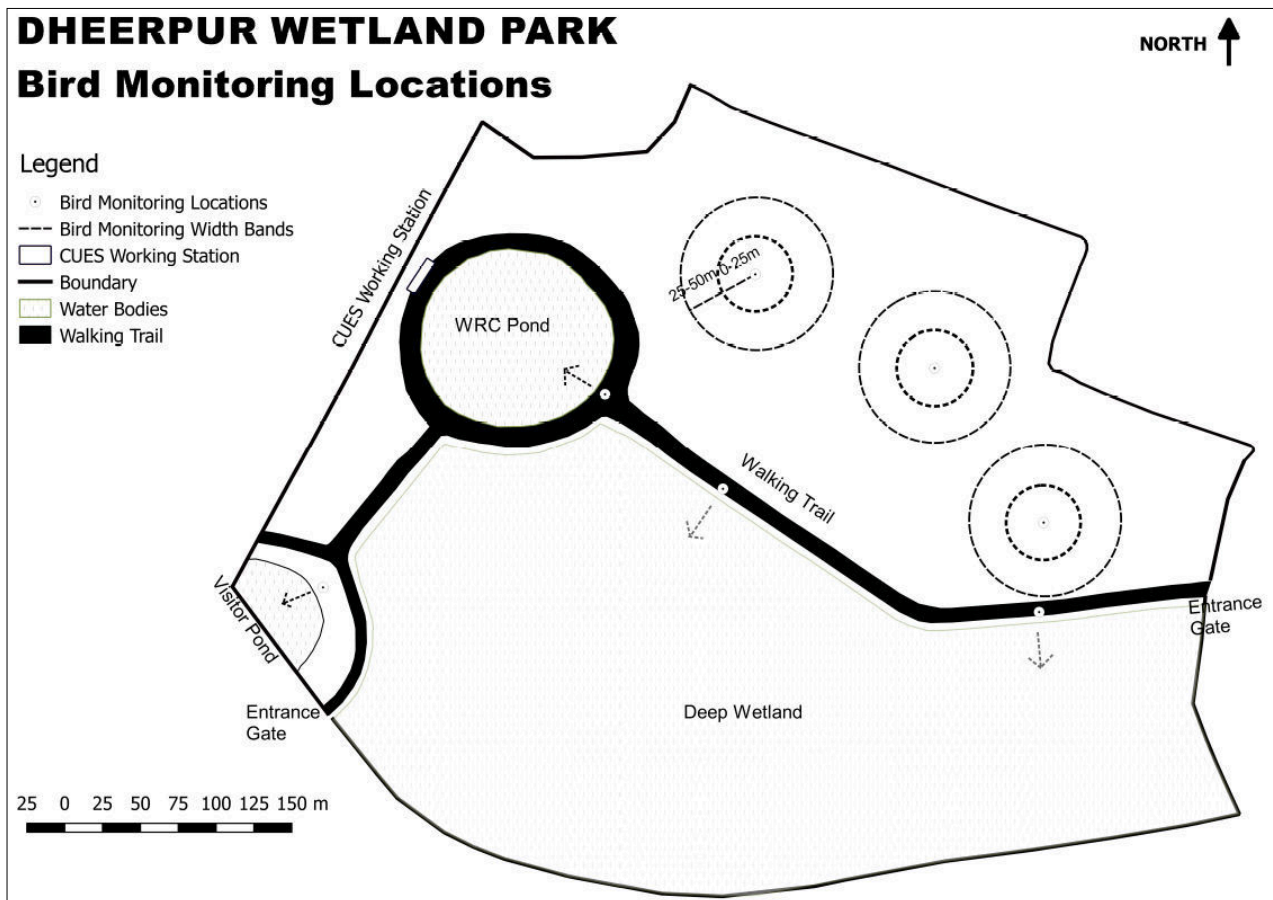


Fig. 3 Map showing the sampling strategy for monitoring of avifauna in the Dheerpur Wetland Park

8. Adaptive Management and Consultative Meetings

I. Development of Landscaping Plan

One of the requirements of the project, before implementation of earthwork, was to plan and design the detailed landscaping of the project site. This landscaping plan, along with appropriate layouts were to be provided to DDA for action. For this task, the Centre hired an architect with work experience in the field of Landscape Architecture. Over a period of two months, the following objectives were achieved:

- Basic analysis and planning for earthwork based on the Dheerpur wetland restoration plan provided by CUES.

- b. Fine scale mapping of waterbodies and other structures, including their location, dimensions, volumes, etc.
- c. Refining and completing a 3-D model of the Dheerpur Wetland Park project.

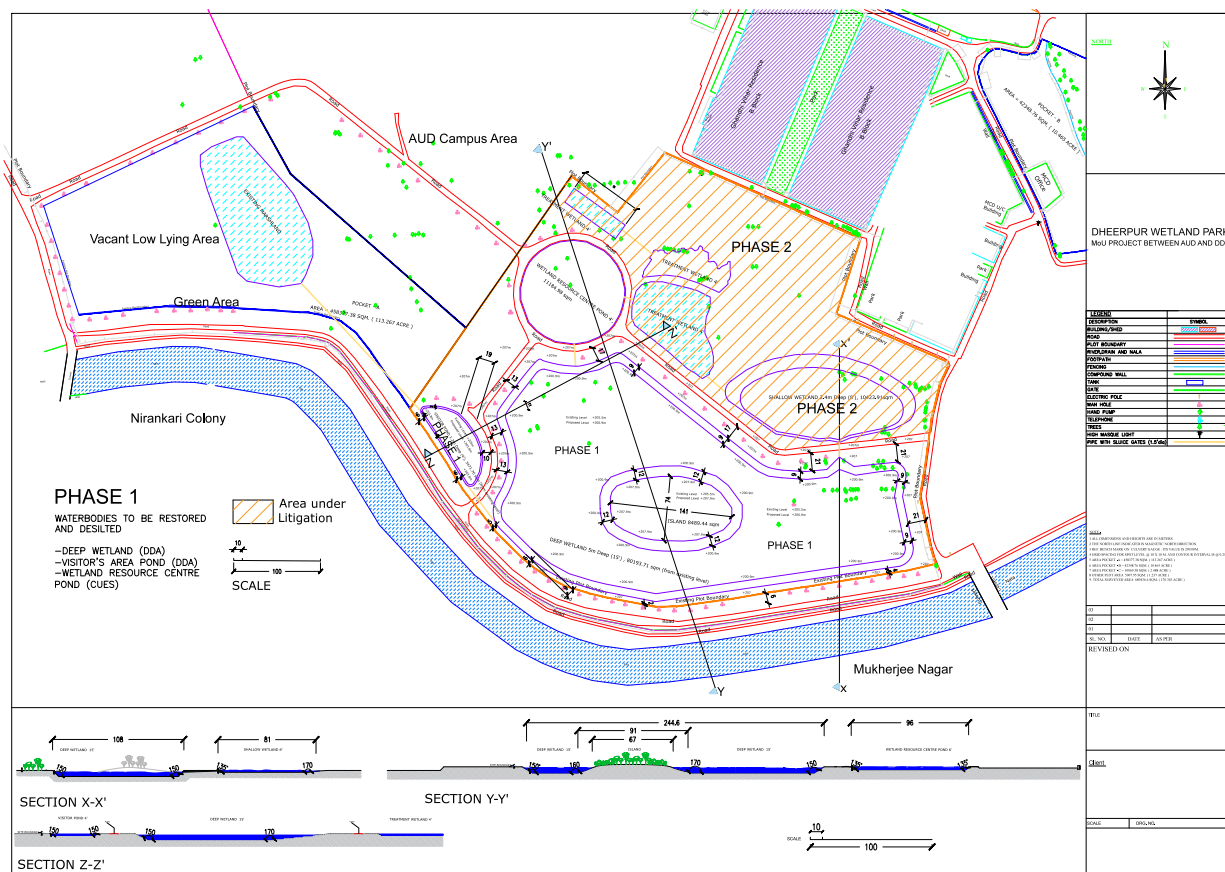


Fig. 4 AutoCAD generated model showing details of the Dheerpur Wetland Project site

II. Follow-up Meeting with DDA

On 23 March 2017, a meeting was held with Shri Nahar Singh, Superintending Engineer (SE), Delhi Development Authority (DDA) in Vikas Minar. This was a follow-up meeting with the DDA to take stalk of the progress of the AUD-DDA collaborative restoration project at Dheerpur. Dr. Suresh Babu provided officials of the DDA a brief background of the restoration project, and also reminded the DDA of its commitments to the project. Based on this meeting, the Centre prepared a dossier containing details of the Dheerpur Wetland Restoration Project and

submitted it to the SE, DDA on 13 April 2017 for further action. The dossier included the following:

- a. Details of earthwork and civil infrastructure to be created by DDA
- b. Financial commitments of AUD towards the Dheerpur Wetland Park project
- c. Summary note on the history of the Dheerpur Wetland Park project

9. Student Volunteerships and Internships

- The Centre for Urban Ecology and Sustainability (CUES) organised a plantation drive at the DWP on 19 August 2017. Students from various graduate and undergraduate programmes of AUD Kashmere Gate campus, as well as faculty from the School of Human Ecology (SHE), participated in the event.
- On 8 Jan 2018, the Centre for Urban Ecology and Sustainability (CUES) received a group of students from Loras College, Dubuque who visited India as part of a 'study abroad' course titled "Sustainable India: The interface of nature, economy and society". The students had an opportunity to visit the DWP and have a hands-on experience of a wetland restoration project in the city. Besides engaging with the history of the Yamuna Floodplains and the restoration project of the Dheerpur Wetlands, a bird watching session and a plantation drive was organised for the students.

Deepor Beel Preliminary Survey

Wetlands are one of the most productive of ecosystems that provide a bounty of ecosystem services. Often, they are hotspots for biodiversity conservation and also provide aesthetic, spiritual and cultural values to local communities. In urban areas, wetlands become detoxification sites of pollutants and form virtual kidneys of cities that abate pollution. However, the confounding reality is that we are losing wetlands at a substantial rate due to anthropological activities. The case of Deepor Beel wetland is one such. The international convention of conservation of wetland- Ramsar Convention highlights the values of

functions of ecosystem and provide guidelines for their conservation and sustainable utilisation. Crucial as it is to address the issue, the Centre proposes to restore a part of the beel on pilot basis with the vision of re-establishing composite values of wetlands ecosystems that are critical for sustainability, conservation and local livelihood, apart from recreational and nature education values. With restoration and conservation intention in mind, pilot survey of literature review about Deepor Beel has been carried out. Preliminary site visit were conducted with a view to submit a proposal to the Guwahati Municipal Development Authority (GMDA).



Fig. 5 A view of the Deepor Beel near National Highway 31

Campus Bird Count 2018

Partaking in the annual Campus Bird Count 2018 (sub-event of Great Backyard Bird count) event as fellow birders, the Centre for Urban Ecology and Sustainability organized

successful bird counts in Ambedkar University Delhi in all of its five campuses across the city and the Dheerpur Wetland Park from 16-19 February 2018. The Centre received strong participation responses from students, researchers and faculty alike to join the birding activity. The count of birds from the various campus sites of AUD – Kashmere Gate campus, Karampura campus, Lodhi Road campus, Rohini campus, Dheerpur campus, and the Dheerpur Wetland Park were listed by avid birders. The prepared species list was uploaded on www.ebird.org/india.

Before the actual event, CUES organised an orientation session by Prof Geetha Venkataraman, senior faculty at AUD and expert birder, in the Kashmere Gate Campus of AUD on 13 February 2018. The orientation was attended by staff and students of AUD and provided a useful introduction to the birds of India, intricacies of details in identification during birding, and popular birding sites in Delhi. Besides, Prof Geetha deliberated on the CBC protocol and initiative, and also enthralled the audience by sharing experiences of her numerous birding expeditions.

Some of the birds that we saw at Ambedkar University Delhi Campus Bird Count 2018 besides common species like house crow and rock pigeon were Oriental Magpie-Robin (*Copsychus saularis*), Bluethroat (*Luscinia svecica*), Siberian Stonechat (*Saxicola maurus*), Cattle Egret (*Bubulcus ibis*), Indian Pond-Heron (*Ardeola grayii*), Green Bee-eater (*Merops orientalis*), Western Yellow Wagtail (*Motacilla flava*), Red-Wattled Lapwing (*Vanellus indicus*), Purple Sunbird (*Cinnyris asiaticus*), Indian Silverbill (*Euodice malabarica*), Common Sandpiper (*Actitis hypoleucos*), Common Redshank (*Tringa totanus*), Rufous Treepie (*Dendrocitta vagabunda*), Black Drongo (*Dicrurus macrocercus*), Red-whiskered Bulbul (*Pycnonotus jocosus*), Ashy Prinia (*Prinia socialis*), European Starling (*Sturnus vulgaris*), White Wagtail (*Motacilla alba*), Citrine Wagtail (*Motacilla citreola*), Gray-headed Swampphen (*Porphyrio poliocephalus*), Eurasian Moorhen (*Gallinula chloropus*), Eurasian Hoopoe (*Upupa*) and Oriental Skylark (*Alauda gulgula*).

Urban Sustainability Programme

Linkages with Academic Programmes

● Birding with the Students of the School of Human Ecology (SHE)

A group of the first year students from School of Human Ecology visited Dheerpur for birding on 15 December 2017. The students were led by team members of CUES. They recorded winter migratory birds such as Magpie Robin (*Copsychus saularis*), common chiffchaff (*Phylloscopus collybita*), white-wagtails (*Motacilla alba*) and some wetland birds like Sandpiper, Plover, Black-winged Stilt (*Himantopus himantopus*) and other.

● Orientation for the Students of the School of Design (SDes)

The Centre for Urban Ecology and Sustainability (CUES) conducted a one-day orientation for the II year students of the School of Design, Ambedkar University Delhi in Sanjay Van, a city forest close to JNU. This orientation was a part of their introductory course on Human Ecology. Apart from participation in a basic birding exercise and tree walk, students were given a brief introduction of Sanjay Van - its history, flora and fauna - as well as the challenges of managing urban green spaces in a city like Delhi.

Workshops and Seminars

- Vijaylakshmi Suman, Junior Research Assistant at CUES attended a Ecological restoration workshop organised by NCF at Valparai between 1-5 May 2017.
- Fizala Tayebulla, Junior Research Assistant at CUES attended a 5-day GIAN course on 'Geographies of Waste: Surplus Value, Surplus Matter, Surplus Humanity' conducted by Professor Vinay Gidwani held at Ambedkar University Delhi, Kashmere Gate between 19-23 Dec 2017
- Amit Kaushik, Junior Research Assistant at CUES attended the following events:
 1. Students Conference on Conservation Science 2017, Bangalore which facilitated the interaction with other researchers and scholars in the field of biodiversity conservation.

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2. International Biogeography Society Meet 2017, Bangalore where several talks and sessions on conservation biogeography, macroecology and paleoecology of the Indian plate were held.
 3. The 3-day Aravali Utsav where talks were held at the India Habitat Centre, New Delhi in November, 2017. The talks were centred on water security issues in the Aravallis, natural history of the region and ongoing restoration practices in the area.

Research Publications on Peer Reviewed Journals and Academic Conferences

- Dr Suresh Babu, Director CUES, was selected for a paper presentation at the 7th World Conference on Ecological Restoration organised by the Society for Ecological Restoration (SER) 2017.
- Mr. Shashank Bhardwaj and Ms. Sonali Chauhan, Research Assistants at CUES, were selected for poster presentations at the 7th World Conference on Ecological Restoration organised by the Society for Ecological Restoration (SER) 2017.

Outreach Programmes

- **Monsoon Plantation Drive**

On 19 August 2017, the Centre organized a Monsoon Plantation Drive at the Dheerpur Wetland Park (DWP), where participants were given an opportunity to adopt saplings of native plant species providing an opportunity to volunteers/participants to be part of DWP restoration effort.

- **CUES Webpage**

The official website of the Centre (cuesataud.wordpress.com) is a platform to share research blogs, updates of events, projects and other engagements of the unit. The website also provides a space for like-minded people to link with the Centre's activity and vision. In the year 2017-18, the CUES webpage was revamped to accommodate more content and

make the webpage more visitor friendly. At the end of 2017-18, the CUES webpage received a little over 8,000 visitors.

● CUES Blog

The CUES webpage consists of a section that is dedicated for blogs which proffers researched write-ups on issues relating to urban environment and sustainability. It is a forum for researchers to discuss papers, exchange ideas and comments on published content, with a view to build a peer group interested in urban ecology and its sustainability. In the year 2017-18, a total of 23 blog posts were uploaded to the CUES webpage.

Budget for CUES, 2017-18

Table 2 Year 2 is indicative of the funds allotted to the Centre for the year 2017-18

Proposal for Core Grant to CUES (FYP)									
S. No.		Unit Cost	No. of Units	Year 1	Year 2	Year 3	Year 4	Year 5	Total (in ₹)
A	Recurring								
1	Salaries								
i.	Director	Faculty (Additional Charge)							
ii.	Senior Research Assistants	35,000	2	8,40,000	8,40,000	8,40,000	8,40,000	8,40,000	42,00,000
iii.	Junior Research Assistants	25,000	5	15,00,000	15,00,000	15,00,000	15,00,000	15,00,000	75,00,000
iv.	Junior Office Assistants	15,000	1	1,80,000	1,80,000	1,80,000	1,80,000	1,80,000	9,00,000
	Total			25,20,000	25,20,000	25,20,000	25,20,000	25,20,000	1,26,00,000
2	Travel			1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	5,00,000
3	Contingencies			1,50,000	1,50,000	1,50,000	1,50,000	1,50,000	7,50,000
4	Consumables			1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	5,00,000
	Total Recurring (1+2+3+4+5)			28,70,000	28,70,000	28,70,000	28,70,000	28,70,000	1,43,50,000
B	Non-Recurring								
1	Research and Survey Equipment								
i	Survey and Research Equipments and accessories			3,00,000	-	-	-	-	3,00,000
ii	Workstation, Computers, Software and Peripherals			3,50,000	-	-	-	-	3,50,000
	Total Non-Recurring			6,50,000	-	-	-	-	6,50,000
	TOTAL (A+B) in ₹			35,20,000	28,70,000	28,70,000	28,70,000	28,70,000	1,50,00,000

Fig. 6 Budget, 2017-18 (refer to Year 2)



DR. B. R. Ambedkar University Delhi
School of Culture and Creative Expressions (SCCE)
Ambedkar University Delhi

‘Sites of Reading and Writing: The City in/& Literary Production’

Course Code: SCC2LA206

Title: ‘Sites of Reading and Writing: The City in/& Literary Production’

Type of Course: Literary Art Elective, Semesters 2 &4.

Cohort for which it is compulsory: None

Cohort for which it is elective: All

No of Credits: 4

Semester and Year Offered: Summer

Course Coordinator and Team: Anita E. Cherian

Email of course coordinator: anitacherian@aud.ac.in

Pre-requisites: None

Course Objectives/Description:

This course is concerned with two entities, the reader and the writer, and two activities, reading and writing, and their emplacement within the city. It will think about how we read and write the city. Given the vastness and the density of the subject, the course will eschew comprehensiveness for a judicious selection of questions and texts to be dealt with. A fundamental concern is the relationship between the city and the reader/writer, and in particular, how a city such as [New] Delhi figures in the reader/writer’s consciousness.

This course is conceptualized as a reading and writing workshop where we will work through the assigned readings, and, our own writing. The course will require students to write in situated ways about their experience of the city. The prescribed readings are intended to serve both as exemplars and as heralds of possibility. The course demands consistent student presence and absenteeism will not be tolerated. Students are expected to be attentive to the varied techniques

of writing the city. These texts are intended to direct attention to the many optics through which the city can be experienced and studied.

The course comprises an introduction and four intersecting thematic modules

- i. Introduction
- ii. Ways of being in and experiencing the city
- iii. Space
- iv. Time
- v. Movement and Mobility

Course outcomes:

- a) Enable students to understand the ethical and political questions raised by a deep engagement with the city.
- b) To enhance students' sensitivity to the economic, social and cultural diversity of the inhabitants of the city.
- c) To develop forms of self-directed learning and continuing research agendas.
- d) Introduce them to the various theoretical and historical modes of engagement with the urban in general, and the city of Delhi in particular.
- e) Encourage students to step outside the classroom in order to engage with urban spaces and with the micro politics of urban life.
- f) Create conditions wherein students learn to read and write in situated ways about embodied life in urban space.
- g) Enable students to learn more actively from each other through processes of deep listening, reading, experience and conversation.

Module based descriptions and readings:

1. Introduction: this segment introduces students to the course's core concerns and methodologies. The module discusses a variety of readings that engage with the contemporary city.

Readings: selections from the following:

The Cities of Everyday Life: Sarai Reader 02. New Delhi, Amsterdam: The Director, Center for the Study of Developing Societies, 2002.

Rana Dasgupta. *Capital: A Portrait of Twenty-first Century Delhi*. Delhi: Harper Collins, 2014.

2. Ways of being in/ experiencing the city: this module presents materials that consider the diverse ways in which urban subjects experience the city. Methodologically, the readings move fluidly between the experiential and the analytic.

Readings: selections from the following:

Aman Sethi. *A Free Man: A True Story of Life and Death in Delhi*. London: Jonathan Cape, 2012.

Georg Simmel. "The Metropolis and Mental Life," pp.1-9.

Mayank Austen Sufi. *No One Could Love You More*. Delhi: Penguin Books, 2012. Also his blog, The Delhi Wallah, <http://www.thedelhiwalla.com/>

Shilpa Phadke. "Unfriendly Bodies, Hostile Cities: Reflections on Loitering and Gendered Public Space," *Economic and Political Weekly*. (Vol. xlvi: No. 39). September 28, 2013, pp. 50-59.

Walter Benjamin. "Baudelaire" & "Paris, the Capital of the Nineteenth Century," in *The Writer of Modern Life: Essays on Charles Baudelaire*. Cambridge, Massachusetts and London, England: The Belknap Press of Harvard University Press, 2006.

3. Space: this module engages with the philosophy, politics, materiality and dynamics of space.

Readings: selections from the following:

Henri Lefebvre. *The Production of Space*. Oxford: Blackwell Publishing, 1991.

Rana Dasgupta. *Capital: A Portrait of Twenty-first Century Delhi*. Delhi: Harper Collins, 2014.

Setha Low. "An Engaged Anthropological Approach to Space and Place" (2014) in Jen Jack Geiseking and William Mangold *etal* ed. *The People, Place and Space Reader*. New York: Routledge, 2014.

Stephen Legg. *Spaces of Colonialism: Delhi's Urban Governmentalities*. Oxford, UK: Blackwell Publishing, 2007.

Walter Benjamin. *The Arcades Project*. Cambridge, Massachusetts and London, England: The Belknap Press of the Harvard University Press, 1999.

4. Time: this module deals with ideas of time and historicity in relation to the city. The module gives students a conceptual and historical lens through which Delhi's past can be thought through.

Readings: selections from the following

Mahmood Farooqui. *Besieged: Voices from Delhi 1857*. New Delhi: Viking, 2010.

Saskia Sassen. "The city" Its return as a lens for social theory," in *City, Culture and Society* 1(2010): pp. 3-11.

Sunil Kumar. "The Pir's Barakat and the Servitor's Ardour", in Mala Dayal ed. *Celebrating Delhi*. New Delhi: Penguin Books, 2010, pp. 47-75.

William Dalrymple. *The City of Djinns: A Year in Delhi*. Delhi: Penguin. 1993.

5. Movement and Mobility: this module looks at movement in the city in terms of the conditions and constraints under which citizens and subjects move through urban space.

Readings: selections from the following

Gautam Bhan. *In the Public's Interest: Evictions, Citizenship and Inequality in Contemporary Delhi*. New Delhi: Orient Blackswan, 2016.

Hagar Kotef. 'Movement,' *Political Concepts: A Critical Lexicon*.

<http://www.politicalconcepts.org/movement-hagar-kotef/>.

Iain Sinclair. *Lights out for the territory*. London: Penguin, 1997.

Rashmi Sadana. 'On the Delhi Metro: An Ethnographic View,' *EPW* (Vol. XLV: No. 10), November 13, 2010.

Sam Miller. *Delhi: Adventures in a Megacity*. Delhi: Penguin Books, 2008.

Instructional design and evaluation: reading, writing and discussion, field trips to sites in Delhi which are of significance to the student. Each student is required to engage deeply with a particular site that then becomes a site of presentation to the cohort and the subject of the term paper.

Assessment structure and schedule: Besides a component for presence and participation, the course will have three assessment situations, a presentation of either the elaboration of a concept, or the introduction of a particular urban space, via a fieldtrip, a response paper which engages with any two readings and a final term-paper.

- i. Class Presence and participation: 20% (this includes physical presence in class, engagement with reading, willingness to write and discuss one's writing).
- ii. Presentation: 25%
- iii. Response Paper: 25%
- iv. Term Paper: 30%

Readings: See above



Govt. of West Bengal
Directorate of ICDS Schemes
Shaishali Complex, Salt Lake, Kolkata – 700 064
Ph.: (033) 2359 3786 / (033) 2359 3787 + Fax: (033) 23580160 [e-mail: icdswestbengal@gmail.com]



No. 1194 (12) /ICDM-Dte

Date: 18th June, 2018

From: Sri N. G. Hira, IAS
Director of ICDS
Shaishali Complex,
Salt lake city, Kolkata-700064

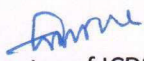
To: The DPO (ICDS)
(Darjeeling, Kalimpong, Jalpaiguri, Alipurduar, Coochbehar, Uttar Dinajpur, Malda, Dakshin
Dinajpur, Nadia, Murshidabad, Birbhum, North 24 Parganas)

Sub: SRG refresher training at Birbhum
Ref: Letter no. 290 (23)/ICDM-Dte dt. 09-02-2018

Refer to the letter mentioned above on Training of Anganwadi Workers on ECCE, this is to inform you that a list of 100 State resource Group members (SRGs) have been prepared for the purpose of above mentioned training. A Residential Refresher workshop for this group will be held in two batches. The first batch of this workshop is proposed to be held at Birbhum, preferably at Bolpur from 4th July to 7th July 2018. 51 participants have been selected for this workshop. List of the participants is attached herewith. The details of venue will be intimated through mail in due course.

In this regard you are requested to depute the trainees as mentioned in approved list from your district to attend the residential workshop.

Attachment: As mentioned above.


Director of ICDS
West Bengal

LIST OF ECCE SRG MEMBERS for 2018-19 AWW Training Phase I

DISTRICT	NAME AND/OR DESIGNATION	Project/Dist & Contact
Darjeeling	Shri Rajkumar Modi, CDPO-in-charge	Siliguri, 9434444200
	Smt. Babita Yalmo, Supervisor	Kursheong, 9434351091
	Smt. Pema Dukpa, Supervisor	Mirik, 7407268058
Kalimpong	Smt. Dichen Nima Bhutia, CDPO	Kalimpong I, 9800322699
	Shri Norbert Lepcha, CDPO-in-charge	Gorubathan, 8670132319
	Smt. Diki Simik, Supervisor	Kalimpong I ICDS 9832077711, 9830137478
Jalpaiguri	Shri. Pijush Saha, DPO	Dhupguri 9832335527
	Shri. Sandip kumar Dey, CDPO	Nagrakata, 8670585431
	Shri Macdalene Lepcha, CDPO	Falakata
Alipurduar	Shri Mithun Burman, CDPO	Alipurduar I, 9800517603,
	Shri Debabrata Sarkar, CDPO-in-charge	Alipurduar I
	Smt. Behula Roy, Supervisor	Haldibari, 9734152807
Coochbehar	Shri. Harekrishna Roy, CDPO	Dinhata I ICDS Project, 9434973799
	Smt. Sumita Chakraborty, Supervisor	Mathabhanga II, 9800488416
	Smt. Mamata Roy, Supervisor	Mathabhanga II
	Smt. Papiya Adhikary, AWW	ITAHAR 9932508845
Uttar Dinajpur	Shri Sandip Chakraborty, CDPO	Kaliagunj
	Shri Kaustav Dasgupta, CDPO	Hemtabad
	Shanti Das, Supervisor	Habibpur,
Malda	Shri Nilanjan Biswas, CDPO	Bamongola
	Shri Pankaj Biswas, CDPO-in-charge	Kaliachak III, 9474793810
	Smt. Susmita Saha, Supervisor	Gazole
	Smt. Kathika Khan, Supervisor	Englishbazar Old Urban
	Smt. Anjali Burman Paul, Supervisor	Kumarganj, 9474851320
Dakshin Dinajpur	Smt. Alpana Das, CDPO	Hili
	Smt. Pratima Barman, Supervisor	Tapan
	Smt. Sankari halder, Supervisor	Nabadwip Rural, 9163187587
Nadia	Shri Himadri Sekhar Ghosh, CDPO	Karimpur, 9433395043
	Shri Mukul Mistry, CDPO-in-charge	Shantipur, 9831382193
	Md. Moinuddin, CDPO-in-charge	Krishnanagar-I 9732558435
	Smt. Sumitra Tikader, Supervisor	Jiagunj
Murshidabad	Shri Tapan Sil, CDPO	Suti 9733973360
	Smt. Shefali Kuri, Supervisor	kandi
	Smt. Manasi Chatterjee, Supervisor	Jalangi
	Smt. Kalpana Santra, Supervisor	Madhyamgram-New Barrackpore
North 24 Parganas	Shri Goutam Das, CDPO	Basirhaat I
	Smt. Purnima Biswas CDPO-in-charge	Dumdum
	Smt. Simi Mitra (Dutta), Supervisor	Habra II
	Smt. Baby Jana Supervisor	Gaighata
	Smt. Pratyusha Chatterjee- Supervisor	Madhyamgram-New Barrackpore
	Smt. Tripti Sarkar - Supervisor	Basirhat (U)
	Smt. Tapashi Sarkar - Supervisor	Gram Seva Sangha, Unit-
	Smt. Saswati Halder, Principal, AWTC	Ramkrishna Vivekananda Mission,
	Smt. Jayasree Bhowmik, Principal, MLTC	Basirhat (U)
	Smt. Firoza Bibi AWW	Madhyamgram-New Barrackpore
Birbhum	Smt. Padmini Chakraborty, AWW	Labpur
	Shri Moidul Islam, CDPO	Dubrajpur
	Shri Prabir Biswas, CDPO	Bolpur 9474413960
	Smt. Mousumi Sarkar, Supervisor	Suri II, 9564297742
	Smt. Aruna Chakraborty, Supervisor	Illambazar

Annu
Director of ICDS
West Bengal

