

# ANNUAL REPORT 2008-2009



Promoting Mental Health for All





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Global Initiative on Psychiatry (GIP) is an international non-profit foundation that supports the development of mental health care services in low and middle-income countries. GIP focuses its efforts on ensuring that every person can participate in society as fully as possible, irrespective of the fact whether it is a psychiatric patient in Sri Lanka, a person with an intellectual disability in Ukraine, or an AIDS-orphan in South Africa.

# FOREWORD

**It is an extremely agreeable task to introduce this report on GIP's activities in 2008 and 2009. During this period the organization went through several changes. This seems to be an integral part of GIP's existence: adapting itself to the changing environment, society as a whole and the perception and understanding of mental health in general.**

2008 was a turbulent year in the existence of Global Initiative on Psychiatry. While the regional centers in Sofia (Bulgaria), Tbilisi (Georgia) and Vilnius (Lithuania) as well as the office in Dushanbe (Tajikistan) continued their work in Central and Eastern Europe and the former Soviet Union, the Hilversum office itself diverted more and more attention towards the "new territories" in Africa and South-East Asia. In August 2008 the Tbilisi office suddenly found itself in the middle of a war zone, which had serious implications for the implementation of the project portfolio as well as for the security of our staff. Some staff members were on holiday somewhere in the countryside, and had great difficulty finding their way back to the capital. However, within two days our office was open and the first projects to provide psycho-social support to the affected population were under implementation. The commitment and energy of the Tbilisi office that often works under very difficult circumstances and great emotional duress, made a lasting impression on the rest of the organization.

GIP was strongly affected by the global economic crisis, like many other organizations. In 2009 an increasing number of donors reduced their contribution to the organization or discontinued their interest in projects in the sphere of mental health altogether. The result was a double challenge for GIP: while persons with mental health problems were particularly affected by the economic crisis (for instance, in the Lithuanian capital Vilnius several of the community-based mental health programs that had been set up with GIP over the past decade were under immediate threat of closing down as a result of the municipality's decision to discontinue its financial support), we also had to struggle to make ends meet and keep our activities going. With extra energy and strong commitment of the GIP staff and our many supporters and consultants we managed to maintain most of our operations. Clearly, the coming years will continue to be difficult, yet the enormous needs of our target groups as well as the enthusiasm of our partners in the countries where we work assure us that we will prevail and will be able to continue to work for a humane, ethical and consumer oriented mental health care in the years to come.

**Thank you for your interest in our work!**



Robert van Voren  
Chief Executive



Robin Jacoby  
Chair of GIP General Board





# THE GLOBALIZATION OF OUR WORK

In 2008 and 2009 the various project clusters continued their development and growth:

The issue of the psychological effects of AIDS is one of the main target areas in the work of GIP. Our **Mental Health and HIV/AIDS (MAIDS) project**, which initially focused on South Eastern Europe, the Caucasus and Central Asia, now also developed initiatives in the direction of the African continent.

The **prison mental health and forensic psychiatry** project cluster continued to grow and the same happened in this field of work: initially focusing purely on Central & Eastern Europe and the former USSR, GIP also developed a project in forensic psychiatry on Sri Lanka. Work continued in Bon Futuro prison on Curacao and contacts were established in Africa with regard to possible projects in the field of prison mental health.

In the field of **child and adolescent mental health** a whole range of projects was developed, focusing more and more on the psychosocial needs of children in low and middle-income countries. GIP became involved in improving mental health care for children in Curacao and is in the process of developing a project for orphans and vulnerable children in South Africa.

And the core of GIP's business continued on all continents, which is the development of **community mental health care** service. Apart from activities in virtually all countries in Central and Eastern Europe and the former USSR, we initiated projects in Vietnam, Sri Lanka and a number of African countries.

IN THE CONTEXT OF ALL OF  
ITS PROGRAMS AND ACTIVITIES,  
GIP PAYS PARTICULAR ATTENTION  
TO A NUMBER OF THEMES,  
SUCH AS:

# COMMUNITY MENTAL HEALTH CARE

**Mental disorders comprise approximately 12-15% of global disabilities. This is more than cardiovascular diseases, and twice as much as cancer. In many parts of the world the care for these people is still hospital based, while balanced care is slowly becoming more common. Balanced care is essentially community-based, but hospitals play an important backup role. This means that mental health services are provided in normal community settings close to the population served, and hospital stays are as brief as possible, arranged promptly and employed only when necessary.**

In our work we seek to establish well-linked, comprehensive systems of community mental health care. Community mental health services, whether governmental, non-governmental or private, must be coordinated well to ensure that the interfaces between them function properly. In general the services should interact with other specialized services (such as inpatient units at hospitals, drug and alcohol services) and with broader primary care and social services. An important aspect of our work in community mental health is the development of users' and relatives' influence over services.

In 2008 and 2009 our work included introducing crisis intervention and home care services by setting up and training multidisciplinary out-patient teams; improvement and introduction of psychiatric rehabilitation in relation to housing; setting up work and education programs; and setting up patients councils and client NGOs to ensure client involvement.

## MOBILE MENTAL HEALTH TEAMS IN THE GAMBIA

In 2009 GIP became involved in The Gambia. After an assessment visit a Community Mental Health Care project was implemented by the end of the year.

The goal of the project is to improve services in the newly reconstructed psychiatric hospital, situated near capital city Banjul, the Tanka Tanka hospital. The project will also support development of a new mobile mental health team based in health center in Farafenni, which will supplement an already existing mobile team and will provide basic psychiatric care in the eastern part of the country.

The Tanka Tanka hospital is the only psychiatric hospital in The Gambia. The staff is committed and the patients are treated well. But challenges remain for the nearby future. There is only one trained psychiatric nurse who is responsible for all patients (average 60-80 people). The clients who are dismissed from Tanka Tanka are followed up once every 3 weeks only, when basic medical trained mobile team makes home-visits. By training a second mobile mental health team in The Gambia the clients can be visited more frequently.





## A REGIONAL NETWORK OF COMMUNITY SERVICES IN SERBIA

Late 2007 a three-year project started in Niš, Serbia with the aim to create a functional regional network of accessible mental health and social care services in the community of southern Serbia. The model supports integration of people with mental health problems in society, and increases the involvement of users of mental health services and their relatives in the service delivery.

The main project partner is the International Aid Network (in Belgrade). In the region we work together with the Community Mental Health Center "Mediana" (in Niš), the psychiatric hospital "Gornja Toponica" and mental health services in 3 neighboring municipalities, where a network of community mental health and social services will be set up. In the hospital a patient council is being set up and improved. All developments should lead to an improvement of the quality of life of people living with a mental illness in the four municipalities in southern Serbia. These reforms are in conjunction with the ongoing process of reforms of mental health care and social systems proclaimed by the Serbian Government.



## DEINSTITUTIONALIZATION OF FEMALE MENTAL PATIENTS IN SRI LANKA

In Sri Lanka, GIP is involved in a project for women in the psychiatric hospital for chronic female patients in Mulleriyawa. When we started our work in early 2008, more than seven hundred women lived in the psychiatric hospital. Some had been in the institution for as long as one could remember; nobody knew when they were delivered to the psychiatric hospital. The living conditions in the facility were poor, many of the departments were severely neglected and the furniture was rudimentary. Beds were rusty, mattresses destroyed, and there were not even enough tables to eat at.

During the past two years a lot of work has been done to improve the living conditions. The sanitation has been modernized and daytime activities have been developed. The women have their own vegetable garden and some departments have even been equipped with their own kitchen. In 2009 a number of women found employment in a local factory and by the end of the year the first group of six women moved to a protected living environment in the village.





## COMMUNITY MENTAL HEALTH CARE PROJECTS IN PROGRESS

As always in our work a lot of time was spent raising funds and developing projects for the years to come. In 2009 we worked on the development a new community mental health project in Vietnam; Intergrading Mental Health in to Primary Health Care Services.

In 2009 GIP undertook a fact-finding mission to Vietnam in cooperation with our partner Medical Committee Netherlands Vietnam (MCNV). One of our visits was combined with a series of training seminars in Hue and Hanoi on community mental health care.

Mental health care in Vietnam is still very much hospital oriented. Hardly any mental health care is provided outside hospitals. Besides a couple of community mental health centers in the capital, there are no day care centers, employment or housing programs, and no users initiatives available in the country. Outside big cities such as Hanoi, Ho Chi Minh City, and Hue general resources for mental health are very scarce and access to modern mental health literature is difficult.

The aim of the project is to support the development of Community Mental Health care services in Vietnam.

# CHILD AND ADOLESCENT MENTAL HEALTH

**Globally millions of children are in great need of psychosocial support due to conflict, HIV/AIDS and poverty related issues. Conflict has orphaned or separated more than 2 million children from their families over the last two decades. Over 15 million children have been orphaned by HIV/AIDS and that number is expected to jump to more than 20 million in 2010. Many of these children are receiving no psychosocial support at all.**

Children without the guidance and protection of their primary caregivers are often more vulnerable and at risk of becoming victims of violence, exploitation, trafficking, discrimination or other abuses. In conflict situations, involuntary separation from both family and community protection, greatly increases the child's risk of exposure to violence, physical abuse, exploitation and even death. The consequences of these traumatized children growing up with little to no psychosocial support are enormous, not only for their own lives but also for the social and economic development of their countries. If early interventions don't take place this future generation may suffer from psychosocial disorders for the rest of their lives.

## JUVENILE DELINQUENCY IN GEORGIA

Together with the Georgian Ministry of Correction and Probation as well as the Ministry of Health GIP developed a program to detect children with behavioral problems and to deal with crisis intervention. The program was initiated in mid 2009 and aims to train parents of children with (beginning) criminal behavior to respond more effectively and to break the downward spiral.

The tumultuous political and socio-economic developments in the country have, without doubt, led to numerous improvements but have also had some negative consequences. The country shows a high degree of poverty and unequal division of wealth, which - taking into account that mental problems have a higher prevalence among the poor - harms children growing up in poor families. The high unemployment rate of 20% among youngsters in the age of 15 to 24 years not only deprives many of an outlook to a meaningful existence but it also nourishes the growth of drug abuse and delinquency.

The project contributes to the successful implementation of humane juvenile justice reform in Georgia by promoting the alternative schemes and sanctions for successful socialization and integration of juveniles in conflict with law. Furthermore the project supports the development of a continuum of inclusive services that meets the needs of juveniles and their families.



## THE SAVAANHUIS IN CURACAO

There are many children and adolescents with psychosocial, emotional and/or psychiatric problems on Curacao, partly due to factors such as poverty, unemployment and high percentage of single-parent families. Although the need to develop appropriate facilities for children and adolescents with mental problems has been acknowledged for decades, little has been done to improve the system. As a result children and young people are admitted to facilities for adults, they are sent abroad or they get no support at all.

The Savaanhuis offers a structural afternoon program to children with an autistic spectrum disorder and children with social/emotional problems. The center also supports parents with the upbringing of their children. Since 2007 GIP has been supporting the center by improving the quality of the care. Dutch experts conducted trainings for staff members, introducing contemporary methods such as Practical Pedagogical Family support and Families First. The next steps will be self-defense and aggression management.

One of the therapeutical interventions that the Savaanhuis offers is Hippo therapy. Teaching children how to ride and take care of the horses is beneficial to them and over the years it proved to be a very pleasant and effective treatment. In 2009 GIP financially supported the transfer of ownership of the horses and stables in order to sustain the service. Future plans involve the establishment of a day care center for children with various mental health problems, as there are still no facilities for them on the Dutch Antilles.

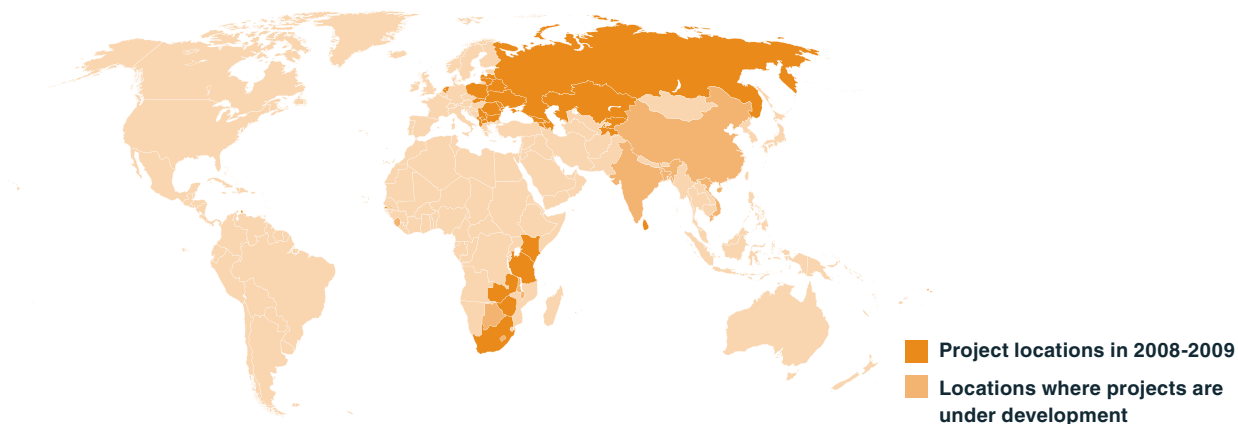
## CHILD AND ADOLESCENT MENTAL HEALTH PROJECT IN PROGRESS

In Southern Africa the socio-economic impact of the HIV/AIDS epidemic has resulted in family, community and social disintegration. The escalating number of orphans and vulnerable children and of child-headed households demonstrates this. The extended family, already undermined by poverty, urbanization and cultural disintegration, is increasingly unable to provide such numbers of children with even the basic requirements of shelter, food, education, medical care, love and support. Approximately one out of every 35 South African citizens is now an AIDS orphan.

In 2009 GIP visited a project for orphans and vulnerable children in Alexandra Township, South Africa. Not only the children need help, but also their caregivers, whether it is a single parent, a grandmother or any guardian. Reducing stigma is an essential condition to offer sustainable development aid to people living with HIV/AIDS in Alexandra Township.

GIP intends to contribute to stigma reduction in Alexandra Township through an awareness-campaign, and is in the process of raising the necessary funds to do so. In the meantime we are implementing a smaller project to improve the skills of personnel at the Alexandra Childcare and Support Center. Our main target group is personnel who work with young children at the center. While their jobs are very demanding they received only basic early childhood development training. Proper training will develop and enhance their skills to cope with the many psychosocial and emotional challenges presented by children at the center, and the children will directly benefit from this.

## WHERE WE WORK







# SUPPORT FOR PEOPLE WITH INTELLECTUAL DISABILITY

**People with intellectual disability should be able to live full lives as independent as possible, but this is only possible when given the appropriate support. The central value for integration and full citizenship is the freedom of the individual to strive for self-interest (self-development and self-determination) and by doing so, obtaining a position in society. Where this provides difficulties due to his or her disability, he is entitled to support, protection, care and rehabilitation.**

Improving approaches to care for the intellectually disabled and empowering them continued as a central element of our activities in 2008 and 2009. In many countries, these people are ostracized by their families and/or locked up in institutions. GIP works together with parents and caregivers to provide this group of people with a dignified humane existence, thereby enabling them to participate in society as well. During this period we were involved in projects in Ukraine, Albania, Azerbaijan, Moldova, Lithuania and Georgia.

## INCLUSIVE EDUCATION FOR CHILDREN WITH DISABILITIES IN ALBANIA

In 2009 a new program started to develop and pilot a model on inclusive education for children with disabilities in Albania. Despite the work done by the state and by non-profit organizations to improve and provide education for all children without discrimination, still many problems occur in the Albanian educational system. For example the lack of competence among teachers, the lack of an evaluation system for children with disabilities and a lack of finances for the support system necessary.

The model is piloted in 10 schools in Tirana. The legislation on educational inclusion of disabled children in normal schools will be reviewed, leading to recommendations to the Ministry of Educational for the necessary improvements. An important aspect of the program is the establishment of a structure, which will support the teachers of the schools in their work with Individual Educational Plans and will also be piloted by the 10 schools, with approx 50 children with disabilities included.



## IMPROVING QUALITY OF LIFE FOR PEOPLE WITH ID IN UKRAINE

The NGO-Djerela aims to improve the quality of life for people with intellectual disability (ID) Ukraine.

In 2009 Djerela celebrated its 15th anniversary!

Djerela was founded with the support of GIP in 1994. Since then we have worked on many community-based programs together, such as opening a day care and resource center, developing self-advocacy groups and sheltered employment (financed by the municipality).

In 2008/2009 GIP and Djerela established the first community-based transition homes in the Kiev region that provides lodging and training in independent living skills. After this period, participants have been able to go home and participate more actively in their communities. Some of them now live in the community-based supported living facility in Kiev.

We also continued to support in developing programs of the All-Ukrainian Coalition of People with Intellectual Disability that we jointly established in 2004. The coalition, consisting of more than 80 NGOs representing 29 thousand families and 39 institutional partners, continues to play a critical role in raising awareness and advocating for more favorable policies for people with intellectual disability in the Ukraine.



# MENTAL HEALTH AND HIV/AIDS (MAIDS)

**Problems in the mental domain can lead to increased risky behavior and thus to more chance of being infected with HIV. However, infection also can lead to mental health problems. Approximately 40% of the people that are HIV positive have a serious form of depression. Good psychosocial care and support for people with HIV/AIDS is therefore of crucial importance, on one hand to improve the quality of life for people with HIV/AIDS and on the other hand to counter the spread of the infection.**

In 2005 GIP started a four-year project in the Caucasus, Central Asia and Southeastern Europe. Expert centers focusing on the relations between mental health difficulties and HIV/AIDS were established in 9 countries (Armenia, Azerbaijan, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Serbia and Tajikistan). Though the general prevalence of HIV is low in these countries, there is substantial drug use, people involved in sex-work and considerable human trafficking and migration which all play an important role in spreading the virus. Services for PLHIV (people living with HIV/AIDS) are poor and stigma and discrimination high. Services also tend to be fragmented. The MAIDS program helps to improve the quality of life of PLHIV as well as their partners, caregivers and families.

By the end of 2008, in the fourth years of project implementation, GIP managed to include the mental health issues related to HIV/AIDS into the agenda of health professionals and authorities in the 9-targeted countries. We also managed to place mental health on the international HIV/AIDS agenda. This is illustrated by the fact that the WHO Headquarters noted the importance of the issue during a January 2009 Board meeting. A major achievement of the project is the development of a critical mass of trained change agents including PLHIV who - with sufficient support of the authorities, adaptation of policies and access to adequate financial resources - may gradually change the care and support system for PLHIV. This change cannot be achieved in a few years. The different sector-structures prove rigid and are not always automatically willing to change. The MAIDS project has challenged the existing system.

## MAIDS EXPERT CENTER IN KAZAKHSTAN

The expert center in Almaty has become one of the major national NGO's of Kazakhstan. By the end of 2008 the expert center established a stable partnership with governmental structures working in sphere of mental health and HIV/AIDS. Collaboration with these structures helped to assure that PLHIV have better access to health care services. Research on problems of mental health of PLHIV was carried out in Kazakhstan for the first time. The expert center succeeded in getting MAIDS training modules accredited by the Republican scientific-practical center of psychiatry, psychotherapy and narcology. Many employees of mental health services were trained by the expert center and participated in forums and seminars. Also a service was created for psychological crisis support, including a hot line.





## MAIDS EXPERT CENTER IN KYRGYZSTAN

In 08-09 the expert center in Kyrgyzstan trained forty specialists using educational modules prepared by GIP. These specialists have now become change agents by applying their knowledge to their practices. The expert center initiated a study aimed to assess the role of physicians in stigmatization of PLHIV and their willingness to provide mental health service. 560 physicians were interviewed and preliminary results show that there was a big gap in both knowledge of HIV and stigmatization of patients among physicians who have been trained in HIV and those that have not.

The expert center also supported the establishment of a social center for PLHIV living in Bishkek and Chui oblast. More than 120 PLHIV are provided with a wide range of services delivered by the Bishkek city AIDS center.

## MENTAL HEALTH AND HIV/AIDS IN AFRICA PROJECTS IN PROGRESS

In the course of the past years, GIP formed a global platform for the development of initiatives in the field of Mental Health and HIV/AIDS. Links were established with the University of Witwatersrand, which led to an agreement on an official partnership in late 2008. Simultaneously a core group of partners from Europe and Africa agreed to bring together all the knowledge and expertise in this field and to form an alliance.

The International Alliance on Mental Health and HIV/AIDS consists of 3 NGO's based in the Netherlands (GIP, WorldGranny and Health[e]Foundation), 6 research centers and 4 NGO's in Africa.

The alliance is currently in the process of developing a network of 7 expert centers on mental health and HIV/AIDS in sub-Saharan Africa.

# FORENSIC PSYCHIATRY & PRISON MENTAL HEALTH



**Over the past ten years, GIP developed an extensive package of activities in the field of forensic psychiatry and prison mental health. Our involvement is based on the same premises as in other areas: we wish to contribute to a locally owned and sustainable consecutive chain of services according to international standards. In the field of forensics, it means that we prefer to work in all sectors related to the field: forensic psychiatric assessment, forensic psychiatric treatment and prison mental health. However, not in all countries we have been able to develop such an integral and inter-sectorial approach, often hindered because of the lack of working relations between the various responsible ministries, such as Justice, Health, Social Affairs, and in some cases Internal Affairs and Correctional Services.**

Whenever we become involved in forensic psychiatry and prison mental health, we have to deal with rampant human rights abuses. Often the departments are not equipped to house mentally ill offenders, they are overcrowded, badly equipped and offer unacceptable living conditions. Treatment is inadequate or often virtually absent, there is no screening process that helps patients go through the system and leave for adequate mental health facilities as quickly as possible. Additionally, beatings, sexual abuse and other forms of torture and degrading treatment are a daily reality. Combating these human rights abuses is only possible by putting alternatives in place.



## IMPROVING PRISON MENTAL HEALTH CARE IN CURACAO

For the past four years GIP has been involved in improving prison mental health care on the island of Curacao. We conducted trainings for staff members of the prison mental health department, including aggression management training. We have been active in lobbying the authorities to develop a juvenile delinquency program to curb the influx of adolescent criminals into the Penitentiary system. Of the 500 prisoners about 30% are boys between 14 and 24, 80% of them have conduct disorders and most have single mothers who themselves were adolescent when giving birth. We also supported measures to improve the safety in the prison. The environment is highly unsafe due to criminal gangs. This has severe consequences for the mental health of the prisoners and the functioning of the prison mental health department.

## THE ANGODA PSYCHIATRIC HOSPITAL IN SRI LANKA

GIP has been working with the management of Angoda Psychiatric Hospital in upgrading their forensic psychiatric department since 2007. The current department is housed in one of the originally British hospital buildings on one floor, with well over 100 men locked up together in a big cage with no possibilities to go outside. There is no diversification, no treatment program, insufficient staffing and no specialized knowledge of forensic psychiatry. In the meantime the hospital director decided to allocate the whole building plus adjacent ward to the forensic department, with two departments for men and one for women. They will have the possibility of going outside into the yard and daytime activities will be offered.

GIP is also involved in the development of multidisciplinary teamwork, training of the staff and encouraging diversification of patients and separation of adolescent patients from adults (which caused serious problems e.g. sexual harassment). In principle, everything is in place to implement this program and the first steps have been taken (e.g. reconstruction of the sanitation block, which was beyond use). However, all is dependent on fundraising now. The hospital invests what it can, but allocations from the government are insufficient.

# MONEY TALK

In 2008 and 2009, GIP worked on a wide variety of projects of differing size, themes and complexity in more than three-dozen countries in Europe, Africa and Asia. We hope that this report provides a good sample of our widely ranging efforts. We are deeply grateful to all donors and partners for making such activities possible.

The Ministry of Foreign Affairs of The Netherlands, The European Union, and the Open Society Institute, and many other larger and smaller private foundations, embassies, municipalities, ministries, professional organizations and religious groups funded our work during this period. We have also benefited greatly from the growing number of Dutch mental health agencies that have participated in our projects on a voluntary basis or at reduced fees.

Our funding is primarily project-based. Securing institutional-type funding for the organization remains an important goal as it would increase our ability to respond rapidly to the need for assessments of needs with mental health systems and the start-up of projects, especially in countries where we are just beginning our involvement with local partners.

The annual budget of the whole GIP organization remained also in 2008-2009 about 3 million euro per year. During this period, GIP-Hilversum continued to hold the “certificate of no objection” (in Dutch “verklaring van geen bezwaar”) from the Central Bureau for Fundraising in The Netherlands. This certificate confirms that our fundraising and provision of information are carried out in a responsible way and that sufficient guarantees are offered that this will continue in the future with regards to fundraising and spending. On the basis of this certificate, GIP is deemed to be worthy of support.

*Note: The annual audited financial statements of GIP are published separately by each office.*





# THE PEOPLE OF GIP

AS OF 31 DECEMBER 2009

## GIP - GENERAL BOARD

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**Robert van Voren**

## GIP - HILVERSUM (THE NETHERLANDS)

### Staff

Cisca Goedhart – Senior Project Manager  
Katja Assoian – Project Manager  
Aleksandr Avramenko – Project Manager  
Carola Koornneef – Project Manager  
Ella Terburg – free lance Project Manager  
Rob Keukens – Consultant  
(seconded to GIP)  
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Malika Karimova – Project Coordinator  
Jamshed Hakimov – Leader of User Club  
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**Promoting Mental Health for All**

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