

Looking Back and Forward



KOLKATA
SaneD
Empowering Lives through dance

Kolkata Sanved

Impact Evaluation Report

Facilitated by

Anuradha Rajan

Tejinder Singh Bhogal

Supported By

Paul Hamlyn Foundation



Healing sexual trauma the Kolakata Sanved (KS) way - key results of a recent evaluation (2017)

KS has pioneered the use of dance movement therapy (DMT) in healing trauma and distress primarily among women, adolescent girls and children. And it has done so by creating a unique set of highly skilled professional DMT practitioners who were themselves, once, victims of trauma and exploitation.

KS has honed DMT into a profession by establishing core principles for its practice, expanding its repertoire of tools, developing a well articulated manual, providing a diploma course in DMT along with a credible academic institute (TISS) and focusing on continual skill up-gradation of tools and trainers.

The Sampoonnata model of healing, a unique contribution of KS, is a movement based therapy that addresses all levels (specifically physical, emotional, cognitive and sexual), at which individuals can become well adjusted and fulfilled

KS develops customized DMT sessions based on observation, needs assessment with target groups, analysis and documenting of results.

According to a sex trafficking survivor “Whatever gets fixed in our hearts (about ourselves) whatever is good, bad, we carry this..... In my mind something had gotten fixed about myself that I am removing through DMT. It was stopping me from moving forward... I could control my mind (using DMT). The world I had created for myself earlier, I came out of it. I feel free”.

A core strength of KS has been effective healing of survivors of sexual trauma. Their modules on working with survivors of sex trafficking are the result of strong formative research and keep going through iterations from time to time to make them more relevant. KS has generated credible evidence on the effectiveness of DMT with survivors of trafficking through a rigorous research study.



Survey results with alumni of the TISS Academy show the spread of DMT from settings for adolescents and women to the elderly, children with special needs and mentally challenged populations.

KS has a strong culture of reflection and analysis, evident in continual efforts to measure its effectiveness, establish monitoring systems, document stories of change and develop a theory of change

KS is acutely aware that it should invest in ‘healing of the healer’ for DMT practice to remain effective. A clinical psychologist holds personal growth sessions and helps resolve deeper level emotional conflicts. In addition, all those present are required to participate in a movement sessions daily, as a form of self-healing. These measures speak very highly of the ethics of their practice

The organizational culture of KS promotes creativity, learning and art. Above all, it is a caring space: monitoring program quality is strongly complemented by informal tracking of energy and motivation, and alignment to the values of KS.

Table of Contents

I. Executive Summary	6
II. Context and background	15
III. Objectives of the evaluation	15
IV. Methodology	16
V. Findings and insights	16
A. Evolution and growth	17
1. Driven by a strong sense of purpose	17
2. Establishing a Profession: adopting principles of practice	17
3. Various tipping points for KS.....	18
4. Advocacy for DMT using traditional and creative forms	18
5. Going beyond DMT.....	20
6. Valuing the Profession through constant skill up-gradation.....	20
7. Integrating Other Art forms into DMT.....	21
B. Insights related to KS's approach to healing and well being.....	21
1. The marginalized emerge as change leaders	21
2. The strengths of trauma survivors as healers	22
3. On the flip side.....	23
4. DMT as a self employment option.....	24
5. DMT in multiple settings	24
6. KS's outreach is institutional.....	25
7. Sampoonata as a unique, culture specific developmental model of well being.....	26
8. Customized DMT modules.....	27
9. Relevance of KS's therapeutic intervention.....	29
10. Partnerships forged by KS.....	29
11. KS's engagement with gender equality	31
C. Insights related to KS's Impact and contribution	34
1. The spread of DMT into varied settings.....	35
2. Impact of DMT on practitioners	36
3. DMT begins by and continues healing the healer	39
4. Evidence of impact on survivors of sex trafficking.....	40
5. Evidence of impact on other constituencies.....	41
6. DMT plus	43
7. Monitoring results - effective initiatives and challenges	43
D. Organisational systems.....	45
1. The Core Team:	45
2. Structure and Processes	46
3. Culture:	50
4. Staff Retreats	51
5. Of Revitalizing Staff, and improving Communication:	52
6. The Role of the Board	53
7. Do Formal Policies reflect the Values of the Organization – maternity benefits	54

E. Possible Future for KS	58
1. The current Vision and Mission of KS	58
2. The Business Plan document of 2015-2020.....	58
3. Expanding the Vision of KS.....	59
VI. Key Recommendations.....	61
Annexure 1 The Broader Developmental Scenario	67
Annexure 2 Organizational Structures and Coordination mechanisms	68
VII. End Notes	69

The Past and Future of Kolkata Sanved's Interventions: An Assessment

I. Executive Summary

Background

1. Kolkata Sanved (henceforth referred to as KS in the document) has commissioned an evaluation of their programmatic interventions and organizational processes. This was done with a view to understand how transformational has its work been with survivors of violence and whether its organizational processes have facilitated the achievement of its goals.
2. The methodology adopted for the evaluation was participatory and used as an opportunity for organizational reflection and analysis. It included a mix of workshops, FGDs, interviews and field visits to project sites. Organizational documents were perused closely.

Evolution and growth

Tillotama, senior DMT practitioner and founder member of Kolkata Sanved uses movement to show their evolution as an organisation.



3. Kolkata Sanved has carved a niche for itself in the field of mental health and well being. Using Dance Movement Therapy (DMT) it has facilitated healing of trauma and distress primarily among women, adolescent girls and children. KS is driven by a very strong sense of purpose and commitment, which shone in the deep engagement shown by every staff member with the evaluation process.
4. Born out of Sohini Chakraborty and her team's deep passion for promoting dance as a therapeutic vehicle, KS has pioneered the use of DMT as a creative tool for healing survivors of trauma, especially sexual violence.
5. KS's evolution saw several tipping points which have defined its character, the first one being the transformation of DMT trainees into trainers and practitioners themselves. The second one was when KS set itself up independently and the core

team of senior practitioners as founders had to deal with an organisational structure and more formal roles. Building DMT as a profession by establishing its own principles and ethics of practise, advocacy about DMT with NGOs and the Government, public performances, a growing cadre of skilled DMT practitioners and building academic credibility for DMT through its collaboration with Centre for lifelong Learning (CLL) - Tata Institute of Social Sciences (TISS) Mumbai have been other tipping points in establishing the reliability of DMT as a valid mental health intervention.

6. KS has expanded its repertoire of tools for trauma healing to include internationally accredited empowerment workshops through the Empowerment Institute. This is a tool which can not only enhance KS's engagement with new ways to empower trauma survivors but also a provide a platform for integrating DMT into other similar initiatives.

Insights related to KS's approach

7. A truly amazing feature of KS's evolution is a conscious choice to facilitate the growth of DMT practitioners from among the populations being targeted by DMT. This move is informed by the principle of empowerment, a core tenet of KS's work. Due to this, the stake of the core team has also been very high. This has also translated into deep empathy and a keen understanding of what will work in resource poor settings.
8. However, this also means practitioner's carry their own baggage of vulnerability and insecurities as survivors into their role as employees. This has often given rise to tensions between externally hired management staff and senior practitioners, with the latter feeling that management plays a policing rather than a collegial role.
9. The Sampoonata model of healing is indeed a unique contribution of KS. The reading of the evaluators about what the Sampoonata model means is that it is a movement based therapy that addresses all levels at which individuals can become well adjusted and fulfilled - physical, emotional, cognitive and sexual.
10. Some of the distinct features of the Sampoonata model seem to be:
 - Addressing the individual in their context, sensitivity background, comfort level, and specific forms of vulnerability of participants.
 - It is built around what is viable in resource poor settings.
 - The DMT sessions are conducted by those with a shared experience of pain – survivors as healers
 - It is non clinical, is not used as a diagnostic tool or in a treatment mode.
 - Indirectly addresses the practical issue of livelihood and economic stability
11. KS has customized its DMT sessions for different target groups, which is a very positive aspect of their programming. There is a conscious effort to carry out a needs

assessment, document the results and use the observations and findings to develop a customer specific programme.

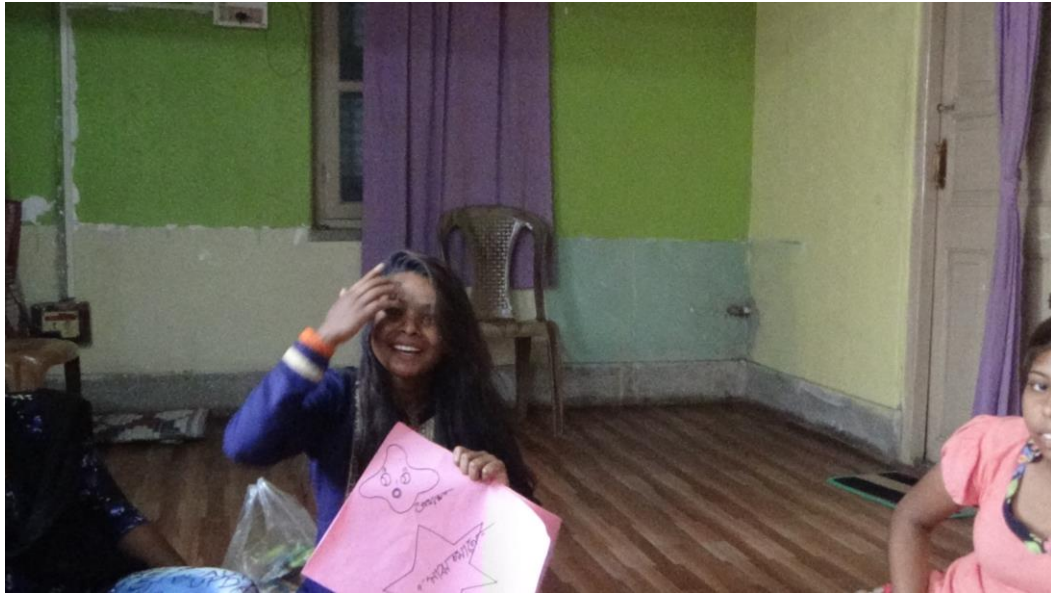
12. One of the core strength of KS is their deep understanding of healing survivors of sexual trauma. Their modules on working with survivors of sex trafficking are the result of strong formative research and keep going through iterations from time to time to make them more relevant.
13. An additional strength of KS's approach is the positioning of DMT as a livelihood option for those promoting it. Trainees are encouraged to start their own DMT practise wherever possible. This has contributed to keeping KS lean and nimble.
14. KS's DMT sessions with girls in CCIs (Child Care Institutions) seem to be very successful in 'unfreezing' old thought patterns such as low self esteem, emotional isolation and despondency, loss and despair. However, their role in offering support in experimenting with new behaviours and consolidating the change is not as clear or pronounced.
15. KS's intervention space has increasingly focused on institutional settings. Though there are valid reasons for the same, it has meant KS addresses individuals more than the eco-systems that they are part of. Their work is more community focussed rather than strictly community based, though it is articulated as such.
16. KS's engagement with the issue of gender equality seems to be more at an instinctive level. There is a perceptible gap in two areas, a) being more attuned to how gender operates in daily life and its linkages with structural forms of disempowerment and b) translating this understanding into concrete steps/activities that can be incorporated into the existing DMT sessions. Though an effort has been initiated in this direction, there is no clear plan yet that is evident.
17. KS's sphere of influence is strongest with their client groups, long term donors and state government officials. At a more local level, whether it is takers of institutions or district level officials the influence is mediocre.

[Insights related to KS's impact and contribution](#)

18. The impact of KS's interventions are visible at two levels:
 - a. The spread of use of DMT from KS's core constituency of women and adolescent girls to various other populations. Not only is DMT being used increasingly by trainers working in institutions for adolescent girls, survey results show it is also being applied in settings for the elderly, children with special needs and mentally challenged populations.

- b. The transformation it has led to among DMT participants, in the form of enhanced self esteem, increased self-confidence, articulation and the ability to aspire for a better future.
19. The diploma programme on DMT that KS offers jointly with CLL-TISS is a significant milestone because it has placed DMT in the realm of academic rigour and recognition. Called the Academy, what began as a certificate course has now become a full fledged diploma course, which is an indicator of its effectiveness.
20. The evaluation study conducted with girls rescued from trafficking clearly establishes the effectiveness of DMT in the empowerment of survivors of sexual trauma. Recounting her experience of DMT, a sex trafficking survivor shared, “Whatever gets fixed in our hearts (about ourselves) whatever is good, bad, we carry this. And this gets fixed in our mind. In my mind something had gotten fixed about myself that I am removing through DMT. It was stopping me from moving forward. Second, I could control my mind (using DMT). The world I had created for myself earlier, I came out of it. I feel free”. Another survivor has spoken about how DMT sessions have helped her focus on the present and not let her mind dwell on the trauma.
21. The impact assessment study on trafficking survivors is an important contribution towards building evidence on the effectiveness of DMT.
22. Similarly, feedback from girls trained under the training of trainers (TOT) programme, both in the previous batches and the current batch highlights many positive results. Although the sample size is very small – 13 of 26 girls– the evaluation results of 2014 show a definite increase in self confidence and the ability to negotiate with parents about their life decisions. The current batch of TOT participants shared that the course helped them discover a sense of purpose beyond mundane activities; that it had helped them become confident, articulate and expressive. According to them, “this DMT means something else- movement is there, you can help each other....we can change people through this class. It’s not only dance, it is discipline; focused on individual change. Girls get more respect here”.

Asmeera khatoon below has drawn a picture to show she has changed from being angry all the time to aspirations of a happy and better future, due to the DMT TOT course.



Suparna Dey, from the TOT current batch drew this picture to show she feels after 8 months in the DMT course.

23. A survey carried out with alumni and current students of the KS-CLL- TISS diploma programme shows very positive results. All respondents (N=19) have reported experiencing personal change and using what they learnt in their practise as mental health professionals. One of them has shared that DMT has taught her to be more accepting of her own self. “I feel more comfortable in my body, I feel more empowered as an individual. I learned that acceptance of self is the most important thing for any person and I myself experienced the calmness that comes with this knowledge.”

Academy students participating in a FGD with the evaluator



24. KS has made conscious efforts to document various activities and processes that highlight lessons learnt and successes. This is an organisational strength as KS is able to capture institutional memory through this process and also produce an evidence base for its claims to success.
25. The organisation's culture of reflection and analysis is evident in various efforts to measure its effectiveness, establish monitoring systems, document stories of change, detail out a theory of change and use formative research to design modules. This is a very positive aspect about KS - there is a very open, contemplative attitude among all staff.
26. KS has attempted to develop a theory of change, which is creditable but falls short of articulating clear outcomes. Similarly, the business plan mentions metrics and indicators but these have to be consistently developed for all strategic goals. Systematic tracking of progress against the business plan also requires considerable strengthening.
27. Recent analysis of trends emerging from the monitoring of CCI participants seem inconclusive as there are too many variations among markers of progress among and within institutions.
28. The current system of eliciting end of the session feedback from DMT participants is well suited to assess training reactions but not effectiveness. It needs to be backed by a more robust process on personal reflection and analysis of change.

Insights related to organisational systems

1. The core group of founding members represent the 'heart' of KS whereas the management team that was hired later and handles managerial responsibilities maybe

seen as the 'mind'. There is a simmering wariness among the senior practitioners about the perceived difference between them and the senior management.

2. The response of the organization has been to formally upgrade them by making them part of the Senior Leadership team, along with the other Managers and the Director.
3. What has got created, organically, is the best possible structure for KS: a hybrid between a professional bureaucracy and an adhocracy, in which creativity linked decisions are taken by practitioners and managerial staff report to senior managers but also to coordinators or senior practitioners for workshops or public performances. It is also important to note that adhocracy - and even the operating core part of professional bureaucracy operates best when they use the coordination mechanism of mutual adjustment.
4. The accountability for programme quality is monitored closely by the Director and the Programs Manager, during detailed monthly programmatic discussions as well as other, ad-hoc discussions taking place during the month
5. Administrative and programme quality monitoring is strongly complemented by informal tracking of energy and motivation, and alignment to the values of KS.
6. The organisational culture of KS promotes creativity, learning and art. Above all, it is a caring space. Lunch is prepared for all at the office to reduce the burden of carrying lunch. New trainees are scolded affectionately if they are not having their lunch. When someone is ill, one of the Manager takes off time to take her to the hospital.
7. The formal policies of KS were found to be quite exhaustive, simply and well articulated, and in keeping with their core values.
8. At the same time, two areas that require reworking are performance planning and review as well as clarity of difference between job description and role description. The Job Description is individual rather than organization oriented; it is also activity rather than role oriented. This gap is also reflected in the appraisal system.
9. KS is acutely aware that it should invest in 'healing of the healer' for DMT practise to remain effective. A clinical psychologist holds personal growth sessions and helps resolve deeper level emotional conflicts. In addition, all those present are required to participate in a movement sessions daily, as a form of self healing. These measures speak very highly of the ethics of their practise.
10. The Board of KS bring together a mix of academicians and programme designers. They have played a very constructive role by offering the right mix of being engaged yet remaining hands off.
11. A more recent articulation of their vision reflects a shift in KS's focus from just looking at DMT promotion and individual empowerment to larger social changes around gender equality and justice. Our understanding is that the above has not

happened suddenly, it has stemmed from a recognition of the larger social change agenda they are actually aspiring for. This is appreciable. However, in order to move in this direction, KS would have to experiment with integrating dialogues on exclusion and marginalisation more consciously in their programmes. This will require a great deal of creative experimentation, which is a strength of KS.

Recommendations

12. The evaluation strongly recommends core funding support for KS for a period of at least three years to help consolidate its gains and develop a more sustainable model of growth. In the coming phase, KS needs to consolidate its expertise in DMT, its wisdom and knowledge base in a much more focused manner. This would include enhanced focus on networking, alliance building, widespread dissemination of DMT, policy advocacy, generating evidence about the efficacy of DMT in various settings using rigorous operations research and a much stronger focus on monitoring and evaluation. The process of consolidation also implies that KS groundsits practise in a well articulated model of individual and broader social change, and identifies its role in this process. .
13. The Centre of excellence (COE) is a very good step towards consolidation of KS's experience and requires much greater clarity and articulation in terms of first what KS means by a COE (how is it being defined), how it will be set up, how will it function and what will it achieve.
14. Currently KS is very strong in 'unfreezing' behaviours that are limiting and even dysfunctional. However, they need to think of ways to strengthen their role in offering support in experimenting with new behaviours and consolidating the change of 'refreezing'
15. Building a solidarity group that sustains the changed behaviour and offers support from slipping back into old behaviours and ways of thinking is a time tested strategy for 'making the change stick'.
16. Clear markers of transformation and empowerment in specific, concrete, behavioural terms need to be articulated.
17. Converting DMT as a livelihood option requires that participants also be capacitated in simple financial management, marketing and basic financial literacy. Currently these components are absent from the curriculum.
18. DMT practise as a viable livelihood option can become more 'real' if the idea is backed by a concrete fellowship programme wherein promising, entrepreneurial TOT participants are selected and supported to run a DMT centre in their communities for a specific period of time. Such a move will help establish the feasibility of turning DMT into a economically lucrative option.

19. KS needs to become more cognizant of ways to advocate with/influence sub systems and individuals who have a bearing on the sustenance of the changes in DMT participants (e.g. takes and providers in Institutions, schools, others of the Institution etc.).
20. Having established its mastery over DMT for change KS is in a good position to integrate other forms of art based therapy such as painting, crafts and drama into the Sampoonata model as well as counselling support.
21. It is essential for KS to move its monitoring and measurement of success, to the level of transformation that is, sustained changed behaviours.
22. There is a simmering tension between the senior practitioners/coordinators of the organisation and the management team which could be resolved by:
 - a) Greater openness and communication about the role of the management team as well as the challenges embedded in this role
 - b) Facilitating the senior practitioners enhance their own managerial skills, for instance of planning, giving feedback, financial management etc.
 - c) Ongoing reflection on how each set of functions in KS supporting the other to achieve the goal of the organisation
23. Over time, KS has evolved a highly appropriate organizational structure for itself: a cross between a Professional Bureaucracy and an Ad-hocracy. Here it may be noted that the Ad-hocracy structure, which violates many of the tenets of classical management such as unity of command, is highly suitable for innovative organizations such as KS. However, what is needed here is a greater awareness within the organization about the implications of following the structure that it has. It implies that the organizational members need to be prepared to live with some ambiguity, and should be able to work with organic coordination mechanisms such as mutual adjustment.
24. There is a need to shift from an approach of rigid Job Descriptions (JDs) to a more fluid understanding of roles.
25. Group counselling sessions should be supplemented with personal counselling sessions.
26. In order to meet its growing aspiration to set a broader change agenda, KS needs to invest in systematic capacity building on issues of exclusion and marginalisation.
27. The evaluation points to the need for enhancing the human resources of KS to include staff who can specially focus on M&E, advocacy and fund raising.

II. Context and background

KS came into existence in 2004 as an organisation pioneering the use of Dance Movement Therapy (DMT) as a tool to build self worth and agency of women and girls facing physical and mental trauma. They work in varied settings with mobile and institutionalised populations, to build their sense of self worth and efficacy. A novel approach facilitated by KS has been building Sampoonata or a sense of fulfilment among their clients, so that they can move from becoming survivors to healers.

An impact assessment of their work was carried out in 2013 and examined the success achieved by the organisation, how effective its strategies have been, challenges faced and areas of strengthening. The impact assessment has noted the need for greater conceptual clarification, capacity building among staff and a more structured programme design, to increase the effectiveness of KS's work. The strategic plan (2015-2020) of the organisation focuses on carrying forward the DMT approach by creating a centre of excellence, fostering innovative models which use DMT and deepening its DMT training curriculum by introducing more elements.

While the impact assessment and strategic plan have pointed to areas for future growth and development, KS has felt the need for a more comprehensive evaluation of its interventions and organisational structure and processes, and to situate it in a broader developmental context. Such an evaluation was planned to surface gains and gaps in the impact created by KS, generate forward looking recommendations for its growth, expansion and sustainability.

III. Objectives of the evaluation

The evaluation examined the following areas:

- The evolution and growth of KS
- The current model of change being adopted by KS; key strengths and gaps in the context of its goal and change agenda
- The effectiveness and contributions of KS's interventions
- The alignment of its organisational structure, processes, policies and systems to its current goals and strategy.
- Preparedness of the organization to innovate and diversify

Each area was broken down into a set of questions to explore the theme in-depth.

IV. Methodology

The evaluation adopted a participatory and inclusive approach. It sought to be analytical rather than descriptive. This meant that the evaluation tried to surface lessons learnt and examined reasons for success (or non-success) along with directions for future growth. Therefore the evaluation focused more on the why rather than what and how. (though, in practice, some aspect of what and how did get covered.)

The specific tools adopted by the evaluation were:

1. Reflection and analysis sessions with project staff using workshop mode (specifically around the theory of change, how the organizational members view themselves, mapping of stakeholders and degree of influence as well as achievements and challenges)
2. Interviews with DMT participants
3. Group interactions with DMT instructors/ counsellors.
4. Key Informant Interviews with stakeholders who form the circle of reference for KS. This would include with those who have used DMT, can potentially use DMT as part of a planned process of social change.
5. Interviews with key staff members

The evaluation also reviewed key organisational documents, reports, policies and background papers. Some of the material was also referenced from the net. The evaluation team held discussions with key representatives from other NGOs, faculty from TISS and other mental health experts to assess the value add of the work being done by KS.

V. Findings and insights

Insights pertaining to each of the thematic areas examined by the evaluation have been divided into five sections:

Section A has delineated some of the key milestones and processes in the evolution and growth of KS. They are not chronological but reflect significant steps that have influenced the emergence of DMT as practiced by KS.

Section B examines the approach and strategy adopted by KS in achieving its goal. It analyses strengths as well as weaknesses of the KS model of survivors as healers; highlights the uniqueness of the KS's approach and also flags concerns around KS's gender focus.

Section C has assessed the contribution of KS to well being using DMT. It examines the various levels at which the impact is visible and also highlights the strengths and gaps in KS's approach to measuring change.

Section D looks at the appropriateness (or otherwise) of the organizational systems being followed by KS. Are these systems in line with what KS wants to achieve, or do some parts come in its way.

Section E assesses the Business Plan document in line with the existing vision and mission of KS. It then looks at what needs to happen in the light of the evolving thinking of KS with respect to its own vision and mission.

A. Evolution and growth

1. Driven by a strong sense of purpose

KS was born from Sohini Chakraborty's deep passion for promoting dance as a therapeutic vehicle for personal transformation. She was part of Sanlaap (an NGO), in the beginning of her career, as a Dance Movement Therapy (DMT henceforth) practitioner and started using dance movement with women and adolescents affected by trauma due to trafficking, sexual violence and other forms of abuse. Slowly several changes became evident in the groups she was working with convincing her further of the value of this form of therapy. Initially a separate platform for dance movement operated under the aegis of SANLAAP. However, when she became an Ashoka fellow the idea of setting up a platform such as KS took concrete shape. By then the first batch of DMT practitioners trained by Sohini had become highly skilled and they together with Sohini set up KS in 2008. The core team of KS therefore emerged from those very marginalized populations that DMT was aimed at.

2. Establishing a Profession: adopting principles of practice

The first part in developing DMT as a profession was to develop the principles around which to make it work, as well as the skills to ensure that the principles got used in a way that benefitted participants - trafficked girls, children in Institutions etc.

- Some of the General Principles adopted include creativity, constructive and positive thinking, process oriented systems which encourage participants to focus on the process rather than worry about 'dance' or 'performance';
- DMT sessions have a clear set of objectives. These include using dance and movement as a medium to increase emotional expression and confidence, building a positive self image, reducing negativity or defeatism and increasing the level of comfort with body and mind.
- A clear set of Dos and Dons which each DMT practitioner has to adopt. Examples of Dos include: explain rationale behind each activity, be empathetic to all, be energetic, be supportive and a good listener. Examples of Don'ts include: Punish any participant or order a participant to leave a class; be abusive or offensive in either actions or words; give negative feedback to participants; express irritation, depression or anger in class.

- In addition, recognizing the limits of DMT as a profession, the facilitators are also told that there should be no observers in such sessions (unless specifically agreed to before); and if there are serious problems (e.g. of a psychiatric nature), they should immediately contact KS, so that a solution could be found.

KS also tried to gain formal recognition for DMT by collaborating with Centre for Lifelong Learning (CLL)- Tata Institute of Social to launch a certificate course, and course that was later transformed into a one year long Diploma course. Students of the course spend as many as 660 hours doing formal course work - of which 300 hours focuses on practice.

3. Various tipping points for KS

The first tipping point for KS took place when its first batch of trainees -young women and girls who had been participants in DMT trainings - became trainers themselves. This shift was a challenge because being a trainee and a participant has very different sets of demands. A trainee is involved in herself - her struggles, the joys of discovery as she learns how to unlock and use her emotions. She is not concerned with others.

As a trainer, though, there is a huge shift. Now, the concern is with the other; and not just a single other but a group of others. As a trainer she has to be mindful of the participants, the group, the technique of providing the training, as well as her own well being and stance. As a trainee she could have afforded 'not being in the mood': as a trainer, she has also to respond professionally to time schedules and commitments. This shift is a challenge for anyone, but was doubly so for people who come from a background of having faced violence and ostracization, and of having got into patterns of rebelliousness and withdrawal.

Another aspect of the tipping point was the need to convince the development sector and other civil society organizations to buy into the importance of well being through DMT. This required that the trainers had not only handle the trainings competently, they also needed to work with, and convince the organizations that were working with. This change came about slowly.

Three years ago, a third tipping point was the evolution of the original core team into becoming a part of the senior management and leadership team. Thus, Srijia became in charge of the work with a host of various government and non government Institutions, Jhulon was in charge of the training of trainers component, Tillotama was made in charge of performances and public events and Sabita began handling logistics. The older trainers also assumed a mentoring role with younger trainers as kind of mentors.

4. Advocacy for DMT using traditional and creative forms

One of the most significant advocacy initiatives by KS has been a national level summit on future directions of DMT. Held on April 26, 2016, KS, in partnership with Paul Hamlyn Foundation and Max Muller Bhavan, the objective of this summit was to explore linkages

between DMT and other creative art therapies and provide a platform for the practitioners of various creative art therapies to share their insights and experiences.

The summit included panel discussions on the history of DMT and global approaches around DMT. A range of practitioners including Tripura Kashyap (Bhoomika) - who practices DMT (has used it as part of her Ashoka fellowship), and Ambika Kameshwar (who uses a classical dance form called Theatre for Holistic Development, developed by her for the visually impaired) shared their experiences. A study on how DMT has succeeded in reducing trauma in children was also disseminated. The Summit Report, while an interesting document in its own right, also indicates the effort KS is making in advocating for, and placing, DMT within a larger national narrative on healing and recovery.

The Dance for Revolution is another advocacy tool used by KS to break the silence around violence against women. This is a large scale public event which utilises the power of dance to create awareness and dialogue on VAW. Famous advocates of women's rights such as Eve Ensler and Mallika Sarabhai have lent their support and presence to this event.

Among the more traditional ways of advocacy has been utilising the expertise of interns - usually from foreign universities - to undertake research, documentation and other supportive roles. In this context, a recent initiative by KS deserves attention. Led by an intern, this initiative is called "feel the difference, make a difference". Under this programme, a group of 6-8 senior members from the corporate industry are invited to participate in a DMT session and make a contribution. This has been well received so far and has become a small but important source of both advocacy and fund raising for KS.

A third element of advocacy has been influencing the Government (starting off with the Government of West Bengal) that DMT is the appropriate technique to use at child institutions.

The work with the Government has had a long history. Directorate of Social Work in 2007 to obtain permission to work with the Govt run homes. This permission was obtained after almost a year long effort: the Govt. gave KS the go ahead to work in Murshidabad and Cooch Behar. After obtaining the permission, and starting the work, Sohini (and later, Samita) would make it a point to meet the Director, the Principal Secretary, the District Magistrates and the District Social Welfare Officers to update them about the work taking place, and requesting them to come and have a look. (It is interesting to note that the Govt. didn't fund this work - they simply gave 'permission'. It was only in 2010 that KS could obtain funds for this work from Paul Halmyn Foundation).

The constant work at the homes, and updating the relevant authorities has had its impact. For this year, instead of calling mainstream schools to perform at the annual Kanyashree celebrations on July 28th (Kanyashree is a program sponsored by the West Bengal Governmentⁱⁱⁱ), they have asked KS to organize a performance by the s of one of the Govt. homes.

Among the many advocacy efforts being taken up by KS is continuous engagement and capacity building of providers of government child institutions. Currently KS is planning a needs assessment with providers of 10 government supported care institutions, which will be used to design customised interventions for them.

5. Going beyond DMT

An interesting addition to KS's repertoire has been the use of Empowerment Workshops. This is a training programme developed by the Empowerment Institute, USA. They aim "to achieve measurable and sustainable behavior change at the individual, organizational and community level". Their personal empowerment trainings are divided into nine parts, some of which deal with issues such as emotions, work, spirituality, core beliefs and money. They help individuals to craft their own reality with the help of thought. ⁱⁱⁱ

KS has a target of training 200 participants in 2017 through these workshops. Two staff members have been capacitated to carry out these trainings. The Empowerment Training, in contrast to DMT, is more cognitive (though KS staff are trying to introduce a small session of DMT within this training!), and is particularly useful in helping individuals to plan for their future. In this sense, it has the capability on building on what has already been achieved through DMT for participants. As of now, these workshops are being held for all those who are survivors of trauma: not necessarily those who have passed through the DMT course. Now, however, KS is planning to use these two trainings together.

6. Valuing the Profession through constant skill up-gradation

A profession is valued when those who profess the profession invest in deepening it, clarifying its limits, understanding the extent of its actual use (as opposed to having a PR exercise), and invest in ways to build and replenish the skills of its practitioners.

In this context, KS has helped deepen the profession in many ways:

It is getting all the practitioners trained in a technique of meditation. The meditation is a 10-step technique based on the Yoga Nidra concept that has been developed by the Integrative Restoration Institute of USA. This Institute has now agreed to develop trainers, in collaboration with KS. All the practitioners of KS have undergone a 4-day intensive training - the Level One training. It is expected that over the next two years, these trainers would undertake Level Two and Level Three trainings.

KS is clear that DMT is very useful in helping individuals move out of a state of victimhood. People learn to get out of their dis functional behaviors, and start engaging pro-actively with the world. At the same time, KS also realizes that while DMT is extremely useful in making

them functional, a few residual issues still remain. (as per Sohini, DMT resolves 80% of the issues, but 20% can get left in case of deeply traumatized individuals). In the words of a clinical psychologist (who works with the KS team), while DMT is very helpful in moving the deeply traumatized person from a victim state to a survivor state; for a person to now progress to a liberated state (when the person is rid of the trauma in its various manifestations), it requires working with a clinical psychologist

The investment in skill development takes place in the form a daily hour-long practice called the movement circle. This session is roughly structured like a typical DMT session, in which various activities end with a healing activity. The tasks of designing and conducting the session is taken up by different individuals in rotation. This way, everyone gets to design, and everyone gets to benefit from taking part in a particular activity. In this way, each individual gets to imbibe the special skills of another person.

In order to deepen the understanding of its practitioners KS has incorporated a range of other quality inputs into its TOT. These include Drama therapy, Music therapy, Mental Health, Gender and Sexuality. It has also helped in setting up an on-line library and an Audio Visual unit. The KSteam make digital videos and upload these on the net.

Every year, in December, the three groups of DMT practitioners: the Core Group, the other practitioners in Mumbai, and the Cooch Behar group spend 5-7 days each, in an advance workshop on DMT. Bonnie Bernstein ^{iv}, a long term supporter and mentor of KS in the area of DMT is a resource person for the advance training.

7. Integrating Other Art forms into DMT

Another step in the evolution and growth of KS has been the willingness to experiment with integrating other forms of art therapy in its repertoire of healing modalities. Apart from the use of guided meditation (discussed above) 30 hours out of the 660 hours of formal course work in the diploma programme is devoted to the Module called "Integration of other Art Forms in DMT. The course content of this module includes "Music and healing", "Finding inner joy through storytelling and movement", "Art and Space", "Wisdom Circle through crafts" and "Connection with DMT on all the above arts". In order to conduct these sessions KS/TISS gets faculty that is specialized in Drama Therapy, Music Therapy.

B. Insights related to KS's approach to healing and well being

1. The marginalized emerge as change leaders

This is truly an amazing feature of KS's evolution - that it has emerged and grown from among the populations being targeted by DMT. Their evolution has been organic as the first set of DMT practitioners are from highly marginalised backgrounds, have been s at Government Institutions and in turn have become healers and seasoned DMT practitioners. Therefore the core work of DMT practice has been grown and continues to flourish under the DMT practitioners who are themselves from very marginalized and vulnerable backgrounds. The stakes in the issue are also high because of this. This model of creating healers from survivors is a powerful one because the shared experience of pain and struggle has meant their commitment to the issue is high. This is one of the reasons why, while recounting their journey of a 'second innings' of KS, there was no regret or rancor around the fact that they had to give everything back to SANLAAP and leave behind some part of their collective 'social capital' in a sense. The sense of purpose is very strong that hence there is no rancor around this issue.

2. The strengths of trauma survivors as healers

There is a deep connect with the issue of marginalisation which has translated into deep empathy among the DMT practitioner's with the situation of the target populations they work with. This was visible during the DMT sessions observed by the evaluation team, held with girls at the Institution in Kolkata (Sukanya Government Institution for girls at Salt Lake). The DMT practitioners were very observant towards the participants, ensuring those who stayed at the fringes of the group dance sessions were constantly encouraged to get more involved. They spoke very affectionately to the girls who stayed back after class. The younger children spontaneously hugged the DMT practitioner's at the end of the session and refused to let them go. At the feedback session held at the end each and every participant, no matter how young she was, was encouraged to talk and share her thoughts.

Similarly, the instinctive understanding among DMT practitioners of what will work in a given situations stems from their experience of having been s of Institutions themselves. Therefore for example, when the Institutions in Cooch Behar were very stressed out because of an incident of rape in the premises, the DMT practitioners innovated a game where they used balloons as a metaphor to explore vulnerability and how one can protect oneself from feeling insecure and defenceless. This is something they did on their own. They also chose to spend a lot of time on addressing team bonding.

Having survivors become healers adds enormous credibility to the efforts towards making DMT a viable livelihood option for those from marginalised backgrounds. During discussions with the current TOT participants, many of them shared that the key motivation in joining the TOT course was so that they could start dance centres in their own communities.

3. On the flip side...

The DMT practitioners are themselves from difficult complex backgrounds. They are still in a state of dealing with several issues, including daily survival. For example, one of them hails from a very poor community and after the death of her grandmother handles all the responsibility related to the household management, including filling water and completing all household chores before coming. Yet another practitioner is a single parent and put up several years of abuse before opting for divorce. For many others, the process of negotiating their jobs with role expectations is an ongoing struggle.

The challenges of survivors becoming healers is also that practitioner's tend to carry their own baggage of vulnerability and insecurities as survivors into their role as employees. For example, formal structuring of the organisation requires following rules, policies and procedures which initially resulted in some level of resentment among the practitioners. While this has been addressed over time, the tendency to feel marginalised by management processes surfaces now and then. The evaluation process found that the coordinators seem to feel that the management team does not communicate adequately with them or keep them informed about all the happenings on time. The logistics coordinator for example shared that while there is a procedure of requisitioning for prop's or other logistical support during programmes, events or other interventions, many a times the requisition comes in very late because the trainers/DMT practitioners themselves are informed late about a particular programme or many times prop's are taken without following procedures. Similarly, communication channels are not always inclusive leading to information not reaching everyone. According to the logistics coordinator, this feeling is shared by all the coordinators and even some of the trainers.

The issue of improving communication channels is being addressed but continues to create stress and seems to create a sense that management and DMT operations are two silos. While speaking of management and practitioners the use of 'us' (as in DMT practitioners) and 'them' (management), seemed to point to the perceived distance between the two sets of functions. Trust is something that is so fundamentally compromised while living in care institutions that those who come from these settings tend to carry mistrust and manipulation as unresolved issues or issues in the process of resolution. Hence the element of feeling 'left out' and hence marginalised comes through in some of the conversations with the DMT implementers. Even the seating of coordinators and management is in separate rooms, which tends to suggest a distance between these two functions.

Another challenge is for a growing organisation such as KS a capacitated team that can engage in fund raising, building external relations and advocacy is necessary at this stage. The DMT practitioners require significant skill enhancement in writing, reading, English language speaking skills which can help them leverage on their experience and expertise. Currently the management team is playing this role.

4. DMT as a self employment option

The other strength of the model is that KS has conceptualised DMT as a healing modality which can also serve as a livelihood option for those promoting it. Those trained in DMT by KS are encouraged to start their own DMT practise. It appears that doing this would serve three purposes - promote DMT as a livelihood option and thereby enable economic self reliance among vulnerable populations, create greater acceptance/ respectability around the use of dance as a therapeutic medium and make it possible for individual DMT practitioners to become change agents in their own areas of operation. In this sense KS does not view DMT practitioners always having to work through KS- the effort is to let as many DMT practitioners become independent entrepreneurial agents as possible. As an idea this is laudable as KS is not seeking to replicate itself nor does it expect itself to be an umbrella sort of organisation under which DMT can flourish. Their sense of purpose on promoting DMT is definitely more pronounced than promoting KS. This also makes the KS style of functioning viable because it makes is a lean and nimble model.

However, the evaluation is also of the opinion that converting DMT as a livelihood option requires more than skills of being a DMT practitioner. Elements such as simple financial management, marketing and basic financial literacy are also required. In the absence of these skills, it may be difficult for participants to even think through how DMT can become a source of self employment.



Uma a TOT alumnus, runs a dance class in her community and many TOT participants wish to start their own DMT centres after completing the course

5. DMT in multiple settings

DMT is tool that can be used in multiple settings. Thus, the various kinds of settings it is currently being used in include:

- Survivors of trafficking and sexual violence
- Children in conflict with law

- Adolescent girls
- Children in care institutions.
- The mentally ill.
- Those suffering from chronic physical ailments such as Breast Cancer
- Those interested in becoming DMT practitioners.
- Those interested in self .

In addition, individuals trained by KS who have started working independently, are expanding the areas in which DMT can be used.

The reason DMT as adapted by KS can be used in multiple settings is because it is a highly flexible and reflexive in its actual deployment. Well trained DMT practitioners are always in a position to modify the curriculum of DMT to suit their needs. This becomes possible because DMT practitioners understand the underlying principles through which activities to respond to different themes can be generated. To take an example: the curriculum that is most extensively worked out and documented is that on working with survivors of sex trafficking. This curriculum has 44 activities clustered around 3 major themes (self image, anger and communication) and 8 sub-themes: self image, self , perception, anger management, understanding cause of anger, understanding how to modify anger, emotional literacy and assertiveness. However, these themes, sub-themes and activities are more like guidelines than strictures. Practitioners are expected not only to generate activities in other themes and sub-themes, they are also expected to add to the number of activities within existing themes. One most days , during the movement circle practice - a practice anchored by a different person every day - a new, innovative activity, gets introduced. Each newly introduced activity has to be relevant in one or more of the following dimensions: physical, emotional, cognitive and social. Newly introduced activities are documented and stored in a separate box file.

6. KS's outreach is institutional

KS's work during the initial years seems to have been with more eclectic populations located in their communities. This was largely because they worked with NGO's intervening with very vulnerable groups such as children living on railway platforms, children living in red light areas, HIV/AIDS affected groups, domestic workers, children from low income groups, adolescent girls from slum communities etc. The work of KS slowly expanded to cover institutional settings especially s of government institutions such as child care institutions homes, children's care institutions and homes for the mentally ill. Many of the vulnerable populations mentioned above would also be covered in child care institutions homes and other institutions. However, the intervention space has become more focused on care institutions. An external observer noted that she has seen the focus of KS shifting to institutions more and more over the years. Currently a bulk of their practise is with girls in child care institutions homes and child protection institutions. This seems to stem partly from KS's keen interest to reach out to girls from highly marginalised backgrounds (care settings tend to have a large number of such girls); as well as being able to provide trauma healing services in a setting where no other remedial measures are really offered for trauma.

Additionally, with all its limitations, institutions provide access to a captive audience for a specific duration.

Such an approach has meant KS addresses individuals more than the eco –systems that they are part of. Therefore KS’s work cannot strictly be called community based. It may be called community focussed to the extent that they engage with communities of children, girls and boys situated in institutions; and also to the extent that they try to build a sense of community among them. An observation of DMT sessions showed that they conduct group activities aimed at improving individual mental health and emotional adjustment levels as well as group cohesion and well being as a collective. However the various systems around the individual which also form part of the ‘community’ for the resident or of which she may be a part are not really being addressed by the intervention. For example, family members or givers in child care institutions homes. While givers were found to be appreciative of DMT and a few of them were also targeted for DMT workshops, their engagement was found to be low and administrative. The DMT process is focussed on helping the s of institutions deal with their trauma and facilitates them to change their responses and emotional reactions to their life situation and circumstances. But involving other structures which are part of the institutions is not necessarily the focus. This, combined with the fact that many of the s leave after a few months or maybe a couple of years with limited scope for follow up means that the community of DMT participants also do not comprise a ‘community’ of support for each other.

Each approach (influencing the individual and the systems they are part of versus working with the individual to function effectively inspite or despite the system) has it’s own sets of implications. KS seems to function effectively in enhancing autonomy of individuals whereas the populations they work with are also deeply constrained by social biases and stereotypes of givers and community structures (such as family, schools, legal sub systems etc.). In this context, KS needs to examine how it can impact the subsystems more effectively. This is particularly important in the light of their overall goal of bringing social change as opposed to being only a service delivery organisation.

7. Sampoorната as a unique, culture specific developmental model of well being

One of the unique contributions of KS has been the Sampoorната model of DMT. The evaluation found that there is no clear articulation of what the Sampoorната model really means in any of the documents of the organisation. Two specific documents however, on the SANVED model⁶ emphasise that it is inclusive and focused on consciousness raising. According to the senior leadership this comes closest to describing what the Sampoorната model means. It appears that Sampoorната is about empowerment and this model aspires to build consciousness among survivors of their rights, helps them feel they are in control of

their emotions, life and situation. It works on building self confidence and self esteem by using the body as a site of control. The reading of the evaluators about what the Sampoomnata model means is a movement based therapy that addresses all levels at which individuals can become well adjusted- physical, emotional, cognitive and sexual. Its distinct features seem to be:

- Being rooted in movements rather than any specific dance form
- Addressing the individual in their context – that is being sensitive to their background, their comfort level, specific forms of vulnerability and marginalisation they face.
- Being culture specific - that is, it improvises on the typical DMT model where clients choose to opt for it. KS offers it to those in situations of vulnerability. It is not an individual client based therapy. It is group based and seeks to utilise group processes to build bonding, trust, and empathy. – maybe detail this as a sep point
- It is built around what is viable in resource poor settings such as child care institutions homes.
- The DMT sessions are conducted by those with a shared experience of pain – survivors as healers
- It is non clinical, is not used as a diagnostic tool or in a treatment mode.
- Indirectly addresses the practical issue of livelihood and economic stability
- It was also observed that at the end of each DMT session the participants are asked to sit with their eyes closed or lie down in a meditative, relaxed pose. The practitioner’s place their hands on the heads of each participant offering them a healing touch and also communicating , concern and thoughtful attention. Thus the DMT approach also incorporates a healing modality.

8. Customized DMT modules

The dance movement therapy sessions have been customised for different groups. Sessions conducted with girls rescued from sexual trauma for example are quite different from the sessions with children and girls in child care institutions and/or care institutions or for adults with psychological challenges. The focus of the modules developed for girls rescued from sex trafficking for example is on managing anger, developing a positive body image, learning to communicate, building aspirations, developing confidence and moving out of shame, guilt and blame. The sessions with girl children in child care institutions homes is around team bonding, building trust, catharsis of emotions through dance, gaining confidence and a sense of hope. In institutions for those facing mental illnesses or other psychological ailments, DMT sessions are geared towards getting s out of their lethargy, motivating them to feel energetic and hopeful so that once they have gone through the basic treatment for their condition they can be encouraged to take up one or the other vocational activities: cooking, embroidery, knitting and the like. In this context, DMT becomes an important pre-cursor to the s taking up these activities as they otherwise do not feel motivated enough to learn any of them.

Observation of the DMT introductory session (needs assessment is what they called it) at the child care institutions home in Kolkata showed that the focus is on getting the girls to open up, become more comfortable with themselves and focus, shutting out other distractions (negative thoughts or ideas). The approach is highly participatory, ethical and non judgemental. The DMT practitioners try to engage everyone no matter what their age group and by doing this show that everyone matters.

The DMT practitioner who works on the restoring smiles through dance movement therapy project in Mumbai shared that the focus on working with girls rescued from trafficking is on building their self esteem and getting them to communicate effectively. The girls in the child care institutions she works with actually many times resent the child care institutions home because it is restrictive, facilities are not great and there is a strict environment of control and policing. They feel they are in a kind of prison and were better off at the brothel where they were getting better food, more freedom and clothes, could go shopping etc. The DMT practitioner shared that they have been brainwashed into believing that the life in the brothel is a good one- considering the background they come from it is indeed a luxury to have clothes, food and a decent place to stay. But they do not get any of the money from their earnings- which goes to the pimp and the owner of the brothel. They get to keep only the tips, which is a fraction of what the client actually pays. Their trust has also been abused so many times during the course of their arrival to the brothel that they have many times lost the ability to trust others and themselves. Therefore in the DMT sessions the first two months are spent on building a positive self image and on self ; the second two months are focussed on anger management (many of these girls are very angry with what has happened to them and need to learn how to diffuse the anger in a way that does not lead to self harm. This is quite common in the child care institutions with girls cutting up their wrists or doing other things that hurt them). The third part of the therapy is about building communication skills. This a crucial element because many of these girls have to attend court hearings and have to be helped to deal with not just saying what happened but also the trauma to seeing the perpetrators again, many of whom are their own family. So the DMT module for trafficked girls focuses on their peculiar life circumstances.

In terms of course content, the DMT module developed with sex trafficking survivors comes across as the most well articulated and embodies what the Sampoonata model is all about. A research study was undertaken before designing this module to understand the psycho social condition in which trafficking survivors enter child care institutions. This research fed into a well formulated design in the form of a manual which has been going through iterations from time to time, including one during the course of the evaluation itself. This aspect of the work done by KS seems to be its unique strength and unique contribution to the world of trauma healing. Manuals on DMT design sessions for children from child care institutions homes for example or with the mentally disturbed or other client groups are not present. This is not to say that they are not thought through or less rigorous, but it seems that KS has invested considerably more time on crafting their work with sexual trauma survivors.

At the academy and the TOT, the curriculum is focused on teaching a combination of theory and practise wherein the participants are also expected to intern before they can earn their diploma certificate as a certified practitioner. Their curriculum also includes exposure to other therapeutic art forms such as art and drama.

9. Relevance of KS's therapeutic intervention

KS has chosen its target population and setting very aptly. Their focus is on populations located within settings where emotional support structures are weak, vulnerability to psychosocial trauma is very high, emotional isolation is endemic and where avenues of healing are practically absent. A large part of the DMT work of KS is targeted at adolescent girls, children, boys and patients with mental illness located in government child care institutions homes and institutions. Dance movement Therapy in such contexts is helping surface and resolve trauma in a very safe, non judgemental and positive space. The move towards using DMT in child care institutions homes and care institutions also stems from the experience that counselling is not a very therapeutic intervention in the way it is delivered, leads to reliving the trauma rather than resolving it and does not always allow articulation of deep seated problems and issues. Sabita, a senior DMT practitioner for example shared that in child care institutions homes counsellors engage in talking with s but for many of them the ability to articulate what they are going through is itself very limited. Dance gives them the language to express themselves much more easily. Similarly, one of the academy participants shared that muscular memories of trauma are very strong and even when suppressed, emerge through dance. DMT practitioners from Mumbai shared that in a resource strapped context such as child care institutions homes where one on one therapeutic services are not possible, DMT is a very effective medium.

10. Partnerships forged by KS

The growth of partnerships by KS has been organic, guided by the emerging needs of the organisation. The need to grow DMT has meant networking with mental health agencies and those working with trauma especially sexual trauma survivors. Partnership building has also meant reaching out to mobilize multiple kinds of resources which are much more than financial. These have included resource people who have offered capacity building and training services, legal/admin services, accessing networks for fund raising, drawing on the expertise of board members to brainstorm ideas etc. The Director showed the evaluation team their brochures, which were designed and printed pro-bono. They have also tried crowd sourcing for some of their programmes and she nominated Jhulan, a core team member and senior DMT practitioner for a leadership award given by CII to help her mobilize resources to set up her own DMT centre.

The Director is keenly aware of the need to mobilize resources well beyond financial resources. This is evident in their strategic partnership with TISS, which has created a different platform through which DMT is being recognized as a formal discipline of therapy and is leading to the creation of a cadre of DMT practitioners. Dr. Lata Narayan has called this a thought partnership based on mutual trust and recognition of KS's expertise in the area of DMT. In the last three years since it began, the DMT course offered jointly by TISS and KS has led to the creation of a pool of approximately 70 DMT practitioners in Kolkata and Mumbai. In addition, this year an advanced course is being planned with a condition that those attending it have to be willing to engage with KS on DMT.

The various stakeholders KS works with can be grouped into 8 categories – various types of client groups, Government officials at the state and district level, takers at child care institutions homes, teachers in schools, TISS, Donors, KS's Board, NGO's and civil society groups. According to an analysis by KS staff members, the organisation has medium to high influence on all the stakeholders.

Among those on whom the organisation has a mediocre level of influence are takers of child care institutions homes, members of the child committee and those on the juvenile justice board. The DMT practitioners other the staff pointed out that while a great deal of interest is forthcoming from higher officials at the state government level, the same cannot be said of local officials at the district level and the immediate service providers at institutions. When one of the evaluators met with the superintendent of the Child care institutions home in Salt Lake, she found the official to be slightly dismissive of the DMT sessions. She said she did not observe any significant change among the girls and raised a recent problem of aggression among one of the s who has developed a lesbian relationship and is unable to tolerate her partner talking with other girls. The superintendent in Cooch Behar was very new and hence unable to offer much feedback (she has been at the child care institutions for only 2 months). She was very appreciative of the DMT practitioners and their sincerity and felt the girls really enjoyed the DMT classes. Neelima Mandal, an old time helper at the child care institutions home in Cooch Behar has seen the DMT sessions taking place since 2008. She had nothing substantial to share about the value addition of the sessions. She said it is a very good intervention. "These girls Chumki etc. (referring to the DMT practitioners) were very small when I joined, they took the classes and now they are teaching children" she said. She reported that the children participate with a great deal of energy and enthusiasm. When asked how the DMT sessions have helped the s she said they are very distracted and flighty so the dance helps them to settle down. However apart from this she was unable to share whether she saw any significant kind of difference in the behaviour of the children.

She kept saying it is 'nice', she does not find anything 'bad' about the work they are doing. The children feel enthusiastic, joyful about dancing and that everyone comes to the class; there is no one who says she doesn't want to. Thus during interviews at both child care institutions the provider and superintendent were unable to really find any significant kind of change due to DMT among the children. There may be several reasons for this but what it indicated was a certain distancing of the immediate officials from the DMT sessions. They

are offering support by not interfering but beyond this they are not really engaged with the intervention. While KS has tried to engage with these stakeholders through workshops and trainings there does not seem to be much evidence of its effectiveness.

Conversely, those stakeholders who have high interest and over whom the organisation has high influence are the largest in number these include donors, a large variety of client groups, state government officials, academicians and consultants. Apart from most clients who are deeply influenced by DMT (the word most as opposed to all, has been used because some client groups have also been placed as having medium to low interest and on whom the influence is also mediocre). These are people who have either witnessed the impact of KS's creative approach to well being or those who are looking for creative solutions to address problems. They may be seen as those having a 'positive bias' towards DMT and the work being done by KS.

11. KS's engagement with gender equality

There is a great deal of goodwill and appreciation by organisations targeting women and children such as Parichiti, Jeevika and Azaad Foundation, for the work done by KS. For example, Ms. Anchita Ghatak (from Parichiti) spoke highly about the effectiveness of the DMT sessions KS held with the adolescent girls mobilised by Parichiti. Explaining what was the value add of the DMT sessions, she said it was, "One is they were doing something physical, enjoyable. Then they were making the link between mind and body. DMT also became an opportunity to discuss issues and they had fun." Anchita explained that many adolescent girls used DMT classes as an excuse to meet their boyfriends. This then became an opportunity for Parichiti staff to discuss about issues of trust and also the implications of relationships between young men and women and how to deal with the fallouts of such things. The Parichiti staff member stepped in and facilitated these discussions as the DMT practitioners were unable to take this kind of discussion forward. This experience points to the potential of DMT in opening up issues linked to gender and sexuality, for discussion. However, seizing these opportunities to build a dialogue on gender, sexuality and rights is not something the all DMT practitioners are well conversant in.

The evaluation process found that the awareness of how DMT and gender based vulnerabilities are intrinsically linked is very clear as far as the director is concerned. For example, according to her, "The entire DMT focus on body gestures, mobility of the self and use of the body as a tool to express oneself are all elements of feminist thinking. In India where women are not encouraged to express themselves verbally or physically and not encouraged to move around or use their bodies as a tool for their own emancipation, DMT offers a medium to delve into sexuality and autonomy of the mind and body." This is a conscious element she maintains in her sessions. Clearly the DMT intervention has strong elements of promoting women's rights in the form of right to bodily autonomy, building self image and esteem of girls, helping them identify their strengths, rising above guilt and self blame, setting aspirations for the future and gaining the confidence to articulate their feelings.

This is particularly visible in the modules on working with survivors of sex trafficking. In a very moving interview, a survivor has spoken about how DMT enabled her to realise that she is not at fault for what happened to her, others are also to blame. Although she breaks down several times during the interview she has identified DMT as the sole factor that enabled her to move from feeling very low about herself to now feeling confident about returning to her family and starting DMT sessions for other girls in her neighbourhood. Her analysis of why she became a victim of trafficking, how she coped with it and managed to negotiate the fallout of guilt, shame and helplessness is very clear and highly lucid.

KS does not identify itself as a gender group or a women's rights group. They focus on empowerment of people many of who happen to be girls and women because they are the most marginalised. The evaluation is of the opinion that KS is breaking of gender biases by making women and girls feel more confident, less conscious and inhibited about their bodies, opening their bodies to freer movement. For example in the DMT sessions observed during the evaluation the participants were found to be highly spontaneous, uninhibited and very free with their body movements. In Cooch Behar for example, the session opened with a young girl of 6 who led the others with a very uninhibited set of movements. Other girls, much older were also found to be very free and unconscious of their bodies as they led the group through different steps. In Sukanya child care institutions home in Salt Lake city also the girls danced with abandon and some girls who were shy and embarrassed at the start of the class (this was a needs assessment session with some old and mostly new girls), were found to be far more relaxed and free towards the end of the session. DMT sessions are undoubtedly helping break stereotypes around bodily inhibitions which are particularly severe for girls and a significant form of discrimination. However, the consciousness and awareness around how they are currently working on this issue is absent in the articulation of the DMT practitioners.

In a subsequent discussion with the rest of the Sanved staff also, while there is a good awareness of how gender biases and stereotypes prevent girls from reaching their full potential, there is a perceptible gap in two area – a) linking and understanding how the micro experiences of individual women and girls is linked to structural forms of gender based deprivation thus leading to a better appreciation of working at both levels and becoming aware of how gender operates in our daily lives and b) translating this understanding into concrete steps/activities that can be incorporated into the existing DMT sessions, which is not clear within the organisation; An effort in this regard has been initiated during the last retreat, but it does not seem to be very concrete or clear at this point. Capacity building on gender and sexuality also seems to have been sporadic in the past. According to KS's senior leadership, the regularity with which inputs are provided to staff on skill based aspects (almost on a monthly basis) is not so with Gender, Sex and Sexuality. It has been on and off. In addition, the purpose of the capacity building on gender and sexuality has been to provide exposure and provoke reflection, with no explicit expectation that this understanding should immediately translate into programmatic integration.

KS's expertise lies in the area of DMT and the move to embed dialogues on gender equality within DMT sessions would add great value. The TOT and academy as well as empowerment

workshops are good spaces to initiate these discussions and focus on everyday behaviours through which gender discrimination can be affected. For example, when the evaluator visited the child care institutions home at Cooch Behar, there was a poster present in the room on daily routines which shows very gendered roles girls and boys play. This poster could be used to begin a simple dialogue with girls on division of work between girls and boys.

Similarly, by working on the positive aspects of overcoming gender biases wherein the girls and women gain inspiration from role models, KS can supplement the process of building self esteem and confidence. Inviting gender activists to share about their struggles, exposing the s to women in unusual professions, reading stories of women achievers, celebrating small and big ways in which each of the participants has made a difference to their lives could be some ways in which the dialogue on gender equality for girls can be promoted in a more positive way.

In Jeevika, KS worked with women groups who were actively fighting violence against women. There DMT was used to help the women to deal with stress. An introductory DMT done with the staff was so effective that it led to a tough male getting in touch with long repressed emotions! In Azad - which works with cab drivers from marginalized backgrounds - the same person who had helped introduce DMT in Jeevika found the DMT to be not so effective. As per her understanding what was lacking in this training was an absence of gender understanding in the trainers: she was hoping that the next round of training should be done by someone who not only knew DMT, but also had a better understanding of gender issues.

KS works with girls and women affected by different forms of violence and deprivation, which is a significant form of gender based discrimination. In such a context, how would adopting a more focused lens on gender equality benefit KS?

- ✓ It would help them incorporate awareness building about rights of women and girls, about gender stereotypes that make them vulnerable and thereby help the participants understand broader structural factors related to their situation.
- ✓ Thus the mind set change agenda of DMT can be strengthened. It would also help the DMT trainers assess whether their sessions are also leading to greater awareness about women's rights, including autonomy over body and life choices.
- ✓ Connects DMT more consciously to a purpose other than self healing- that of gender equality and working to reduce discrimination based on gender
- ✓ Makes one more critical of everyday behaviours, messages, material, practices and the world around us so that we become more conscious of injustice and inequality towards women in various circumstances and situations. This can help broaden our change agenda as individuals well as that of the organisation
- ✓ It would also helps the organisation look for allies and friends in circles that it may not have consciously entered or been part of

- ✓ Adopting a gender lens also brings greater alignment between the personal and the political – a journey but makes you aware of your own journey as a gendered subject and therefore become aware of and challenge what is not working in your own life
- ✓ Could also help DMT participants realise that what has happened to them has its roots in more structural, societal norms, so while the problem is experienced by me as an individual, I am not alone, it happens in varying degrees with several women, in different ways; and by extension, that when I am solving my problem it's not just helping me but can impact gender norms and by doing this I am changing more than myself.
- ✓ Also expands the ambit of VAW because it brings the understanding that violence and discrimination are embedded in daily, everyday, seemingly small practices and acts that are treated as routine or natural.

C. Insights related to KS's Impact and contribution

The impact of KS needs to be examined and understood at two levels. One is at the level of spreading Dance Movement Therapy to various settings and the second is the impact it is having on well being outcomes of participants targeted by DMT. Even among participants there are those who only receive DMT sessions and those who have become DMT practitioners. All these various levels are significant because the proliferation of DMT was and continues to be an important outcome for KS. They have spent a great deal of time and energy in the initial years making DMT understood as a valid therapeutic method for trauma reduction and rehabilitation. At the same time, recognising the value of DMT requires conclusive proof of its efficacy which has meant undertaking impact assessment studies.

It is also important to acknowledge two important aspects in the examination of impact.

- a) It is far easier to assess impact in situations where the pre and post intervention phases are diametrically opposed, that is where the situation before and after are extremely different. Measuring an individual's movement from a state of deep trauma to a state of absence of trauma or very low trauma is relatively easy. However, measuring change from a state of being reasonably well adjusted to very well adjusted is a much more difficult task. This aspect of measurement could possibly complicate assessing the impact of KS's work because they are helping individuals in pathological situations as well as those who may be coping reasonably with their life situation but are able to move to a much better level of adjustment and well being because of DMT.
- b) The measurement of change through DMT is highly experiential and subjective, based on the peculiar starting point of each individual. KS has tried to quantify some of these qualitative changes into quantitative indicators which is laudable but this quantification provides only a partial picture of change.

1. The spread of DMT into varied settings

An important indicator of Sanved's success is the spread of use of DMT to a variety of settings. In this context, the diploma programme that KS offers jointly with TISS is a milestone because it has placed DMT in the realm of academic recognition and endorsement, something which adds a great deal of credibility to the practise. Called the Academy, what began as a certificate course has now become a full fledged diploma course, which is an indicator of its effectiveness.

Alumni of the Diploma programme run jointly by Sanved and TISS have reported using DMT in agencies working with children, the elderly and mentally challenged persons. In a survey administered to the alumni of the diploma programme all the respondents (N=19) have reported using what they learnt in the course in their practise as mental health professionals, although to varying degrees. 11 of the 19 have used DMT to a large or moderate extent and 6 to some extent but there is no one reporting not using what they have learnt. Most of the respondents have used DMT in settings with children and the elderly. Very few have reported using this with women or adolescents per se. Almost the same numbers of alumni seem to be applying DMT learning's in their work on a regular basis and sporadically, as and when possible.

UNICEF agreed to support DMT sessions with adolescent girls as a part of their safety project in Maharashtra because their partner agency YUVA found DMT was very effective in their project communities (a staff member of YUVA was trained in DMT through the diploma course). Similarly Dr. Lata Narayan a faculty member from TISS shared about a school for autistic children where the principal, convinced by the changes they were witnessing among the children due to DMT, has asked TISS and KS to organise a thorough training on DMT for all the teachers. Similarly, a senior DMT practitioner in Mumbai is incorporates DMT in her interventions with adolescent youth on sexual health programmes. A medical doctor in Kolkata trained through the TOT course is now using DMT in treating children with autism.

KS is currently using capacity building and training as the key methods to spread DMT in different settings. Two distinct capacity programmes (apart from special trainings held on request of agencies) include the Diploma course on DMT run collaboratively by KS and TISS as well as the TOT training held for girls and women from marginalized backgrounds.

Poppika is a young woman who has trained as a DMT practitioner from a child care institutions home for children in Cooch Behar. She belongs to a very poor family and lost her father when she was very young. She was in class four when her grandfather admitted her in the child care institutions home so that she could receive good education. She says she understood what she is capable of, through DMT practise. She feels she has gained self confidence, learnt about how to articulate her thoughts and gained an identity. "I have learnt how to present myself" is how she expresses it. She would often feel helpless as a young girl and imagine that nothing good could happen to her life. DMT gave her a direction she feels.

Poppika is now a trained nurse and uses DMT to motivate her patients in the hospital when they are feeling low. Popikka feels DMT helps her in her work as a nurse.

Uma, who works with an NGO named Apne Aap Worldwide, has been using DMT with children from red light areas and found it very useful. She uses different activities she has learnt as a DMT trainer, warm up and relaxation exercises. According to her the children report feeling 'lighter', lesser body pain after the classes.

The evidence suggests the spread of DMT to various settings and organisations. Most of them are in the space of mental health and/or are dealing with institutionalised survivors of violence. While this maybe inevitable at some level, there is significant scope to widen KS's reach to include child care institutions homes for women, counselling centres, schools for children from low income areas and community centres and forums for adolescent girls. Targeting such agencies more consciously either for field work placements in the diploma programme or for advocacy to encourage more applicants for the diploma as well as TOT could be one way to create greater awareness about DMT among such settings and encourage more applicants from these settings.

While there is anecdotal evidence such as the examples above, the utilisation of DMT in varied settings and ways has not been consciously tracked or monitored. It would be worthwhile for TISS and KS to undertake a stock taking exercise of how the course participants have been utilising DMT in their settings, how it has grown and whether any innovations have occurred in the process.

2. Impact of DMT on practitioners

A spontaneous expression of what DMT has meant for trainees and what it made them feel!

19 alumni (17 from Mumbai and one each from Kolkata and Delhi) and 5 students from the current batch who responded to a survey on the DMT Diploma course, shared very positive feedback about the process. The students are largely from their mid twenties to mid thirties with most of them holding a post graduate degree. The alumni have reported that the key learning's from the course that have stayed with them are learning to love oneself (an indicator of increased confidence and self esteem), appreciation of the deep connection between mind and



body and enhanced empathy for people and situations. Self love and acceptance is a very important theme that has come through when the respondents have shared how the course has impacted them. In the words of one of the alumni,

“Personally I have seen and experienced within myself a lot of changes. One of the important changes that I have experienced is that of accepting my own body and valuing it. I have learnt that I am absolutely fine the way I am and there is nothing wrong in it. Secondly, it allowed me to open up myself to explore different spaces, levels, rhythms unlocking the stereotypical or routine ways of behaviors, rhythms etc. It has also helped me to enter the new world of healing space where words don't matter, but your bodily rhythm and movements and the overall journey was quite overwhelming and enriching.”

In line with the spirit of survivors emerging as healers, KS has developed a Training of Trainers course for girls and young women from marginalised backgrounds. This is a two year training that takes place once a week for two hours. Spread over two years the course is held once a week for two hours. An internal evaluation of the TOT was undertaken in 2014. It covered 13 out of 25 participants and found that the two key areas in which the TOT seems to have made a difference include “Positive re-engagement with life and society and capacity building in terms of life skills and employability.” Though the sample size is very small – 13 – the narratives by the girls show that their self confidence and ability to negotiate with parents about their life decisions has increased. The current batch of TOT participants who have been undergoing training for eight months reported that the course is motivating because they feel free and personal problems can be shared in the class. According to them, DMT and regular dance classes are very different. In their words, “This DMT means something else- movement is there, you can help each other....we can change people thru this class. It's not only dance..it's discipline, focused on individual change. Girls get more respect here”.

The TOT participants expressed the value of the course by sharing that it had helped them discover a sense of purpose beyond mundane activities; that it had helped them become confident, articulate and expressive. They then went on to perform a dance that showed many aspects of their transformation, such as gaining a direction, increased confidence and reduction in aggressive behaviour. The girls were highly un-inhibited and animated as they danced, using the space as much as they could, spontaneously.

A total number of approximately 90 DMT practitioners have been trained through the TOT and approximately 70 have been covered through the diploma course offered by TISS.

Cooch Behar – an example of a survivor initiated and led DMT unit

KS began holding DMT classes with s of the Shahid Bandana Smriti Mahila Abas (SBSMA), a government institution, located in Cooch Behar in 2009. As the girls became more and more engaged with DMT, a training of trainer (TOT) programme was conducted for a select group from 2011-2013. 14 s became DMT practitioners after completing the TOT and set up a DMT unit in Cooch Behar. Currently there are 11 DMT practitioners who hold DMT

sessions for s of the SMSMA and are also looking for opportunities to become economically self reliant. KS provides ongoing mentoring support. Two senior practitioners visit Cooch Behar every month and supervise the sessions as well as provide any coaching support the team requires.

The model of turning trauma survivors into healers continues here; and the DMT practitioners although quite young (18-25), are highly motivated and committed. They conduct DMT sessions for the s of SMSMA twice a week and work in batches of five practitioners on each day. On other days they practise DMT on themselves and write progress reports besides planning for the next session.

The Cooch Behar model is significant and noteworthy for two reasons- it is taking DMT forward in a semi rural set up where such interventions are scarce. By training young women from highly marginalized backgrounds, it is also helping establish DMT as a livelihood option in resource poor settings.

The practitioners at Cooch Behar have reported significant shifts in their thinking and approach due to DMT. Every one of them reported the significant shifts DMT has enabled them to make in their lives. Given the context of poverty and social marginalisation faced by these young women, this is no mean feat. Given below are excerpts from some of their interviews.

Sharmishtha, one of the DMT practitioners, joined SBSMA in 2007. During that first year before the DMT classes began, she says she found it very difficult to adjust to the new environment. DMT helped her understand how she could adjust rather than expecting others to adjust with her. Because of the classes she also began eating well and her crying spells stopped. "When I started participating in the activity besides the dance, I started feeling very good, I developed interest. And so I thought, when someone new comes to the institution, I will involve them also in the DMT classes. My thinking was negative and now it is positive." DMT she says has also helped her develop empathy for those mentally disturbed. Now I feel confident that I can do something," she says.

Pinky Das was in class VII when she began attending DMT classes. DMT she says helped her to make friends and bond with others in the institutions. The DMT process made her think through what she wanted to do with her life and gave her courage and confidence. The biggest change in her due to DMT has been to gain the courage to believe in herself; that being poor does not mean she cannot do something meaningful with her life. Similar sentiments were echoed by others in the unit. Pratima Sarkar spoke at length about how her shyness and inhibitions around dancing broke due to DMT. She was extremely timid and reluctant to dance initially. Pratima would talk very less and not mix with others. But she says the senior practitioner from KS would love everyone in the same way, she would never discourage Pratima saying she could not dance; she would encourage her as a good dancer. Over time and with the help of the practitioner, she overcame her shyness and gained courage, became articulate and learnt how to communicate with others. Today, she is part of the DMT unit.

Deepali Saha shared that the DMT classes were very enjoyable. If she had had a fight with someone and her mood was bad, after the class my mood would get better. But Deepali's constraint was that even though others or other people would treat her badly, talk rudely to her she could not protest. She says she was very shy to take the lead in any of the DMT activities. While many people would come

forward and volunteer, she wouldn't and this would make her feel bad. Slowly, through the activities and process of DMT, she began to gain the confidence to start taking the lead in sessions. DMT she says brought out the ability in her to make her dreams real. Her aunt and uncle were trying to marry her off to men she found unsuitable- e.g those with disabilities or divorced men. But because of the DMT process she says she found the courage to make a decision about what was right and wrong for her. She found her own partner and has married out of her own choice. Chumki said DMT has taught her to dream about a future and also made her aware of the need for self. She had to overcome a great deal of opposition from her father before she could pursue DMT as a practitioner. She believes very strongly in economic independence and has clearly communicated her desire to continue working, to her husband. Chumki is also very clear that the relationship with her spouse should be based on equality. She says her language which was harsh and abusive has changed due to DMT.

Mouni comes from a very poor family. They are four sisters and her father left her mother because she could not bear a son. Unable to manage the family, Mouni's mother admitted her to a institution when she was in class 1. In the beginning she would cry a great deal remembering her sister back home, wondering how she was and this would spoil her mood, she says she just couldn't forget her family situation. She was very timid and would fear talking to people. With attendance in DMT classes she began to let go of this fear and developed a more positive mindset that she would take of her family when she grew up. Mouni's sister is mentally unstable and she said DMT has capacitated her to handle home responsibilities, her sister and also work outside. A minister from the state government heard about the work of the Cooch Behar unit and Mouni represented the unit's work to her. She has very impressed with Mouni's progress as a DMT practitioner and has assured her help in securing a job Mouni has applied for with the institution.

These stories of change are highly inspiring and significant. At the same time there are some areas of concern about the Cooch Behar model which KS needs to address:

- a) Considering there is a unit here since Sept 2015 and the fact that Sanved's senior practitioners have been working here since 2008, the outreach seems limited. Currently they are working in only one child care institutions home. Two more child care institutions homes were covered in 2014 and 2015, the Sheetai Child care institutions home at Matha Banga (for maybe 7-8 months) and the one at Sheetol Kuchee (for maybe 5 months). However these classes have been discontinued.
- b) There is a need for a clear strategy to take this work forward and expand it. Who KS could be working with, how, finding new allies, other civil society groups to work with in the area etc.

3. DMT begins by and continues healing the healer

11 respondents (N=19) from the survey with alumni of the diploma course, use movement exercises for their own healing on a fairly regular basis (1-2 times a month), and 7 of them use it very frequently- from daily to 2-3 times a week. This speaks highly about the efficacy of the course – it offers something for both the practitioner as well as the client.

In a group discussion with the current batch of participants, they shared that the issues DMT had helped them with included managing anger and the ability to love oneself. This was expressed in different ways but pointed essentially to feelings of greater self confidence. One of the participants for example shared, “I have the tools, I know how I can show my anger, my rebelliousness, my dislike, uncomfortableness.” She narrated an incident where she was advised an operation which created a panic among her family members but she was very calm about it- something she puts down to the DMT sessions. Another participant talked about how the course has taught her to love herself and appreciate the good qualities she has while helping her also accepting what is not so good. Yet another participant shared how she has managed to get her family members who had been sceptical in the beginning, to also become interested in DMT. Explaining what she was taking back from the course, a participant said, “My dance or movement is not something that someone will teach me. Whatever you choose is your movement and it is beautiful, even if it is not beautiful for others”. She went on to say that DMT had helped her channelize a great deal of emotional stress she was facing in a meaningful way and had helped her convert her vulnerabilities into strengths.

These narrations highlight the deep focus of the course on the self. In fact, what seems to come across is that the course is a therapeutic experience for the practitioner before it works through her/him to heal others.

4. Evidence of impact on survivors of sex trafficking

KS has been very cognizant about the fact that evidence gathering is essential for establishing the efficacy of DMT as a valid form of therapy and healing. This realisation emerged as they were often faced with questions from several development partners and government agencies, about the value add of DMT. KS has made several creditable attempts to measure the impact and effectiveness of DMT with various constituencies. Their efforts to assess the impact of DMT on survivors of sex trafficking is especially noteworthy for its focus and rigour. This study clearly demonstrates that participation in DMT for a period of six months significantly improved six trauma symptoms.

An extremely good example of change among survivors of sex trafficking is to be found in the story of a group of girls who who requested they be trained as DMT practitioners so that they could go back to their villages and prevent young girls from undergoing what they went through. The director of Sanved designed a special TOT for these girls and prepared them to take on the role of DMT practitioners. In the same institution, a counsellor once showed the s a very morbid film on child sexual abuse. By the end of the screening the girls were feeling very low and the mood had become heavy. Two of these girls who had been attending the DMT sessions went up to the counsellor if they could conduct a simple activity to help the girls relax. The counsellor agreed and they conducted a relaxation exercise they had learnt for about 20 minutes. The counsellor was very appreciative of the girls because the mood lightened up not just for the rest of the s but also for her. In her narrative, one of these girls

has spoken about how DMT has helped the girls to become aware about their inner patterns and ways of thinking that make them vulnerable to trafficking.

According to the DMT practitioner working with girls in the government run institution in Mumbai, the dynamics at the home has changed over time due to DMT - the girls attending DMT have become more participative; they have better skills to deal with their emotions and are seen to become more pro-active. The superintendent had reported to the practitioner that the girls attending the DMT sessions were more helpful, she could trust them, would fight less and be less violent with each other.

In the words of a trafficking survivor from a government run institution, “I used to cry. How can I go back home?” She felt her reputation had been ruined. Even in the institution she was blamed for her situation and told by others that she had wronged. “I had become silent and started harming myself. I would get up in the night and start crying- what should I tell my mother? DMT has taught me not to fear anyone- girls have a space too in society. Whatever anyone says should not matter to me. I made my heart strong and believe what others say or think does not matter to me – I am right, I am honest, This is what didi (the DMT practitioner) taught me. She helped me get rid of my tension. Through DMT she helped me remove the effects of my wrong decision.”

5. Evidence of impact on other constituencies

DMT has been very effective with other constituencies as well. To take the example of Iswar Sankalp, where DMT has shown very good results. a non-profit organization that was started in 2007 with the hope of reaching out to the ‘forgotten’ and ‘untouchable’ population – that of the homeless persons with psychosocial disabilities on the streets of Kolkata. In 2010, in collaboration with the Kolkata Municipal Corporation it started a child care institutions for the Urban Homeless Women with Psychosocial disabilities.

One of the first things that Iswar Sankalpa did at this Centre was to start using the services of KS. Now, after having experienced DMT for over seven years in the centre, Iswar Sankalp finds that DMT helps the s in reducing their lethargy, increasing eye contact, increasing their willingness to provide their addresses (a massive achievement!) Iswar Sankalp has found DMT to be so effective that it has sent two of their staff to get trained in DMT with KS!

The usual approach of child care institutions homes to get s out of their lethargy - once they have gone through their course of treatment for physical and psychiatric ailments - is to get them to take up one or the other vocational activities: cooking, embroidery, knitting and the like. Here Ishwar Sankalp has found is that DMT becomes an important pre-cursor to their taking up these activities do not otherwise feel motivated enough to learn any of these activities.

Evaluating changes among residents of government institutions attending DMT, is challenging because of being moved constantly and shunted off to other places. In spite of this serious limitation, two very laudable initiatives to generate credible evidence have been

initiated by KS. The first is a rigorous study on the impact of DMT on trauma symptoms of survivors conducted in February 2016 and the second is an ongoing experimental design study comparing a group of sex trauma survivors receiving DMT with those not receiving this form of therapy.

Both studies have very small sample sizes (50- 55) but the process of tracing changes has been very rigorous and has utilised an internationally standardized tool (Traumatic Symptom Checklist for Children) to assess reduction in trauma symptoms.

The study conducted 2016 clearly establishes that DMT sessions for a period of six months have led to a significant reduction in six trauma symptoms among sex trauma survivors. The ongoing study is also very similar, although it is unclear why KS has felt the need to undertake a similar study although with a different child care institutions home. Generating evidence through research to deepen the credibility of DMT is a very good strategy being followed by KS. However, utilising the available qualitative and quantitative evidence to influence various stakeholders and undertake advocacy does not seem to have been attempted. This is very important because there are very few studies that have assessed the impact of DMT in a rigorous manner. Publishing papers about the study in mental health journals and participation in conferences (especially forums such as SVRI) should be actively considered by KS as a way to disseminate the impact of DMT and advocate for art based therapies.

In spite of several limitations, the study with sex trafficking survivors could be carried out with a greater degree of control in terms of influx of new participants. The numbers may have shrunk but those who stayed back in the study were available for the duration of the study. The curriculum followed with this group is also highly structured (albeit not rigid), well documented, the based on a well designed, tested manual. These factors seem to have weighed in favour of establishing the value of DMT with sex trafficked girls, much more than being able to do the same with others in the child care institutions home. It may be useful to examine mixed method designs which combine qualitative and quantitative methods to assess impact.

Some of the key concerns with regard to impact that emerged during the course of the evaluation are around sustainability of change. Once s of child care institutions leave, there are no mechanisms to track what happens to them. Recognising this, KS has requested the Juvenile Justice board that they be allowed to hold DMT sessions with children during their follow up period (once children leave the care institution they have to report back once a month for six months. According to a DMT practitioner in Mumbai she often runs into girls from previous batches of DMT attendees and has been amazed at how articulate they are. Many of them report having found jobs and being in a positive frame of mind. However, systematic follow up does not viable given the limitations of child care institutions homes. Since the spread of DMT and its adoption is an important outcome for KS it might be useful to commission periodic reviews of how attendees of its diploma course and TOT, are utilising the inputs they have received.

6. DMT plus

Over time, the senior DMT facilitators in Sanved have picked up multiple other capabilities. To take an example, any of the Core group members are not only able to conduct the sessions as designed, they are able to respond quickly and constructively to the multiple challenges that come their way. Say, the context is a Mental Health home, and you are conducting a session there. There is the aspect of designing and conducting sessions effectively, and you have become adept at that. But then when you go for a session, you may find that some participants are not coming at the right time, others are inappropriately dressed; there are doubts whether the session will be allowed to complete on that day. The Core group members have shown that they are able to handle all these shifting multiple responsibilities without losing their cool. Whether it is DMT, or the fact that they are now responsible employees of KS, or a mix of these two, the fact remains that all the DMT practitioners have grown tremendously since the time they were still s of homes, and trying to deal with depression and their troublesome histories.

In their personal lives too, many of the participants have been able to make considerable shifts. Many of them have got married, some have found the courage to walk out of abusive relationships and some have managed to win space and recognition as working daughters in law. For example, Jhulon, a senior DMT practitioner shared how she has brought greater awareness in her family about valuing males and females equally – she ensures that when buys gifts or any item for the family, she is conscious that women and girls also receive an equal share. This she feels has also made her mother in law more conscious about buying gifts for both her son and daughter-in-law.

7. Monitoring results - effective initiatives and challenges

The key change outcomes KS is working towards are promoting the adoption of DMT as a therapeutic intervention across mental health and trauma rehabilitation settings; capacitating survivors of abuse and violence to become empowered individuals with goals for the future; building survivors as healers for others and themselves; advancing skills that facilitate survivors build emotionally and financially sustainable lives.

KS's current set of documents, especially the strategic plan and theory of change, alludes to these outcomes although does not state them clearly. What is also absent is clear metrics and indicators which establish what is the extent of change aspired for during the coming year or years, that is what will change by how much, for example how many girls KS wishes to reach out to to hold DMT sessions in the coming year, how many DMT practitioners they want to train, how many new partnerships they wish to build etc.. Setting metrics is useful for several reasons – it enables organisations to assess progress, it also helps plan what resources the organisation currently has and would be needed in the future, helps establish accountability measures in a clearer way and serves as a dashboard. Setting quantitative metrics does not imply that organisations automatically become only number driven at the cost of quality. But they do serve a purpose in evaluating what success would look like in numerical terms as well.

Among participants of DMT sessions, reduction in symptoms of trauma is the immediate outcome, which in turn is expected to translate into improvement in communication skills, developing better adjustment patterns, being able to think on their own about their future (as they were before the trauma occurred), a positive body image, building trust, self confidence and the ability to make decisions.

KS has developed a set of good monitoring tools to keep track of the DMT process. This includes a needs assessment format which has close ended responses and a need analysis report format which is more subjective, a three month report, a consolidated report, a monthly DMT class report and a session report. The monthly DMT class report and the consolidated report seem to however, perform similar functions. In addition, there is a needs assessment format for staff of partner agencies, which is different from those for non staff participants. How these monitoring formats are fed back into improving the programme design is not very clear.

Monitoring of DMT sessions outcomes are geared towards assessing improvements in different markers of physical, cognitive and social well (such as those mentioned above). Using a combination of participant feedback and practitioner observation, each participant of DMT sessions is assessed on these markers. A status sheet has also been introduced where how the participant is feeling as reported by them is written down by the DMTP. KS has decided to utilise the resource of a research consultant to analyse the monitoring data. Analysis of trends emerging from the monitoring process has been recently compiled in a study report. The study results seem inconclusive as in there are too many variations among various child care institutions homes and among markers within the same child care institutions homes, to provide any conclusive evidence of what exactly is the change due to DMT.

The above mentioned study points to lack of regular attendance and high levels of attrition as probable causes for the variations and lack of consistent trends. However, this study could be strengthened by a more qualitative study on whether the participants' own context, mode of conducting the session, overall environment of the child care institutions etc. could also be contributing factors for the wide variations.

Frequent change in participants and entry of new one's as well as shifting of s are ground level challenges being faced in both conducting DMT sessions consistently and measuring its impact. In such situations it becomes essential to capture change through a continual process of reflection and feedback incorporated in every DMT session. Currently, this occurs at the end of the session in the form of a feedback session. However, observation of this session suggests that this may not be the best way to elicit feedback. First, the participants have absolutely no time to process what has happened; second they are unable to articulate their thoughts very comfortably. What one can realistically hope to get from the current process is a sense about immediate feelings and thoughts, more about the process of the session. However, *what* has changed cannot be captured through this process. This could be one of the

reasons that the status sheet (which are filled up at the end of the session) were seen to have very generic answers with no substantial insight into what has changed.

It may be useful to think of a specific session that helps participants articulate the *change* they have gone through using other art forms such as colours and drawing. The other option would be to begin with an analysis of what each participant has felt about themselves during the week, at the start of session. Do they feel any difference in themselves after the last class? This reflection could also focus on asking for examples to support what the participant is saying is the change she has gone through. Many women's empowerment programmes utilise reflection sessions on 'what has changed' as a tool to build greater awareness about the self, enhance group solidarity and gather inspiration from each other.

D. Organisational systems

1. The Core Team:

The concept of a Core Group or a Core Team is widespread in organizational practice and literature. One way it is looked at is that it is the senior most people in the organization who think about the key challenges facing the organization. It is strategic - and not directly connected with managerial decision making - even though the thinking of the core group does impact the managerial decision making process. In case of KS, the CG are those who formed the core of the organization when it got formed. These are the five 'nieces' of KS - her first students who came from a troubled background, and who were able to successfully adopt DMT into their lives and work. This group of five people are the real heart of CG - as opposed to the brains that the SMT is supposed to represent. Being the heart means that they are driven by values and emotions, more than strategy and logic. Given their strong values, they have impacted the functioning of the organization in multiple ways.

In the case of the Core Group of KS, the core also includes a deep personal bond of CG members with Sohini, to Urmimala and to Anuradha. When the CG members decided to join, they had to leave government care institution, and they didn't earn enough to go anywhere else. They came and stayed at Sohini's home. She was family for them, a very close personal friend for them. She was both who provided emotional support, as well as their employer. In the absence of any other family, many of them got married from Sohini's house. A true indicator of their closeness is that all of them call Sohini Aunty, something that all other practitioners who have joined KS after the CG, also do.

In the recent past, the position of the CG members is being questioned. The CG members feel that they are not being respected by the practitioners. This situation is understandable. The CG members are in the typical situation of the 'middle line', where their actions can feel circumscribed by the 'Strategic Apex' and questioned by the Operating Core. The members of

the Operating Core may feel that the CG members (the Coordinators) have nothing that they themselves don't have.

In this situation, it is important that the CG members develop their capabilities and enhance their roles.

The response of the organization has been to formally upgrade them and make them part of the Senior Leadership team, along with the other Managers and the Director. It is hoped that by becoming part of this team, the CG members will be able to develop skills and take on roles that will showcase their distinctiveness - and importance to the system.

2. Structure and Processes



Moumita explains to the evaluation team, her view of the past, present and future of Kolkata Sanved

The organization, like most nascent NGOs started off as a Simple Structure (See Annexure on forms of the 5 forms of Organizations, 5 forms of organizational coordination, and 5 parts of an organization) with most decision making vested with The Director. With six practitioners, and a single mentor practitioner in the form of Sohini, this worked well.

As the work expanded, KS decided to obtain management expertise - those who would write proposals, help plan, and coordinate and track the work, and prepare reports. KS thus started with a single program coordinator to play this role. This worked well as long there were less than a dozen facilitators (including the ED and the five of the Core group). However, as the work expanded, and the number of practitioners increased, KS increased the number of managerial personnel. The program coordinators became the managers, while the senior, founder practitioners became the coordinators, reporting to the managers. For some time, it appeared that KS was intent on becoming a form of a traditional machine bureaucracy: a pyramidal structure in which the operating core (the set of doers) are at the bottom, with little flexibility and independence in taking decisions about their work.

Except that the nature of KS, by this time, was becoming more like a Professional Bureaucracy. The real power in this organization, like in a hospital or a university, with respect to its work, lay with the professionals. And the professionals included all the coordinators, the ED, as well as at least two of the Managers!

In this situation, where the organization needs to work more like a professional bureaucracy, the role of the management cannot be that of defining how to do work. The entire set of key creative decisions - deciding the curricula, changing session plans, and dealing with the challenges of different kinds of participants, all lay with the professional practitioners. The

senior practitioners - the coordinators, who had been the mentors in the growth of these practitioners, needed the mentors role to a much lesser degree: the practitioners were more or less independent. What the practitioners now wanted were conditions that would facilitate their functioning.

Not that the Coordinators did not have any other role. They had, after all, also to liaise with the Govt., and other NGOs, to resolve problems of coordination between them and KS. They also had the task of negotiating and resolving difficult issues with these partners.

At the same time, the role of the Managers - vested both in the Management of the Program (the so called top of the Middle Line) and that of Finance and Accounts too was becoming more complex. The Finance part was becoming more complex because they had to invest much greater efforts in tracking and controlling the finances. The Finance Manager needs to have a requisition chart from all the projects by the end of the month, and it needs to have a reconciliation report by the beginning of the month. And she has to track all of that against the present cash balance, and the expected cash balance in the coming month. The Finance Manager also has to see to it that funds are available for activities that are not covered by specific projects. To this end, all the Coordinators tracking the different programs need to do their planning and reporting before a certain date every month.

There is another area which can potentially cause problems: decision making about expenditures. As of now the decisions on expenditures are approved by the ED along with the Accounts and Administrative Manager. However, to ensure that the Professionals too have a say in this, KS has set up a purchase committee where two of the three members are professionals.

Similarly, the Program Manager has to see to it that the multiple sessions to be handled across a month - TOT, DMTs in child care institutions homes, Cancer Hospital, Mental Health organizations, and the various workshops being handled, both in Kolkata and outside, should get divided fairly across the different practitioners - the Facilitators, the Coordinators, the occasional Managers, and the ED! (a task, incidentally, now increasingly being done by the Leadership group rather than the Program Manager on her own) And she would have to ensure that emergencies - when a facilitator falls ill at the last moment, would be tackled by sending a substitute practitioner to take over.

In this case, we have the situation that while the creative power is vested with the practitioners (irrespective of their designation), the power to decide distribution and scheduling really rests with the Managers. This is particularly the case so because any one practitioner has to report to more than one coordinator at a particular time. This happens as every individual is involved not just in one program or one kind of DMT, but in multiple types of workshops and DMTs, and works with different kinds of clients.

The big advantage of this structure is that it allow both for individual growth (every individual gets to experience a range of programs and situations), it also increases organization's flexibility to respond to different emergencies. The biggest emergency is when

a Trainer goes missing, or when the organization needs to handle a program that was not part of the original plan. In that case, anyone in the organization can be asked to fill that gap. Thus, even Rengana, who is formally a part of the Finance team, can be (and is, frequently) asked to go and handle a particular workshop. This example shows both the importance the organization vests in taking on and handling different DMT related programs, and indicates how the organization is becoming a professional bureaucracy and adhocracy around the profession of DMT.

In short, what has got created, organically, is the best possible structure for KS: a cross between a professional bureaucracy and an adhocracy, in which the creative decisions are taken by the professionals (the practitioners) and different people play multiple roles (an asst finance manager, who reports to the finance manager, is also handling a workshop outside Kolkata, in which she reports to a particular Coordinator, as well as going as part of the Dance for the Revolution team, in which she reports to still another Coordinator!) It is also important to note that adhocracy - and even the operating core part of the Professional bureaucracy operates best when they use the coordination mechanism of mutual adjustment.

There are two more comments to make before we conclude the section: the use of a common e-mail id as an example of the mutual adjustment coordination mechanism; and the way, the organization is ensuring accountabilities.

An interesting protocol followed by KS is one in which, over and above each member of KS having their own organizational e-mail id, there is also a common e-mail id: kolkatasamved@gmail.com. This e-mail id is freely used by the Director and four managers: Sohini along with Namrata, Samita, Moumita and Rangana. This seems to be a tricky system to have: how will, for instance, ensure that all emails are responded to! For this system to operate, a key coordination mechanism that needs to be followed is that of mutual adjustment. This form of mechanism is used both in very simple and in very complex situations: this mechanism of coordination can be very responsive and effective. At the same time, this form of coordination can only work where there is high trust and mutual understanding.

There are three dimensions of accountability that KS is concerned with: Programmatic - Administrative, Programmatic - Quality, and Culture appropriateness. The Programmatic accountability is ensured through an inter-related system of Job Descriptions, a set of reports to be prepared, regular (almost daily) interactions between the different levels of staff, and through an Annual Appraisal system. (For detailed comments and critique of the appraisal system and Job Descriptions, see the section on formal policies).

The programmatic quality part is particularly looked at by Sohini and Samita, (while Tilotamma and Jhulon look at the academic part). This is done both on a monthly and a continuous basis. Whenever the Director meets with a practitioner she asks what is going on, and the practitioners talk about what's working well, and what is not working well. While higher order challenges usually come to the Director (for instance, what is to be done with an

trafficked group of participants who are showing a lot of pathological behavior); practitioners turn to Tilotamma and Jhulon for related quality inputs.

The above two are strongly complemented by the informal tracking of energy and motivation, and whether an individual is working in a way that is against the cultural norms of KS. Thus, when many in KS began to note that S was showing signs of being de-motivated, and of making comments that were dismissive of others, the Director initiated discussion with S and others to help find a way of resolving this problem.

In short, both formal and informal mechanisms of multiple forms of tracking accountability help the organization to work in a way that can be described as a cross between a professional bureaucracy and an adhocracy.

To repeat, the organization has moved towards an appropriate cross becoming something between a Professional Bureaucracy, Simple Structure and an Adhocracy. And as time goes on, the Simple structure element is decreasing, while the other two elements are getting strengthened.

Having pointed out this trend, we would like to mention the following:

- The big risk of Professional Bureaucracies comes out when individual Professionals start contravening the values and principles of working. For instance, they could start fighting with each other in sessions, leading to sessions getting derailed. Or they could pay attention to some participants and not the others.
- There are five ways to tackle these problems - all of which seem to be followed at present: (Implying that these should not be compromised in the future)
 - Have the Coordinators occasionally be present in the sessions.
 - Get the coordinators to talk to the participants separately, even making home visits.
 - Conduct sessions in pairs (being followed)
 - Go through reports fully
 - Create forums as safe spaces for discussing issues
- Adhocracies, which depend to a great degree on mutual adjustment can work well when
 - Seniors have no problems in reporting to juniors. (e.g. Sohini, as Director, could report to Namrata who coordinates the TISS Diploma, and Namrata, if and when she takes a workshop, could report to Tilotamma)
 - People understand that taking on roles is not the same thing as having a position. Individuals could take on roles where they are coordinators and are anchoring a team or a group; simultaneously, they could be members of a team or group, where they report to someone else.
 - Even those who are plain Practitioners could take on the role of heading teams or groups. Groups could be formed around discussion themes or implementing

small programs. For instance, a Practitioner could anchor a discussion group to explore understanding of gender themes in posters and communication material.

3. Culture:

The organization is a place that promotes creativity, learning and art. It is concerned with having positive (as opposed to negative) energy. It believes in balancing formality and informality, flexibility and time lines. It lives equality. Above all, it is also a caring space.

The first impression of the KS office is color and vibrancy. The slatted wooden windows, the roof, and some part of the walls are painted pink: KS took the office on rent and the previous rentees were Asian Paints! The walls and the roof are choc-a-bloc with huge photographs, paintings, and cut outs of butterflies, octopuses, music notations, diyas, and soft infant mobiles featuring cute octopuses and the like. There is the mandatory framed photographs of Rabindranath, and a huge collage illustrating women theatre practitioners of Bengal over the last hundred years. KS has an insulated room in the floor below, the only room with an AC, and an ideal place for a DMT practitioner to practice her wares! Every day, all the practitioners who are present in the office that day, come here for an hour in the morning and engage in Movement practice. Overall, the KS office is a space where DMT practitioners and professionals can feel inspired to grow as professionals.

In the morning, mandatory, tea circle, where everyone is gathered for a short period, a few are unconcernedly having breakfast. One of the manager's eight year old son spends a few hours in the office, assiduously building gates and buildings with a set of blocks. There is a biometric counter in the same room where the child plays - the outside limit for staff coming in is 10.30 am! It's a place which values both formality, and formal timings!

The Director easily walks over to the next room, sitting in a small cramped place discussing issues related to the budget with the finance manager. Everybody is present in the Tea circle in the morning - sitting in an ill defined circle.

Tasks appear suddenly - forcing people to change their schedules. It is not a place for those who love to work by the clock - on rigid, pre-defined schedules!

The office assistant prepares delicious lunch every day for all those present in the office. When someone is ill, one of the Manager takes off time to take her to the hospital. Every month, groups of KS employees sit with a Clinical psychologist for two to three hours in order to deal with their Personal Growth issues. New trainees are scolded affectionately if they are not having their lunch. It certainly is a caring place!

Most of the above strains of KS's culture, helps in preparing a set of DMT professionals who are comfortable with themselves, with each other, and with the flux of daily life, professionals who are constantly working, thinking and striving to improve their understanding and practice of the art and science of DMT. It will prepare a set of professionals who will both facilitate others' growth, and act as effective role models to grow into.

4. Staff Retreats

KS has used retreats for a variety of purposes. The previous year's retreat was used to tackle tensions within the organization, while the the previous years had focused on understanding issues around gender.

This year the retreat was facilitated by a Board member. The discussions in the retreat provided an opportunity to deal with some of the underlying tensions that had been brewing in the organization for some time. Seven of the ten tensions were related to the internal organizational functioning, while three had to do with the outer world (or KS's relations with the outer world). The internal organization tension points were as follows:

- Work Pressure
- Work Place Conflict
- Appraisal Systems
- Holidays
- Loss of Importance of Founding Members
- Dependence on the Director
- Need for a meeting between members and the Board

The Retreat came out with a variety of solutions to the above problem, many of which seem positive, though there are some that might be worth re-visiting.

The positive decisions included the following:

- Delinking the appraisal process from salary increments. (see argument against linking the two in the section on policies)
- Get the Coordinators (who are also the founding members) to be part of the senior management team (and rename that team as the leadership team). This would allow for greater coordination amongst the senior members, and increase the acceptability of the Coordinators amongst the practitioners. Finally, it could also potentially develop the abilities of the Coordinators in the area of Finance and Logistics.

Another decision was to create an HRD department to take of conflicts, which would act as a go between between the Board and the staff.

One decision was that to resolve issues internally, rather than run to the Board. This decision is good only if the organization builds up a capacity to deal with internal conflicts: otherwise,

the Board becomes an important safety valve for any conflicts arising in the organization. For instance, it is only because the staff approached the Board that the Retreat took up the issues that it did!

5. Of Revitalizing Staff, and improving Communication:

Those who engage in therapy too need therapy; they too need to rejuvenate themselves. The need to rejuvenate and recover has a historic and a present reason. The historic reason is to do with issues not fully resolved through DMT —the tendency to fall into a trap of feeling marginalised whereas the present reasons are to do with the instances of reduced communication or mis-communication (and the consequent building of mistrust)

KS recognises that survivors of trauma may face serious blocks in building trusting relationships. There is an enhanced tendency to feel sidelined and marginalised more easily than others. The Senior leadership at KS is cognizant that many DMT practitioners have experienced a lot of pain and victimization, hence they also tend to become very manipulative too at times. They have not learnt to share and . Few girls get privilege in the Centres, and thus, they learn to survive. DMT helps to change things. However DMT only solves 80% of the problems; others need to be worked at. Some manipulation remains; this 20% is so deep and hard, that it is very difficult to change this - it is a life time job.

It is in order to deal with all of the above challenges that KS has invested in getting a Clinical Psychologist from Samikshani^{vi}.

This Clinical Psychologist holds monthly three hour Personal Growth sessions with four teams: Managers, Coordinators, Practitioners and TOT students. Once every quarter, she holds a single six hour session in which all the teams are involved.

In these sessions, the aim is to get the individual to identify the discrepancy between their Real Selves and As If selves. Recognizing these discrepancies allows individuals to deal with their traumas; and move from a survivor stage to a liberated stage. KS staff are generally in a good space as there is high level of closeness between staff. But sometimes the deeper issues affect their mutual interaction; which is where this support is essential. In the words of the clinical psychologist, DMT has helped them to become warriors (to deal with the outer world); but now, they need to face up to a bigger challenge, that of recognizing and accepting the deeper emotional problem.

These sessions also help to identify what is stopping people from communicating with each other. The sessions thus also help to surface mis-givings about each other, and consequently resolve issues that have remained unresolved because of the lack of open communication.

Of course, for this process to be even more effective, it is important that these group sessions be complemented with a few individual sessions. It is hoped that KS would soon take this step.

6. The Role of the Board

At present the Board meets thrice a year, for half a day, or at times, a full day. The meetings seem small but the real support of the Board is outside the meetings, in support provided to the Director, to others, and to the organization.

KS is lucky to have a Board which is not only variously talented, but also very committed to the success of KS. At least in one case, the commitment is because she herself was one of the resource persons in workshops conducted for KS - who has seen how her trainees have grown from very vulnerable people to highly competent ones.

An interesting aspect of the Board has been the inclusion of Srija - one of the Core Group members - as a member of the Board. Including her ensures that the perspective of survivors - particularly one who has used DMT successfully for her transformation - also enter into the deliberations of the board. As it turns out, Srija is not there only to make up the numbers, she is seen as someone having a distinct voice, who is not intimidated by others in the Board.

The Board of KS has been able to play a role that may be described as one that has balanced on the razor edge between being too intrusive and pushy and being totally hands off. Over the last thirteen years or so, in line with the growth of KS, the Board has slowly reduced its involvement.

Over these 13 years, it has played multiple roles. It has fostered the birth of Kolkata Samved, it has played mentor and mother both to the Director and to the founding group, it has provided key inputs in designing the curriculum and writing proposals, and it has consciously incorporated principles in its own working that have helped to increase the ownership of the core group (in particular); and most importantly, it has helped to constructively respond to internal tensions in the organization.

The one's who are directly responsible for birth of the organization included Anuradha Mukherjee (formerly of Ashoka Foundation, and one time mentor of Sohini Chakravarty), Dr. Urmimala Sarkar (Professor of Arts at JNU, she had attended the same DMT workshop; she was a resource person in various workshops on dance and movement) and the late Indira Sinha (Founder Director of Sanlaap where Sohini first conceptualized and articulated what DMT would stand for in our country). Anuradha Mukherjee ensured that Sohini got an Ashoka Foundation fellowship, money from which helped to fund the others in the core group. Dr Urmimala Sarkar took classes along with Sohini: many of the core group, and subsequent practitioners were also her students!

The Board played a key role in developing the curriculum: an important milestone in establishing DMT and KS in the professional map of India. An important role in this regard was played by Dr Urmimala Sarkar.

Anuradha Mukherjee - who has extensive experience of working with multiple donors, and Sohini Bhattacharya, Vice P of Breakthrough, have both helped to provide key inputs for developing proposals.

One of the membership principle adopted by the Board has been that it should have at least one member from the original survivors group in the Board. In this way, it has had two members at different times, in the Board: Raakhee, and after she left KS, Sreeja Debnath

Because of the very close personal link that Anuradha and Urmimala have had with the Core group in particular, and the other practitioners in general, the practitioners have turned to them (particularly to Anuradha as she is available in Kolkata) to deal with their personal and professional issues. In one recent case, the entire group of practitioners had turned to Anuradha in order to 'complain' about the functioning of the 'management'. At the same time, the management team had their own complaints about what the practitioners were doing. In short, this was a classical conflict situation of mutual blame.

The blame was not limited to those considered management and non-management. There was also blame between the senior practitioners (the coordinators) and the practitioners. For instance, the coordinators found that the practitioners did not follow some of the values; the practitioners considered that the coordinators spoke to them in a boss like fashion.

This mutual blame crisis was dealt with during the recent Retreat in which one other member of the board, Sohini Bhattacharya, anchored a reflective session about the working of KS. In this session she asked the following questions: what processes do we want to continue in the organization? What processes do we need to stop? What new things do we need to bring?

This reflective session not only led to the tension being managed, it also led to the creation of a new integrative structure: the leadership group, which supplanted the previous Management Group. (For details of the crisis handled, refer to another section)

7. Do Formal Policies reflect the Values of the Organization – maternity benefits

a) The set of policies and policy statements

The values of KS, as listed in its document include the following:

- Equal participation by all
- Universal empathy
- Ensuring that the Survivor's voice is heard
- Emphasizing the individual growth of all members
- Promoting mutual respect and trust
- Maintaining the discipline and work ethic of all members

- Providing a safe space that is also as healthy working environment and has a congenial atmosphere

The overall Policy document includes the following:

- A Code of Conduct with 13 statements^{vii};
- A list of 30 HR policies^{viii} ;
- A list of 14 office Policies^{ix}
- A Grounding Principles^x Ground which underlines the importance of the participatory method in KS

b) Policies that are in line with KS's values and mission

Policies that have been framed keeping in mind the values and nature of work of KS include Child Protection, Maternity Leave, Other Benefits and Hiring Procedures.

Child Protection. It specifies that no one, including from the Governing Board, can hire a child domestic help. If there are three reports of emotional and verbal abuse of children, then the services of a person will be terminated. In case of physical abuse, a 2nd report is enough for person's services to be terminated. KS is also supposed to appoint a Child Protection Officer to whom all complaints will be addressed to, in confidence.

It also lists statements that help to articulate how the staff needs to deal with children. These include as many as 37 statements such as "Consider each child as a unique individual with specific characteristics and needs and thus accept each child with his or her positive and negative characteristics." "Equal attention to be given to all children irrespective of gender, with no favoritism". "Encourage children to express their feelings as well as to participate in decisions which affect them at the same time confidentiality".

We can say that these statements are easy to understand and adopt by KS staff because a majority of statements reflect the underlying principles and practices of DMT itself!

To ensure that there is no child abuse, there are also tables to help staff recognize if physical, emotional or sexual abuse has taken place. The tables detail examples of abuse, and point out signs to recognize that this abuse has taken place, as well as the impact it possibly has had on the child.

KS also has a policy of giving 6 months maternity/benefit benefit to its employees. It is interesting to note that while KS finalized this policy in June 2014, the Government of India came out with an act in March 2017 granting six months (26 weeks) of maternity leave to women in the organized sector - up from the previous law which specified 12 weeks. In this way, KS, like many others in the social sector, showed that its policies were more progressive than what the organized sector was expected to provide for!

The Other Benefits section indicates that KS would help Trainees and Trainers to continue their education, and emergency support: particularly those who do not have other family support. This policy is strongly in consonance with KS's high priority it gives to survivors.

The Hiring procedures clearly specify that all DMT Practitioners and Trainees, would be survivors hired from the community. Of course, just being survivors is not enough to get them hired: those who get selected would have to pass a Dancing/Movement test (something that would assess them on rhythm experience, movement vocabulary and Communication Skills)

c) Areas of Concern

There are however, two areas that need to be looked at more closely by KS: Performance Planning, Review and Evaluation and that of Job Description (which has been subsumed under the area of Contract.)

The Job Description is individual rather than organization oriented; it is also activity rather than role oriented. Thus, the job description lists activities that the DMT Practitioner or Coordinator need to perform.

The distinction between Job Description and Role Description is that while the former lists activities that need to be done by that individual (and hence has an individual focus), Role Descriptions indicate the roles that need to be played for the organization. If somebody is playing a role, it is clear that the role is to benefit the organization in a specific way. For instance, the job description says (both for Coordinators and DMT Practitioners) under the heading of 'management' is: attend staff meetings.

Attending staff meetings, however, cannot be an end in itself. You have staff meetings (or program meetings) because you want to use that space for effective reflection, sharing ideas and planning ahead. Thus, the role cannot be to attend a staff meeting: it would have to be to contribute in a way that maximizes quality reflection, sharing and participation, and effective decision making.

As the job descriptions simply list activities, they miss out on key roles to be played. For instance, the Coordinators need to have a role of facilitating the growth of the Practitioners reporting to them. In order to facilitate the growth, the Coordinators would need to engage in a whole host of activities: reading reports given by Practitioners, giving them feedback on these reports, holding 1:1 discussions with them, helping them recover from personal setbacks, helping resolve tensions that hold them back, helping them to understand concepts etc. The point is that the specific activities that the Coordinators need to do to facilitate the growth of a Practitioner would need to vary depending on the situation. The Coordinator may need to meet the family of the Practitioner (an activity not listed in the JD!), or may not need to focus so much on the reports sent by the Practitioner.

Similarly, there is the role of Coordinators and Managers to see to it that the culture of the organization is maintained. This role would include a range of activities: some of which might be absent from the laundry list of activities provided in the JD document.

A possible way is for the organization to jointly list out roles required to be played within the organization. Doing this would give a overview of what needs to be done in the organization - and who can best play those roles. Appending (or better still, substituting!) the list of tasks roles, to the JD form given would be the way ahead. What would follow is the Appraisal being done on roles, rather than the list of tasks given in JD.

The Appraisal system builds on the Job Description. Given the limitation of the JD, it would not be surprising if the Appraisal system too gets limited by that.

Briefly, at this point, it might be pertinent to point out that KS has come to a decision that the Appraisal system would only be used for providing feedback, and not for making decisions about salary increments. This is a good position to take as it allows the process to focus on the developmental needs rather than muddying it with increment related tensions. At the same time, there is need to improve the quality of this process by training the staff/supervisors in the method of providing feedback.

Though there is no formal reward system, one of the implicit rewards is the public praise, that can happen, either during one to one conversations with the Director, during the daily tea circle, or during the monthly project meeting in which there is praise given for succeeding with a particularly tough participant in a DMT

Finally, there are two elements that are still missing from the appraisal system:

- there is no assessment of the supervisor by the supervisee.
- There is no training of how to give and receive feedback. What matters far more than any appraisal system is a process of constantly giving feedback on how things are being done: done well, or not done well. The supervisor should be able to point out how things went well, or not went well, and what should be done in the future. If somebody is not performing properly, or missing out on a role, then the individual should know this at the earliest.

What is good about KS is that there is extensive interaction taking place, practically on a daily basis between the Coordinators, Management and the Practitioners. As a consequence, the year end appraisal may not be springing surprises. Nonetheless, it would help the process if the Coordinators and Managers (as well as the Practitioners) get formal training on how to give and receive daily and regular feedback.

The Purchase Policy of the organization states that for all purchases above Rs 5,000/- it requires the permission of the Director and the Accounts and Administrative Manager. This amount seems too little from the perspective of building up capabilities among the Coordinators. Further, by saying that all requisitions must give the accurate amount of money required ("guesses or estimates will not be recorded"), while excellent from a financial point of view, would also lead to a slowing down of decision making.

E. Possible Future for KS

1. The current Vision and Mission of KS

KS's vision is: "To harness the power of dance and dance movement therapy to heal, empower and transform individuals into active citizens and change makers"

In a similar vein, the Mission of KS is: "To build the eco-system for DMT for Change across Asia and create leaders and change-makers in the field, especially from underprivileged communities"

There is a two fold focus of the above statements. The first focuses on the development and transformation of individuals. And the second is that of building an eco-system for DMT to prosper.

2. The Business Plan document of 2015-2020

The strategy that was built in 2015 (as stated in the Business Plan 2015-2020), with the help of Start Up! is in line with the above. The Business Plan document identifies three pillars of its growth, or three strategic thrust areas.

- Consolidating the Core: strengthening the DMT curriculum, training programs and strategic partnerships.
- Strengthening the institutional base: steering the organization into a Centre of Excellence for DMT.
- Stimulating Progress ifor the field: by launching new social entrepreneurs that build DMT for change models across South Asia

These three strategic thrust areas get converted into seven strategic priorities (and each priority, in turn has one or more specified strategic goals or targets. Many of these goals are indicated next to the priorities in parenthesis):

1. Set up and consolidate KS into a Centre for Excellence. (building robust programmatic, HR and sustainability systems and processes)
2. Deepen Sampoonata's direct reach and impact on children, adolescents and youth across West Bengal and Maharashtra. (consolidating partnership with 8 Govt institutions, 18 civil society organizations and 7 schools across 2 states)
3. Generate national and regional demand for DMT. (have 24 short terms Sampoonata workshops with CSOs to sow the idea)
4. Launch and celebrate professional DMT practitioners (this includes setting up a Sanved Academy)
5. Scale Sampoonata by incubating and creating local and regional DMT organizations. (Scale KS model in 10 CSOs)

6. Build innovative funding mechanisms for the field of DMT (e.g. fellowships)
7. Mainstream Sampoonnata into policy framework and academia. (This includes transitioning the TISS certificate program into a diploma course; and integrating Sampoonnata into the West Bengal state rehabilitation policy framework)

As can be seen, the performance of KS over the last two years shows that it is perhaps employing some elements of the above strategym, more than other ones. Some of the activities of KS in line with the above strategy have included:

- Conducting Short term workshops with CSOs (Strategic Priority or SP 3)
- Starting a Diploma course (SP 2)
- Training people from different CSOs in DMT (SP 4)

There are doubts, however, whether KS has done adequate work in the areas 5 to 7.

In order to implement the Business Plan/Strategies, the document recommended that KS should divide its functioning into four verticals:

- Direct Services
- Incubator and Academy
- Sustainability and Resource Centre
- Admin, HR, IT and Finance

Finally, the document also indicates what each vertical is expected to achieve: in terms of What (the activity defined), Where (location of the progam), Who (the key stakeholders) and Five year goals.

KS has followed the advice of creating the four verticals.

As two years have passed since this document was framed, the following comments need to be made with respect to it:

- The document is coherent, and well structured. The strategic priorities and goals fit in smoothly with the stated vision and mission of the organization.
- The focus is on individual development and encouraging an eco-system which promotes DMT.
- The organization seems to have been fairly scrupulous in following the letter and spirit of the strategic document.
- The reality of the organizational structure is different from what is suggested in the document. This, the evaluators think is a good thing because the actual structure that has been achieved is probably more appropriate than what has been suggested in the document. This is because, as the subsequent section will explain,

3. Expanding the Vision of KS

However, as the organization has grown and changed, its thinking too has developed. In a recent exercise, conducted in the presence of the evaluator, KS's articulated its vision, as follows:

"A healthy violence free gender equal creative society where individuals will be empowered in terms of their rights, financial independence and self identity".

It then broke the above vision down into three sub, inter-connected statements:

- Having a society where women and adolescent girls have agency and economic independence.
- Having a wellbeing community.
- A society where individuals are aware of gender equality and child and women rights.

The big difference, as we can see, from the previous statements is that now the focus is not just individuals and DMT, but also the community and rights. There is a shift from just looking at DMT promotion and individual empowerment to seeing that DMT promotion and individual empowerment in turn should lead to larger social changes.

Our understanding is that the above has not happened suddenly: KS's focus on individual empowerment and change, its focus on working with the survivors of trafficking and violence clearly indicated a strong implicit resonance with larger social change agendas. Except that it had never been articulated before.

Now that KS has articulated it, we would like to point out a few things, and suggest a specific course of action:

- As of now there is an inadequate intellectual understanding of larger social processes. This lack of understanding is evident in examples such as where the senior team is unable to identify the deeply gendered messages given on an ubiquitous poster hung on the walls of the Govt. home.
- It is important to not only understand these larger social processes (an indicative description is given in Annexure 1) intellectually, it is also important to link it up to the visceral, individual centred understanding of healing and empowerment of the survivors, that the team already possesses.
- It is only after the team is able to build such an understanding that it would be able to widen and modify its current strategy to meet the needs of the re-defined vision.
- Building such an understanding is not something that can happen through a short workshop. This is a process that could take anywhere between a year and two. In this duration, the senior leadership would develop their understanding through a mix of exposure visits (visiting organizations that are directly working on issues of gender discrimination and social change), interacting with social change leaders, and attending training programs and workshops that focus on such issues.
- Once the senior team has developed this understanding, then perhaps the time would come for KS to revise its strategy.

In developing the new strategy, KS would need to keep the following in mind:

- It would need to be clear about its Theory of Change: what are the assumptions it has about how society changes.
- It would also need to work out the pathways of that change: what are the steps it would need to take to achieve its strategic objectives.

While it may be pre-mature to define the strategic objectives now, it is possible that some of those strategic objectives might be as follows:

- Develop the Centre of Excellence (as before)
- Deepen Sampoonata's direct reach (as before)
- Generate demand for DMT (as before)
- Develop DMT modules specifically for working on Gender and Social Change, and for strengthening groups.
- Intervene in communities from where the survivors are coming from. For instance, Iswar Sankalp, with whom KS works extensively, have a program by which they work with the community from where the homeless are emerging. This way, not only does it create a safe space for the healed homeless to go back to, it also engages in
- Push for change in the policy framework, not just on your own, but making it part of the agenda of a larger campaign and alliance.

In order to achieve all of the above, KS would need to think through on the following:

- The kind of people it might require. It might require people who have a skill and understanding of working with alliance. (Alternatively, it could think of developing this skill in one of the practitioners)
- The kind of capacity building it might need to invest in.
- A slight change in the kind of donors to work with.

VI. Key Recommendations

1. The evaluation strongly recommends core funding support for KS for a period of at least three years to help consolidate its gains and develop a more sustainable model of growth. KS has gained a great deal of experiential knowledge and wisdom around DMT. The next phase of their growth should be focused on consolidation of this knowledge along with deepening their practise. This means the following:
 - a. Creating a clear model for individual change which details the steps of how such change will happen.
 - b. Articulating KS's role at each step of the change.
 - c. A dissemination strategy/plan to of the results of DMT.
 - d. Creative experimentation with integrating dialogues around exclusion and marginalisation both within the organisation and in DMT sessions.
 - e. Continual reflection of the value add of such integration.
 - f. Networking and alliance building with a wide range of civil society and gender rights agencies
 - g. generating evidence about the efficacy of DMT in various settings using rigorous operations research and

h. A much stronger focus on monitoring and evaluation

2. The process of initiating and sustaining change in people can be conceptualised as a three step process^{xi}. The first step is about getting them to ‘unlearn’/ unfreeze or become aware of their old behaviour patterns. In the case of KS it would mean making the participants of DMT sessions aware of their feelings, thoughts, emotions and that there is a different way to respond to the stimulus that triggers negative emotions. After this first step, is a period of transition wherein participants begin ‘learning’ new ways (behaviours) of dealing with these emotions and stress triggers. They start experimenting with new forms of behaviour and actions emanating from greater awareness. The third step is when what has been learnt as an alternate behaviour consolidates (refreezes) and becomes a habit because there is internal and external recognition of the value of the change.

Throughout this process the change facilitator has a different role to perform. At the unlearning stage the facilitator is playing the role of a motivator, creating a ground for change to occur and encouraging experimentation of altered behaviours. The facilitator also creates a safe space for this change to occur. At the learning stage the individual is experimenting with new behaviour or actions and the facilitator helps the individual reflect on what is changing, how she/he is benefitting from it and what she is gaining in the process. The facilitator is also keenly aware of the challenges the participant maybe facing in adopting these new behaviours and helps the participant cope with these difficulties by motivating her and helping her find ways to reduce the barriers.

In the third stage, the facilitator helps consolidate the new behaviours and patterns of thinking by continually offering positive feedback, rewarding and recognizing the efforts made by the participants, celebrating them. The facilitator also plays the role of helping the participants to examine how the changed behaviour has impacted them, how they have grown and explores with the participant how the new behaviours can be sustained.

Currently KS is very strong in step 1 and to some extent in step 2. However, they need to think of ways in which they could strengthen their role in step 2 and 3, that is, offering support in experimenting with new behaviours and consolidating the change. Unfreezing of individuals is happening extremely well and effectively. The existing qualitative evidence and discussion with staff also shows that awareness of self is leading to a shift in old behaviours. This stage however cannot automatically lead to refreezing of new behaviours and habit formation unless there is a conscious effort to facilitate this process. KS needs to reflect on a) how they are playing a role in this process and b) whether the stage of experimenting with new behaviours is being seen as a sign of behaviour change itself.

3. An important aspect of the refreezing stage is creating mechanisms to prevent a ‘slip back’. When people go back to their native environment, in the face of continuous pressures, they may abandon their changed behaviour, and go back to the original state. Organisations typically dealing with this situation in two ways. One, they intervene with

the environment/community where the person is going back, to create awareness about the negative effects of social norms, stereotypes and expectations. The second approach is the Alcoholics Anonymous approach. After the individual goes back to the community, she keeps regularly in touch with her change group (or the facilitated group), and they exchange notes on their experiences. This solidarity group keeps on strengthening the resolve of the individual to go ahead with her changed behavior, and also helps generate practical suggestions on how to deal with her community.

4. Currently there is no mechanism to track whether the change has been sustained among DMT participants who do not remain connected with KS. Therefore if KS hopes the change will 'stick' it is important to innovate ways through which follow up support can be made available at least until such time that the changed behaviour becomes like a habit.
5. It needs to identify clear markers of transformation and empowerment in specific, concrete terms. Currently the measurement is focused on improved cognitive, emotional and social states of being, feeling and thinking (which are also important) but fall short of providing a clear sense of how these states of being are translating into behavioural outcomes which reflect different aspects of empowerment or improved mental health. For example, if s show growth in cognitive and emotional aspects, what does that translate into? Is it for example leading to lesser aggression or better learning outcomes or fewer physical ailments, greater cooperative behaviours etc.
6. Converting DMT as a livelihood option requires more than skills of being a DMT practitioner. Elements such as simple financial management, marketing and basic financial literacy are also required to establish and manage an entrepreneurial venture. In the absence of these skills, it may be difficult for participants to even think through how DMT can become a source of self employment. TOT sessions may need to either add or strengthen these aspects in their curriculum.
7. DMT practise as a viable livelihood option can become more 'real' if the idea is backed by a concrete intervention such as a fellowship programme. Promising, entrepreneurial TOT participants could be selected and supported to run a DMT centre in their communities for a specific period of time. Such a move will help establish the feasibility of turning DMT into an economically lucrative option. It will also enable KS to sharpen the economic self reliance implied within the Sampornata Model
8. There is a low focus on other sub systems and individuals who have a bearing on the sustenance of the changes in participants e.g takers and providers in child care institutions, schools, other s of the child care institutions etc. This needs to be addressed for long term and sustained change. Advocacy to sensitise senior officials about the value of holding de-stressing sessions for the takers and service providers of child care institutions homes; campaigns in child care institutions homes involving the DMT participants but also all other s; exploring ways to have the takers attend the DMT sessions with participants for a short while at least during class; regular updates to the superintendent about the achievements of the DMT sessions, offering DMT sessions at the schools the child care institutions homes go to etc. could be some ways in which subsystems could be engaged. (This ties also with the point made in 2 above)

9. The legal system (especially the police) are a very important sub system related to rescue, legal processes through which girls enter child care institutions, repatriation etc. KS needs to explore ways to engage with the police system either directly or through partnerships with other organisations that work with the police system. Agencies which offer training services to the police (both state led agencies and NGOs) could be partners to take this process forward.
10. KS's aspiration of emerging as a centre of excellence (COE) requires much greater clarity in terms of first what KS means by it (how is it being defined), how it will be set up, how will it function and what will it achieve. Currently this idea is not clearly articulated, including in their business plan. Centre of excellence is typically a knowledge hub that houses cutting edge expertise, ideas and skills. It is set up to deepen expertise in a particular area. COE models imply high skill, gathering best practices or developing them, demonstrating success of these practices, generating evidence, active dissemination and thereby influencing the thinking and practise in a given field. COE models could also be either focused on bringing together skills of only a particular kind or bringing together people from different disciplines but with a common goal to innovate, experiment, measure and replicate. KS would benefit from bringing in expertise to think through the implications of setting up such a centre. The senior leadership of KS could also learn from other organisations in the non profit and even the profit making sector, how COE's are set up. Does KS envisage itself setting up a COE like an innovation lab within the organisation which experiments with a new ideas that feed into the work of KS or does it wish to emerge as a centre of excellence entirely are areas that require deeper reflection? Each has its own set of implications, especially the latter because the skills sets, governance mechanisms, structure, not to mention funding, would have to be aligned to meet this goal.
11. The evaluation strongly recommends core funding support for KS for a period of at least three years to help consolidate the gains KS has made and help establish the centre of excellence model. Core funding would enable KS to focus on deepening the Sampoonnata model and ensuring stability as the centre of excellence is set up. Innovation requires mind space and reflection and some level of freedom from project based funding. Therefore support for processes that strengthen the core of the organisation without necessarily being linked to projects, would be of great use at this point, as KS is at the cusp of defining how it wants to grow. At the same time, very clear metrics of what the core funding will produce/ result in would be extremely useful in setting the agenda for KS.
12. Having established its mastery over DMT for change KS is in a good position to integrate other forms of art based therapy such as painting, crafts and drama into the Sampoonnata model. As its practitioners are undergoing counseling support, it may also think of integrating psychological understanding and counselling skills into modules. Research into whether and how other organisations are deploying integrated arts therapy methodologies would benefit KS greatly in this regard.
13. Embedding dialogues on gender equality within DMT sessions would add great value as this issue is central to the work KS is doing. KS would benefit from a process of

integrating gender into its DMT curriculum at all levels. It currently has a 'gut' or instinctive understanding of the issue but to shift to a more informed space of gender integration it would be beneficial to bring in gender expertise from the outside. The TOT and academy as well as empowerment workshops are especially good spaces to initiate discussions on gender equality and focus on everyday behaviours through which gender based discrimination can be reduced.

14. Currently, KS seems to be measuring success at the level of 'effectiveness' or unfreezing and some amount of learning new behaviours but not at the level of refreezing of new behaviours. This is because, as shared in point 1 of this section, behavioural change does not seem to be a conscious focus of KS's assessment. And the reason for this seems to stem from a morphing in KS's understanding between becoming aware of one's dysfunctional emotional patterns /thinking, initiating new behaviours and sustained behavioural change or habit formation.

It is very essential for KS to move the measurement to the level of transformation that is, sustained changed behaviours. This would require more long term monitoring and a more longitudinal study of a small cohort of DMT participants on a pilot basis.

15. A key element of the transformation of KS has been how the Core Group members learnt to become responsible as trainers: somebody concerned with others rather than only one's own growth. One of the first challenge they faced had been the need to respond to the introduction of managers, and systems brought in by them. Even as they have broadly succeeded in this transition, they face another challenge: that of being accepted by the new set of practitioners. The practitioners ask this question: what is it that the CG members are doing that the practitioners are also not doing, or what the managers are not already doing.

There are four ways that the CG members can meet this challenge. The first is to communicate more openly with the Practitioners about the role that they are actually playing. For instance, CG member are involved in dealing with the organizations, and resolving problems without which DMT sessions cannot take place, and it is possible that the practitioners do not fully appreciate the difficulties of handling the same. The second approach (and a more pro-active one) would be for the CG members to enhance other managerial skills, for instance of planning, giving feedback, helping in reflective thinking, understanding larger developmental issues etc. It might help the CG members to assess where they are on these skills and competencies, and then work to improve them. The third element would be to reflect on how they are actually dealing with the practitioners. Have elements of a 'typical boss' - who will speak imperiously, and not listen to the others - crept into them in their relationship with the practitioners? If yes, what kind of assumptions are they holding about their role? The fourth element is about being clear about fundamental roles that they need to play. Two such roles have an immediate impact on the way their leadership is accepted. The first is whether they see their role as facilitating the growth of the practitioners. And the second is the extent to which they are promoting collaboration and equality within the organization.

16. Over time, KS has evolved a highly appropriate organizational structure for itself: a cross between a Professional Bureaucracy and an Ad-hocracy. Here it may be noted that the Ad-hocracy structure, which violates many of the tenets of classical management such as unity of command, is highly suitable for innovative organizations such as KS. However, what is needed here is a greater awareness within the organization about the implications of following the structure that it has. It implies that the organizational members need to be prepared to live with some ambiguity, and should be able to work with organic coordination mechanisms such as mutual adjustment. An advantage of being able to do so would also lead to a reduction in the frequently emerging instances of tension between different layers of the organization.
17. KS seems to be slowly slipping into the typical organizational trap of equating positions and roles. A person could have the position of a program manager, where the key role could be making sensible programmatic decisions, but could also be playing other roles that have nothing to do with the formal position held by that person. For instance, the program manager (or any other manager) could also have the role of delivering quality DMT to a particular client. Similarly, all could share a role of ensuring quality discussion in meetings. All this requires that KS recognize the different roles that need to be played in the organization and think through how different people are located to play these roles, irrespective of their positions.
18. KS has an enviable culture of vibrancy, creativity and equality that needs to be maintained: KS needs to particularly take of the latter, which has experienced some strains in the recent past. In line with the above KS needs to continue investing in staff retreats the way it has done hitherto. The Board has played a key role in supporting individuals and relationships, and keeping in mind the history of KS, it should retain its current level of engagement with KS.
19. KS should also invest in personal counseling sessions to supplement the group level sessions. Further, the experiential and theoretical insights obtained from this process should be used to add another dimension to the DMT sessions.
20. KS should develop a system for tracking its Business Plan implementation, possibly with an year-end review of what has been achieved, what has got left out (and reasons for the same), and what KS would like to focus on in the coming year.
21. Keeping in mind KS's changing articulation of what its vision and mission should be, it should invest, over the next year or so, in building and deepening the understanding of the Senior Leadership team on larger social, gender and developmental issues. Once the team feels more comfortable at understanding the bigger picture, they should develop a clear Theory of Change, and subsequently, revisit and redesign their Business Plan.
22. The evaluation points to the need for enhancing the human resources of KS to include staff who can specially focus on M&E, advocacy and fund raising. Currently these functions are being undertaken by staff who are also handling other functions.

Annexure 1 The Broader Developmental Scenario

- KS, like any organization concerned with social change in our country, have to contend with the following development scenario:
- Locations of misery:
- If we look at the urban landscape, those who are the most miserable are clearly visible. Some of these include: the homeless, those who have been trafficked, those who suffer from domestic and sexual violence and can't get away etc.
- In a similar fashion, the areas of misery too are clearly visible: the streets, the red light areas, the slums, the platforms, the hospitals of the mentally affected.
- To take up just one example: Slums generate misery because they are in places where there is overcrowding, despair from joblessness, filth from a poorly managed sewerage system or a garbage management system, the daily fight for water from public taps, and the travel for long hours using the cheapest, and most uncomfortable transport, looking for, and holding on to, work.
- Given that human beings have the desire to grow, even in places such as these, there are spurts of beautiful growth: kids creating a playing field of cricket or football in the middle of a lane, women supporting each other in times of stress, houses decorated during festivals, and all celebrating the joys of Durga Puja celebrations.
- But every so often, when an individual gets pulled down by the general difficulties of life in this area, he or she not only goes into a depressed spiral himself or herself, he also pulls down others. The latter could happen if the person turns to alcohol, or drugs, or violence, to deal with the stresses that have built up inside him. And one or more of the above means that there is not only one less family member available to earn for the house, the cost to the family has gone up financially, emotionally and physically.
- Systems of inequality that create misery:
- That this misery creation happens far more in situations such as slums should be evident to any one who understand how large systems work. People living in slums are unable to make things much better because what they earn for 8 to 12 hours of hard labor everyday is lesser by a factor of hundred, compared to, say, someone from the middle classes. This poor return to their labour means that they are rarely able to earn enough to buy a better house, move to a better locality; or better still invest in improving their own locality.
- Marxist economists talk about the appropriation of the surplus from the laboring classes. More powerfully, the non-Marxist Economic historian Thomas Piketty has pointed out how over the last century or so, even as the great economic engines of growth have been working, the wealthiest have been becoming wealthier, even as inequality. Overall, India, like many other countries too has been becoming more unequal: it is now rated as the 12th most unequal country in the world.
- Richard Wilkin and Kate Pickett (The Spirit Level: Why Greater Equality Makes Societies Stronger) point out that the more unequal the society, the more societies have of the following:
 - Decreased level of trust
 - Greater mental illness
 - Reduced life expectancy and greater infant mortality
 - Greater obesity

- Reduced educational performance of children
- Greater number of teenage births
- Greater homicides
- Higher imprisonment rates
- Reduced social mobility
- In short, the greater the inequality in a society, greater is the level of misery that can be seen at the sites of misery: slums, red-light areas, railway platforms and mental health hospitals.
- Norms that contribute to misery:
- In all of the above some of the norms that contribute to greater misery are patriarchal norms, norms that condone inequality both between genders, as well as between classes and castes.
- These very norms also militate against questioning authority, thus reducing the pressure of accountability on the state.

Annexure 2 Organizational Structures and Coordination mechanisms

Henry Mintzberg, in his classic, "The Structuring of Organizations" (Prentice Hall, 1979), lists five components or parts of an organization, five mechanisms of coordination, and five organizational forms.

The five parts of an organization are:

- Strategic Apex:
- Technostructure:
- Support Staff:
- Middle Line:
- Operating Core:

The five mechanisms of coordination present in organizations are:

- Mutual Adjustment: The simplest and most complex organizations use it. Requires equality and mutual understanding for it to work. In such situations can achieve the best possible results
- Direct Supervision: Used where the Supervisor understands what is to be done and how, and the person doing the job does not know either. Best done when the Supervisor is physically present. (which reduces the reach of this form of coordination)
- Standardization of Work Processes: Where the Supervisor defines how the work is to be done, and then monitors the way it is being done. Best seen on a factory floor.
- Standardization of Output: Where the Supervisor gives a task to the Supervisee and expects the results, without considerations of how it is done. An example is bus drivers and conductors in private bus services
- Standardization of Skills: Usually seen with professionals, where the only thing is done is to hire somebody who has professionally certified skills, and then create the space and opportunity for that person to perform.

The five types of organizations are:

- Simple Structure: Usually seen in a new NGO, where the founder makes all the decisions, and all report directly to the founder.
- Machine Bureaucracy: Typical, text book, pyramidal organization, where the workers are at the bottom, reporting to managers, who report to the organizational heads. Work of the workers tightly controlled by the managers.
- Divisionalized Form: Seen in large donor or implementing organizations, where fairly independent divisions based either on geographies or programmatic areas, work under a single senior manager. One way of understanding divisionalized form is to think of them as magnified machine bureaucracies! (though other forms too exist)
- Professional Bureaucracy: Found in hospitals and universities, where the power - particularly creative power - is vested with the 'workers', who are professionals themselves. (e.g. Doctors, Professors)
- Adhocracy: The Ad-hocracy is the ideal form for an organization which is highly concerned with innovation. There are three defining aspects of an Ad-hocracy. One is that individuals may be part of more than one part of the organization at the same time. Somebody may be playing a primary role within Support Staff or the Strategic Apex and a secondary role in the Operating Core. A person playing a primary role within the Middle line would also be having a primary role in the Operating Core, and a secondary role in the Strategic Apex. All this would lead to Mobile reporting system. may report to two or more people at the same time; be part of different teams (with different team leaders) at the same time. The second aspect of the ad-hocracy is that the structure may keep on changing over time. The third aspect of the ad-hocracy structure is that there is a great reliance on the mutual adjustment mechanism of coordination.
- An implication of an Ad-hocracy structure is that it is difficult to have high role clarity: for that inhibits innovation! Another implication is that it is very difficult to draw an organigram representing the reality of the organization - as it is likely to keep on changing.
- A final comment: the Ad-hocracy shows the least reverence for the classical principles of management, especially unity of command. In this structure, information and decision processes flow flexibly and informally, wherever they must to promote innovation.

VII. End Notes

ⁱKanyashree Prakalpa seeks to improve the status and wellbeing of girls, specifically those from socio-economically disadvantaged families through Conditional Cash Transfers (https://www.wbkanyashree.gov.in/kp_4.0/kp_objectives.php, downloaded on 30th June 2017)

ⁱⁱⁱ<http://www.empowermentinstitute.net/> accessed on 17th June 2017

^{iv}Ms. Bernstein, MEd, LMFT, BC-DMT is a dance/movement therapist mentored by pioneer dance therapist Blanche Evan from 1970-82. For over 40 years she has worked primarily in

in-depth, insight oriented dance/movement therapy for the higher-functioning client. She specializes in therapy for survivors of sexual trauma and has published in this area. Since 2008, she has facilitated month-long workshops in Kolkata, India, for survivors of social trauma and sex trafficking. Her lifelong research is on the therapeutic use of dance in indigenous cultures. She teaches at JFK University and internationally.

www.camft.org/COS/AnnualConference/ac2017/presenter/Bonnie_Bernstein.aspx
downloaded on 30th June 2017

^vThe Sanved Model and The Sanved model principles shared with the evaluation team on 26/4/2017

^{vi}Samikshani is a Centre for Psychoanalytical Studies and Mental Health, that was set up in 1980, in Kolkata, by the the President of the Indian Psychoanalytical Society. Samikshani works through a team of Psychiatrists, Psycho-analysts, Clinical Psychologists and Counselors.

^{vii}The list of Code Conduct statements indicates that all employees must:

1. Attend monthly management meeting and provide action plans for management team.
2. Attend monthly staff meeting and project
3. Attend daily mandatory teac circles for all in office staff that will not be about official work, but will rather be a chance for all staff members to converse and discuss anything that is important to them.
4. Sign child protection policy and maintain that no matter what.
5. Conduct 80% of assigned class/management work as per KRA
6. Maintain professional / desirable / appropriate behavior and official decorum at all times.
7. Be punctual
8. Adhere to dress code
9. Meet all job related deadlines (in terms of job delivery)
10. Maintain transparency in terms of job delivery and ethics
11. Keep working space clean and tidy
12. Provide updated emergency contact number
13. Maintain a positive attitude towards all work

^{viii}The list of HR Policies is as follows:

1. Abuse in General
2. Child Protection Policy
3. Sexual Harassment at work place policy
4. Daily Attendance
5. Dispute Resolution
6. Drug free workplace
7. Employee accident and health policy

-
8. Employee data and employment records
 9. Hiring procedures
 10. Job Performance, conduct, disciplinary action
 11. Leave
 12. Other Benefits
 13. Overtime/Outstation
 14. Performance planning review and evaluation
 15. Personal appearance
 16. Probation period of new employees
 17. Salary adjustments
 18. Salary Grades
 19. Separation from employment and termination policy
 20. Notice of resignation
 21. Types of Employment
 22. Liability
 23. Confidential or proprietary information
 24. Conflict of Interest
 25. Hiring or contracting services from family members
 26. Organizational conflict of interest of self dealing
 27. Outside activities / employment
 28. Whistleblowers
 29. Anti bribery and anti corruption policy
 30. Policy for visitors/media

^{ix}The Office Policies are as follows:

1. Common Work Areas and Kitchen
2. Holiday Policy
3. Hours of Operation
4. Inclement Weather
5. Meals
6. Media Inquiries
7. Personal use of office equipments
8. Retreat and Picnic
9. Staff Meeting
10. Travel/accommodation /food
11. Communication while travel
12. Visitor media and interview policy
13. Weekend Policy
14. Working days

^xThe Ground Principles states the following:

Participatory Method

- Participation of all the members of KS is ensured from the very initial planning and designing stage of each programme. Everyone's recommendations and opinions are taken into account before finalization of the programme.

-
- Moreover, the DMT method itself is very participatory along with the performances done by the members themselves. It is a process where everybody can participate without any hierarchy.
 - Mandatory staff meetings are held on a monthly basis where all members get the chance to express their observations, opinions, likes and dislikes.
 - At least three times a week, there will be a movement circle where either a staff member or volunteer will conduct some form of movement, yoga, stretching etc., for all interested staff (this is not mandatory, but open for all).
 - There will also be daily mandatory tea circles for all in-office staff that will not be about official work, but will rather be a chance for all staff members to converse and discuss anything that is important to them.
 - KS also has a very active board where the members take part in the organization's programmes and even conduct classes with the team members occasionally.

^{xi}Kurt Lewin's model of change management