

ANNUAL REPORT

PERIOD 1ST APRIL 2018 TO 31ST MARCH 2019

ANUSANDHAN TRUST

SUMMARY OF FUNCTIONING AND WORK OF ANUSANDHAN TRUST

Anusandhan Trust (AT) was established in 1991 to establish and run democratically managed Institutions to undertake research on health and allied themes; provide education and training, and initiate and participate in advocacy efforts on relevant issues concerned with the well-being of the disadvantaged and the poor in collaboration with organizations and individuals working with and for such people.

Social relevance, ethics, democracy and accountability are the four operative principles that drive and underpin the activities of Anusandhan Trust's institutions with high professional standards and commitment to underprivileged people and their organizations. The institutions of the Trust are organised around either specific activity (research, action, services and /or advocacy) or theme (health services and financing, ethics, primary healthcare, women and health, etc.); and each institution has its specific goal and set of activities to advance the vision of the Trust.

The trust governs three institutions:

CEHAT (Centre for Enquiry into Health and Allied Themes) the earliest of the three institutions established in 1994 concentrates or focuses on its core area of strength – social and public health research and policy advocacy.

SATHI (Support for Advocacy and Training in Health Initiatives) The Pune-based centre of Anusandhan Trust has been undertaking work at the community level in Maharashtra and Madhya Pradesh, and also facilitates a national campaign on Right to Health and other related issues.

CSER (Centre for Studies in Ethics and Rights) The trust promoted work on bioethics/medical ethics from the very beginning. The work particularly on research in bioethics and ethics in social science research in health were further consolidated within CEHAT. Since there is a real national need to strengthen bioethics and also at the same time promote ethics in various professions, the Trust decided to establish a long-term focused programme on ethics under a separate centre. This centre began functioning from January 2005 in Mumbai. The Board of Trustees at a Special Meeting of the Trust held on May 11, 2013, decided to change the structure of CSER from an independent Centre to a programme, Research Programme on Ethics, directly under the Trust.

The Trustees of the Anusandhan Trust constitute the Governing Board for all institutions established by the Trust. Presently there are eight trustees, each institution is headed by a Coordinator appointed by the Trust and the institution functions autonomously within the framework of the founding principles laid down by Anusandhan Trust. Each institution is free to work out its own organizational and management arrangements. However the Trust has set up two structures, independent of its institutions, which protect and help facilitate the implementation of its founding principles: The Social Accountability Group which periodically conducts a social audit and the Ethics Committee responsible for ethics review of all work carried out by institutions of the Trust. The Secretariat looks at the financial management of AT and its institutions.

DETAILED REPORT FOR THE FINANCIAL YEAR 2018-19

CEHAT: - Centre for Enquiry into Health and Allied Themes: Research Centre of Anusandhan Trust

1. ASSESSING THE EFFECTIVENESS OF A COUNSELLING INTERVENTION FOR WOMEN FACING ABUSE IN ANTENATAL CARE

An intervention based research which aimed to assess the effectiveness of a counselling intervention in antenatal care setting for pregnant women facing domestic violence was implemented under this grant. The intervention component of the research was dedicated to the provision of counselling and various support services to women while the research was directed to evaluate the impact of intervention on woman's health, safety and coping behaviour.

The present study yields valuable information on the feasibility and efficacy of a counselling intervention in antenatal care setting for pregnant women facing domestic violence. The intervention was able to screen 93% of the women who came for their ANC registration in the two study sites. While for the study, counsellors had the primary responsibility of screening women for domestic violence, health care providers (HCPs) also played an active role in identification and referral of such women to counselling services. 14 (9.8%) women out of 142 who were identified and referred to the counselors by providers before the screening process. These women were accompanied by the nurses, aaya bais and doctors to the counselors for screening. Women were referred by departments of ANC, PNC, immunization and ICTC thus underscoring the need to conduct training of all cadres of the hospital in asking and identifying abuse in pregnant women and providing support.

The study emphasized on an important screening strategy that all the women should be made aware about the avenues of the support that are available in case they decide to seek help in the future. There were few women who decided to seek help after 2 to 3 months of the screening process.

The findings from the study contributed towards filling a gap in the literature by providing detailed information about the phenomenon of violence during pregnancy in the Indian context and the impact of a screening and counselling intervention.

- The evidence about the prevalence of the violence in Indian context is limited. The majority of research on this issue in India has focused on the women of reproductive age without looking distinctively at pregnant women. Further, the studies which have focused on pregnant women are population based studies and there are very few facility based studies. These population based studies were retrospective in nature having the disadvantage of recall bias. This study was a cross-sectional facility based study carried among the women who were pregnant at the time of the screening. The evidence generated by this study on prevalence contributes significantly to India literature.
- The extent of violence established during this study has been found to be comparable to the prevalence of several common conditions like gestational diabetes, pre-eclampsia for which routine screening is carried out during antenatal care. This builds a strong case for inclusion of gender based interventions in maternal healthcare services.
- The findings of study suggest that the health system provides the first opportunity for intervention, since antenatal care is an inevitable contact for women and likely to be the only point of contact with health setting in developing countries. There are various opportunities during the process of antenatal care seeking where screening of pregnant women can be integrated. Doctors, nurses and paramedical staff providing various ANC services can ask structured screening questions about violence from pregnant women. Nurses taking anthropometric measures are in key position to speak to pregnant women about violence.

- The potential of integrated counselling testing centre for HIV associated with all the health facilities can also be tapped for responding to pregnant women facing violence. The counsellors at HIV and family planning centre can screen women during antenatal visits.
- The screening tool used in this study has been adopted keeping in mind the context of Indian healthcare settings. In Indian context, the most common barriers faced by healthcare professionals to ask women about violence are heavy patient load and time constrain, so it is essential that the screening tool is easy and quick to administer along with high disclosure rate. Screening tool used in this study has emerged as a short, sensitive and specific tool covering all the aspects of domestic violence. This tool can be used by healthcare providers based in different settings to screen pregnant women during antenatal care.

ACTIVITIES CONDUCTED

In this period besides dissemination of the study findings and engaging with advocacy component on integrating clinical enquiry related to Violence in pregnancy a training program was carried out for medical educators of Maharashtra medical colleges. CEHAT in collaboration with DMER conducted a TOT (training of trainers) on 20th to 22nd June 2018, at DMER Mumbai, to facilitate better understanding amongst medical educators teaching MBBS students.

The important topics discussed in this three-day workshop were social construction of gender and its linkages to health, determinants of health inequities and factors that lead to discrimination in the access to health care, Violence Against Women and specially violence in pregnancy as important health care issue. The trainings were carried out by GME faculty who themselves were senior educators from medical colleges besides experts in the field of social sciences, gender and health as well as law.

As the group consists of educators from five disciplines namely Obstetrics/ Gynaecology, Internal Medicine, Forensic medicine, Prevention & Social medicine and Psychiatry, educators other than obstetrics/Gynaecology were of the opinion that this is only associated with the women coming for ANC check-up in OBGY dept. Facilitator emphasized that large quantum of women will receive such care from the OBGY department but pregnant woman can land up in any of the other department than OBGY with various other health complaint and consequences which may be outcome of the violence faced by them at home therefore it is recommended to identify women facing violence based on certain signs and symptoms and referring them to counsellor for support services.

2. ADVANCING HEALTH SECTOR RESPONSE TO VIOLENCE AGAINST WOMEN

The Dilaasa Crisis intervention centre for women and children was set up jointly by CEHAT and Municipal Corporation of Greater Mumbai (MCGM) in 2000. In 2005 CEHAT ensured that the crisis intervention services became an integral part of the health Service.

A concrete outcome of CEHAT advocacy on engaging the health sector to respond to VAW was the inclusion of Dilaasa centres in the Maharashtra National Health Mission (NHM) in 2016. This led to the setting up of 11 additional Dilaasa centres in hospitals of Mumbai. CEHAT's achievement has been the establishment of the Dilaasa blue print that comprises of a trained core group of health care providers (HCP) along with a trained crisis intervention team of counsellors. We have been brought on board by the Bombay Municipal Corporation (BMC) for technical support in the form of handholding teams and monitoring services. CEHAT is also on advisory board set up by BMC for the Dilaasa centres.

Crisis Intervention Activities of the project

- A successful output of CEHAT advocacy has been the institutionalisation of Dilaasa hospital-based centres in 11 municipal hospitals of Mumbai. The average number of survivors of violence handled by

these 11 centres in the last 9 months has been about 1000 survivors of DV and 450 survivors of sexual violence. Dilaasa teams comprising of health providers and counsellors draw upon CEHAT technical support to facilitate comprehensive services to survivors. CEHAT team also facilitates and handles difficult cases across these hospitals and also ensure smooth referrals as well as support counsellors to facilitate legal, police and other procedures required for survivors of violence. Hence it is pertinent for CEHAT team to provide the much-needed support as well as ensure quality of counselling services and establish mechanism for monitoring health care response offered by the system.

- Debriefing and discussions are pivotal to maintain quality of counselling and also to enable counsellors to speak about their concerns and challenges. This methodology also helps counsellors to think of some issues and concerns on the cases handled by them which they may not have thought of. This process not only monitors the services but also build capacities of the team by discussing strategies, challenges and way forward, in keeping with the larger vision of the work.
- Weekly case presentations are held within the team to discuss interventions offered and plan for the next session, offer feedback on the quality of services and discuss challenges on emerging issues. Additionally, we organised 3 case presentations for the team to be able to discuss challenging issues encountered by them.
- Advocacy efforts by CEHAT has led MCGM to print medico legal protocols along with kits laid down by the MoHFW. This is an important step in institutionalising services for sexual violence survivors as a comprehensive response demands availability of protocols and materials required to carry out care for survivors.
- We received an important opportunity to collaborate with the department of medical education and research (DMER) to facilitate the incorporation of VAW in the pre service education of medical students of Maharashtra. WHO in 2007 and National health policy 2017 have both spoken of the importance of gender mainstreaming and ensuring that medical education and health system becomes sensitive to needs of survivors of VAW. There is also evidence that if medical students receive gender sensitive content on VAW in their MBBS the probability of sensitivity amongst them when they start practice is higher. We therefore took this opportunity to train medical educators on VAW so that they in turn can facilitate these perspectives in the existing medical topics and lectures .Some examples are; how to identify signs and symptoms of violence in antenatal care, repeated pregnancies and inability to use contraceptives, recurrent RTI/STI, anaemia, tuberculosis, HIV and the like. Educators will also be testing the knowledge received by medical students in their internal examinations by way of MCQs.

ADVOCACY EFFORTS

- Civil society organisations have approached CEHAT to build capacities of their teams working on VAW to understand legal responsibilities of the health sector and how can services be demanded from the health sector. We are also a part of Maharashtra based network on organisations working on VAW Hinsa Mukti Parishad which invited CEHAT to build capacities of their teams on research skills. These research skills pertain to analysing service records over a period, understanding causes and consequences of violence, and reflect upon the profile of women approaching them for help. We think this is an important opportunity for CEHAT as without a strong evidence base emerging from the direct services, no policy or law can be impacted.
- A threat to the reversal of MoHFW medico legal care protocols for sexual violence came on 2017 when NHSRC, a body under the MoHFW is administered to make changes to the MoHFW medico legal guidelines for sexual violence based on the Kerala model. The Kerala medico-legal protocol comprised of all forensic biases that the women's groups rallied to remove. This required CEHAT to swing in to action by garnering support of civil society organisations through a signature campaign to question the Kerala government, media attention to avert such changes, progressive medical experts to challenge these changes and the like. CEHAT was able to garner more than 80 organisations support in submission of the critique of the Kerala protocol. After a lot of pressure from NGOs on July 3rd 2018 and some pressure from the central health department, Kerala has now had to retract problematic contents from their own protocols.

- MWCD OSC models necessitate a large amount of infrastructure comprising of many rooms and a separate ward. This kind of space is impossible for hospitals to allocate given the space crunch in most public hospitals where even ill patients have to make do with floor beds. This has posed a challenge because unless they get such space, they are not willing to set up the centres. This requires a higher-level dialogue amongst functionaries to reach a common minimum space. Evidence from CEHAT's Dilaasa model clearly shows that a space which is set up in OPD but offers enough auditory and visual privacy suffices to set up a centre. CEHAT strategy has been to ensure that wherever an OSC is set up the same set of principles and monitoring mechanisms have to be followed.
- The child welfare committees in Maharashtra lack an understanding on the impact or health consequences of violence on adolescents and children. A lot of adhoc procedures are applied by them when adolescent girls are brought to CWCs after sexual violence. Most often they pass a directive that pregnancy can continue and they can offer the girl shelter services till she delivers. Such a view point jeopardises the mental and physical health of adolescent girls. CWC play an important role in girls under 18 years of age. If they have faced sexual violence, POCSO law directs the police to present such survivors to the CWC. Lack of awareness, insensitivity and biases cause additional trauma to these young survivors and their families. We therefore see this as an impediment in multi sectoral response to VAW. It is pertinent to dialogue with CWCs and NGOs working with CWCs so as to provide sensitive services to young girls.
- We realise that though a lot of material is available on VAW, ready reckoners for counsellors in the form of a diary would be most useful to keep them abreast with those aspects connected to VAW. These comprise of basic legal knowledge, role of medical professionals in VAW, techniques for safety assessment and plan, components of emotional support and suicide prevention counselling. This information is being put along with evidence and in a form of a diary so that counsellors can also write their notes in it.

Activities related to Replication of Dilaasa model for Women Facing Violence in Other States

Efforts related to upscaling of Dilaasa at the level of different states has clearly started showing increased interest and uptake of CEHAT's technical advice in different states. **Uttar Pradesh** state government contacted CEHAT to facilitate the setting up of crisis centres based on the Dilaasa model in the state. **Karnataka** state themselves approached CEHAT and visited Dilaasa in a delegation to understand the model and existing health care practice to respond to VAW. **Tamil Nadu** has sought incremental training for their counsellors and wanted to establish clear links with the health system for referral. **Meghalaya** government sent a delegation for learning visit before they set up a new crisis centre at Tura, located in another district – the West Garo Hills. Hospicio hospital in **South Goa** District has set up a crisis centre making the most of existing resources and invited CEHAT to develop a road map for how to offer crisis intervention services. The demand has now arisen from the states to take the process further of deepening the response to VAW.

In **Haryana** post the training, CEHAT team has been actively responding to different queries and concerns raised by counsellors, who have also been using the 24*7 helpline. One of the consistent issues has been that survivors of sexual violence and domestic violence are being charged a sum of Rs.250/- for obtaining a copy of the medico-legal document. Additionally, survivors are being asked to submit an affidavit if they want any medico legal examination and if they reach the hospital after 24 hours. These ad hoc procedures impede survivors' access to health care and justice. We raised the issue with The Director, HSHRC who took note of this and issued a directive to withdraw such practices. The directive was sent to the Medical Superintendents of all the Civil Hospitals in Haryana with a copy to the DGHS, Department of Health. This is an important step in ensuring quality of care for survivors. **Sikkim** appointment with the Chief Secretary was sought on 12th May to discuss implementation of the MoHFW guidelines and protocol. Thereafter, we assisted the state in drafting a Government Resolution to this effect. The principle secretary was happy to collaborate on the issue of VAW and expressed that very few training programs reach far off states of North east, and will be happy in continuing the collaboration.

Gujarat the Gender Resource Centre (GRC) has been our collaborator to carry out training programs as well as helped us to dialogue with health department. They are now in a process of connecting their different services in the state to enable a coordinated service delivery program. **Assam** is one of the states with very high crime rate and also poor conviction rate. Besides the issue of armed conflict, the prevalence of domestic and other forms of violence is quite high. NEN team (local organisation) was involved in implementing the OSCs in stated, a two days training was conducted for the team. NEN team will be coming to Mumbai for a study visit along with counsellors from the Women's Helpline and OSC. The visit will enable on-site understanding of processes and help with strategies to implement some of the work in their state.

Providing Technical Expertise on the role of health sector in responding to violence against women to NGOs, CBOs

- We were invited to present the comprehensive healthcare response model in the context of a panel discussion on “Empowering survivors of gender-based violence in India – the one stop centres” organised by the American Centre on 19th April 2018. The discussion was held at Mumbai and Delhi via video conferencing, facilitating interaction with a large group of social activists, lawyers and students.
- On 11th April 2018, we were invited by the Commonwealth Human Rights Initiative to a meeting on police response to women complainants. This was also an opportunity to engage with other organisations and work together to address common challenges faced with stakeholders on the response to violence against women and children.
- We participated in a discussion on the draft bill – Trafficking of Persons (Prevention, Protection and Rehabilitation) on 18th April 2018 held at Pune. We had also analysed medico-legal documents shared by another organisation working with trafficked women and children
- Aman Network is a network of organisations across the country working on VAW of which we are a part. The network met at Lucknow from 7th-9th May 2018; we made a presentation on the Engagement as NGOs regarding implementation of the OSCs and Implications of non-implementation of MoHFW guidelines on survivors of sexual violence.
- A workshop was held on Role of the Health Sector in Responding to Survivors of Violence in collaboration with Prerana and UNICEF on 11th April 2018. There were 53 participants from various institutions that offer care and shelter to children (below 18years). The workshop was aimed at building capacities of these organisations on recognising presenting health complaints and health consequences of violence so as to be able to provide the requisite support.
- Actionaid Association invited us to facilitate a session at a week-long course with Young Urban Women leaders on 14th May 2018. Our session focussed on the identifying violence based on health complaints and understanding the link between violence and health.

RESEARCH ACTIVITIES

- **Study on impact of experiencing sexual violence on survivors and families**
The data collection was completed in Feb 2018. Of the 725 survivors' data that was available, there was no contact information in 16% of the cases. Of the 611 where such information was available, telephone numbers were available for 26% of the cases and for the rest there were addresses. In many cases the numbers had changed or they were switched off, the addresses for most were incomplete. After a rigorous follow up and effort to establish contact, only 25% of the survivors whose contacts were available could be contacted. Of these, 44% were interviewed, 33% did not participate in the study but spoke at length about the situation- sought help or provided detailed status. 23% include those who agreed initially but did not come and those who could not be contacted again.
All interviews were transcribed in English, most of the interviews were long and the entire process of transcription, checking and making the transcript ready for coding was time consuming. The team was then trained in use of ATLAS.ti software for analyzing qualitative data. The data has been coded and a preliminary analysis has been carried out. This was presented to the scientific committee to seek their comments on the line of analysis and the emerging trends.

The final sample comprises of equal number of children, adolescents and adult women. The sample includes those who pursued the legal case as well as some who withdrew. None of them had received compensation from the state when interviewed but the team worked towards ensuring some of them get it.

The report is being written up and the team plans to also write papers for academic journals. This study is the first of its kind in India and throws up important findings for the criminal justice systems as well as for the rehabilitation and healing services for survivors and their families.

- **Analysis of medico-legal case documentation in Police Torture and Review of Post Mortem reports in cases of sexual violence**

One of the challenges was conducting research on development of post mortem guidelines for medico legal examination in police torture cases and deceased rape victims. Despite contacting several organisations. Working on human rights issues in prisons and criminal courts with a commitment to sign a confidentiality contract, most did not respond to emails and calls. CEHAT therefore carried out rigorous review of international guidelines and presented it to these organisations. After this several organisations such as CHRI, QUILL, HRW came on board to provide feedback and also committed themselves to advocate for these guidelines. The Guidelines were present to National Human Rights Commission (NHRC) in New Delhi at a national conference on 26th October 2018 “Strengthening legal protection against torture in India”.

- **Understanding dynamics of sexual violence: A study of case records:**

Guidance documents for Police, Public Prosecutors and Judiciary: Implementation of the health sector model to respond to sexual violence brought forth several misconceptions held by the police and others about medical evidence. This was seen through the requisitions sent by police to hospitals and judgments issued by courts. Hence there was a need to demystify medical evidence for these stake holders. These documents were printed and released on 3rd December 2018 at a national conference organized by CEHAT.

TRAINING ACTIVITIES

- **National course on Feminist Counselling**

A unique effort was made by CEHAT to bring in psychiatrists for the national course on responding to VAW. Though feminist counselling course was meant for counsellors per se, we decided to target psychiatrists. As most of the women seeking mental health problems, such as depression or suicide attempts, they are referred to psychiatric departments. As this department is not oriented to the issue of VAW, their interventions only look at intrapsychic features. If they are equipped to understand the root causes of violence their response to women would be gender sensitive and comprehensive. We were successful in getting a batch of 21 mental health practitioners who participated in this three-day course.

- **National conference**

CEHAT collaborated with ICRW in New Delhi to hold a national conference on 3rd Dec 2018 on "Health Systems response to Violence Against Women: Emerging Evidence". The conference was timed during international campaign of 16 days' activism against Gender Based Violence to present our evidence based work with health sector in responding to violence. The objective of the conference was to present emerging evidence on the number of women accessing services at the health system, range of health consequences suffered by them and nature of support received. The second objective was to foster a dialogue across states to learn from collective experiences and strategies as well as principles applied in interventions. The conference had four panels, with the first panel comprising of

the need for recognising gender issues and VAW in to medical curricula, the second panel had senior officials from 11 health departments of different states presenting the efforts made by them in the health sector to respond to VAW. The third panel aimed to present emerging evidence from CEHAT's direct work with survivors and the last panel focused on discussing principles underlying interventions for supporting women facing violence. We had 44 delegates from 10 states of India besides representation from Delhi NGOs. The conference was very well received.

- **Capacity Building of Dilaasa – NUHM Teams:**

On 30th June, we organised a field visit to two organisations in Pune, namely, MASUM and Bapu Trust. At MASUM, the counsellors interacted with the team and deepened their understanding of the link between violence and health, different strategies used in the community and importance of healthcare for women. The interaction with the team at Bapu Trust reiterated to the counsellors the importance of capacity and autonomy of people living with mental illness. This is especially relevant in the context of the cyclic relationship between VAW and mental illness, where it is important to recognise the problem as distress rather than disease.

3. STRENGTHENING HEALTH SYSTEMS' RESPONSE TO VIOLENCE AGAINST WOMEN BY IMPLEMENTING WHO CLINICAL AND POLICY GUIDELINES

CEHAT's decade long work on advancing the health sector response to VAW contributed in development of WHO's clinical and policy guidelines on "Responding to intimate partner violence and sexual violence against women" for low and middle income countries in 2013. These guidelines provide evidence based guidance to equip healthcare providers (HCPs) in providing care to survivors especially in LMICs. However, there are several gaps in understanding how low middle income countries like India can implement these guidelines. Considering our work on VAW, WHO Geneva approached CEHAT to test approaches to roll out these guidelines in two tertiary hospitals of Maharashtra, India. This collaboration provided a strong base to negotiate with medical colleges for implementation of the project.

This project aims to establish how systems approach which is about creating a supportive ecosystem within the health facility can enable HCPs to identify and provide first line support to women facing violence. The strategies that were used to create an enabling environment include addressing barriers faced by HCPs, building capacity of HCPs, and establishing protocols for care. The project was carried out in two tertiary hospitals of Maharashtra, India.

The intervention included training of healthcare providers and introduction of system level changes like establishing standard operating procedures, models of care, introducing documentation registers etc. The research component comprised an assessment of knowledge, attitude and practice of providers through a survey administered at pre, post and post- 6 months training.

ACTIVITIES CONDUCTED

- **Visits, gathering of preparatory information**

A scoping visit was done by WHO and CEHAT team in October, 2017 to both the study sites. The purpose of the visit was to make an assessment about feasibility of the study and the procedures & mechanisms that need to be established at each site before initiating the project.

Three departments were identified for this project - OBGY, Emergency and General Medicine. The need for integrating the documentation of violence against women in the centralized Health Management System Information (HMIS) was also explored. It was found that every patient coming to these health facilities is given a Medical Record Number (MRD no.) and the same number is being used for maintaining the clinical records in all the departments of the health facility. It was decided that the documentation registers will be introduced in the three departments for cases of VAW women.

A two-day stakeholder meeting was held in March 2018 in Mumbai with 26 health providers

including 16 doctors, 6 nurses and 4 Social Service Superintendent from both the sites. The participants of this meeting were the potential implementers as they were expected to train the entire faculty, resident doctors, nurses and support staff.

- **Training of Trainers**

It was decided to have a five days training of medical educators to build their capacity as trainers. Due to unavailability of medical educators for five continuous days, it was decided to have three plus two-day training scheduled with an interval of few months.

First half of three days training of trainers was held in April, 2018 in Mumbai. It aimed at training the 60 health care providers from three disciplines on various concepts associated with gender, violence against women in different forms, its consequences, first line care to violence victims and medico-legal aspects of such cases. The second half of two-day training was held in month of July. The training included VAW as a public health issue, myths associated with domestic and sexual violence, role of health sector in responding to VAW, documentation and referrals, identification of survivors of violence by HCPs, asking about violence and providing first line support to women facing violence.

- **Development of Training Module**

After the training of trainers, a training module was developed by CEHAT team covering the sessions for two-day onsite training. This module was also translated in local language and was shared with trainers. The module has content on knowledge and skills through different participatory methods like debates, role plays, case studies etc.

- **Establishing multi-sectoral linkages for comprehensive services to VAW**

CEHAT team organized a meeting with civil society organizations, protection officers and administrators of shelter homes at each study site. The meeting helped HCPs on understanding available services and whom to reach out to for additional support services. A resource directory having information on various support services was developed by CEHAT team for each of the hospital sites. This directory was kept in IPD and OPD of the three departments where HCPs identify women facing violence and provide them first line support.

- **On-site training of HCPs by trainers**

A total of 220 HCPs were trained through 8 two-day trainings (4 at each site) conducted by trainers. Trainers were able to innovate the delivery of sessions and use additional resources for training. At one site, trainers requested protection officer to share her experiences with the participants, and to explain all the procedures that are carried out once woman comes to her. A helpline number was shared by protection officer with the participants so that HCPs can call on the number for women in crisis.

OTHER ACTIVITIES

Based on the analysis of the documented cases, a need to conduct refresher training of trainers was realised. It was found that the providers need to be trained to identify the signs and symptoms which are not obvious of violence. Thus, a refresher training of trainers from both the sites was organised in Mumbai in February, 2019. During this training, the trainers learnt about covert signs of violence, shared their experience of providing LIVES including their challenges, myths and facts related to sexual violence, and details of PWDVA act. A session on documentation of cases was also conducted based on the review of forms filled by HCPs.

We started post – 6 months follow up trainings at both the sites in month of February, 2019. A total of 201 participants were trained in these trainings (4 at each site). During these trainings, sessions on covert signs, PWDV act and LIVES on sessions were conducted.

FINDINGS

A preliminary analysis of pre and post training survey a positive change in knowledge, attitude and skills of HCPs. At post training assessment, 68% of participants were able to recognise all the common signs and symptoms of violence. A significant change in attitude of HCPs that violence cannot be justified under any circumstances was found. A two-fold increase was found among HCPs perceptions about their ability to refer women outside the facility for additional support services. The finding has an important implication indicating that the HCPs must be trained to listen, enquire, validate, enhanced safety and support (LIVES). This is essential to establish a basic health systems response to VAW.

4. INTEGRATING GENDER SENSITIVITY IN HEALTH RESPONSE THROUGH ADDRESSING VAW AND VIOLENCE IN LABOUR ROOM AND RESEARCH ON IMPLEMENTATION OF TARGETED HEALTH INSURANCE IN ACHIEVING UNIVERSAL HEALTH CARE FOR WOMEN AND THE MARGINALIZED

Upscaling the Dilaasa model and designing a training institute on Sexual and reproductive health and rights and Gender Based Violence and research on implementation of targeted health insurance in achieving universal health care for women and the marginalized.

ACTIVITIES CONDUCTED

- I. Review of literature and development of an annotated bibliography
- II. Primary qualitative study on healthcare providers' perspectives on violence in labour rooms
- III. Violence faced by Resident Doctors of Maharashtra – A study

I. Annotated bibliography on disrespect and abuse of women during childbirth

A desk review of secondary literature was undertaken which comprised primary studies on disrespect and abuse of women during childbirth. A list of studies on obstetric violence was populated through an internet search using the search terms 'obstetric violence', 'disrespect and abuse during childbirth', 'respectful care during childbirth', and 'labour room violence'. Titles of the studies thus obtained were screened for relevance. 52 studies were thus shortlisted. These studies were then subjected to the following inclusion criteria: a) must be primary studies, and b) must be published in a peer-reviewed journal. 31 of the 52 studies met the inclusion criteria. A final list of 31 studies was included in the annotated bibliography.

Status: The document has been published.

II. Addressing violence against women in Labour Rooms

CEHAT's long-standing engagement with the public health system for addressing the issue of violence against women through its crisis intervention centre Dilaasa revealed that women were mistreated by healthcare providers when they availed of childbirth-related services. Whereas there is much literature documenting women's perspectives on this phenomenon, there are scant studies which have elicited providers' view on violence in labour rooms. Development of proposal review by expert's data collection and analysis carried out.

Primary study titled *Violence in labour rooms: Perceptions of healthcare providers*

A primary qualitative study was conceptualised under this project which aimed to elicit healthcare providers' views on labour room violence, and document their recommendations for preventing the same. The study was carried out in two government hospitals of Maharashtra. Whereas there had been reports of mistreatment of women in Hospital A, Hospital B had taken concerted efforts to provide respectful maternity care to its women patients. The findings revealed that in Hospital A, violence in the form of shouting at and restraining the woman were routinely used to make the woman in labour comply with provider directives. These we viewed not as violence, but as necessary measures for better birth outcomes. Women were denied privacy and compelled to give birth in plain view of other women and healthcare providers. Efforts made in Hospital B, a government hospital plagued with the same problems of overcrowding and lack of resources, to counter this culture of disrespect and abuse

encompassed small infrastructural changes (e.g. introduction of curtains), women-friendly policies (e.g. introduction of birth companions) as well as provider training for attitude and behaviour change.

- CEHAT made a submission towards the UN Rapporteur call for submissions on Mistreatment and violence against women during reproductive health care with a focus on childbirth (Link: <https://www.ohchr.org/EN/Issues/Women/SRWomen/Pages/Mistreatment.aspx>). The submission was based on our research project.
- We also received the opportunity to present the preliminary findings of the study at the World Congress of Bioethics in December 2018.

Status: The study has been completed. The findings of the study have been instrumental in shaping the training course for healthcare providers. The study has been carried out in the backdrop of the LaQshya (Labour Room Quality Improvement Initiative) guidelines released by the Indian government. The findings of the study indicate that there is scant awareness among healthcare providers about these guidelines. Whereas in LaQshya, infrastructural aspects take precedence over patient-provider communication, our findings reveal that attitudinal change is of utmost importance in order to inculcate respectful maternity care. CEHAT is hence disseminating the findings of this study through trainings and its advocacy efforts. This also sets a stage to strengthen the government's initiative.

III Study on Violence against Resident Doctors in public hospitals in Maharashtra

Violence against healthcare providers has been recognized as an issue plaguing the health sector, which is documented in literature. The need to understand the phenomenon in depth emerged from our interactions with resident doctors as a result of our ongoing engagement with public hospitals, and was developed in the backdrop of several attacks on doctors in recent times, and the study period. The present study explores the phenomenon of violence against resident doctors, its causes, nature, impact, doctors' responses towards the same, and their recommendations for preventing the same. CEHAT collaborated with the Maharashtra Association of Resident Doctors (MARD) and King Edward Memorial (KEM) Hospital for this study. This collaboration was planned for the following reasons:

- Collaborating with these entities would help obtain a sizeable sample for the study as the respondent pool of resident doctors were from their fraternity
 - The collaboration would also facilitate steps for advocacy and action emerging from the study
- An online survey was carried out which was to be filled by resident doctors in Maharashtra. A sample of 193 resident doctors was reached. The study showed that violence against resident doctors was widespread across public hospitals in Maharashtra. 61.7 per cent of the 193 respondents had either faced or witnessed violence. Threatening (76.5 per cent), humiliation (57.1 per cent) and pushing / shoving (57.1 per cent) were the most commonly reported forms of violence. More than half the incidents were reported to have occurred at the time of night duty (59.71 per cent). 39.5 per cent of the residents exposed to violence reported that they stopped giving proactive advice to patients and relatives and 34.5 per cent reported having lost motivation at work. Most of the mechanisms (e.g. gate pass system for patients for entry, patient help desk, functional emergency medical response system) that the residents felt could help prevent violence were reported to be largely non-existent at the level of hospital, as were formal institutional policies to prevent and manage violence.
- The findings of the study were also disseminated through an article on the website The Wire (Link: <https://thewire.in/health/kolkata-doctors-attack-protests>).
 - Developed a fact sheet based on this and disseminated

Status: The study has been completed and the report has been sent for publication.

5. THE IMPACT OF MEDICO-LEGAL JUDGMENTS ON COURT TRIALS IN SEXUAL VIOLENCE

CEHAT carried out an empirical research on how courts understand and interpret medico-legal evidence in the context of changes in the rape laws and its impact on legal outcomes. Following were the objectives of the research:

1. To understand the role of medico-legal evidence in court judgements of survivors of sexual violence in the context of convictions and acquittals.

- a. Efforts were made to locate Judgment for survivors who had come in contact with CEHAT as a part of the comprehensive health care response to sexual violence. For this purpose, a review was undertaken of all the survivor's cases in the court and the stage at which they are. Additionally, for the status of a court judgement, details such as FIR number, case number, Investigating officers and status of charge sheet had to be combed through. Once this was done an excel sheet was developed to establish specific indicators from the case judgements that had to be computed. Each case judgement which is either in Hindi / Marathi/ English had to be read and specific indicators identified such as age, types of sexual violence, number of witnesses examined along with their availability, preparedness of Public Prosecutor, whether sexual violence led to an injury, health consequences of sexual violence, time span between 164 statement, charge sheet, trial and outcome. 112 judgements have been identified and 80 of these have been computed after a through reading. An experienced senior lawyer has reviewed the indicators for the computation and the data analysis is underway. Preliminary analysis of case judgements indicate that despite changes in law such as POCSO 2012 and CLA 2013, judiciary continues to rely on medical evidence. As we work with three public hospitals and carry out monitoring committee meetings, efforts were made to discuss the project on legal analysis with doctors of these hospitals. Though CEHAT team is engaged in the analysis of medico legal records and court judgements it is useful to also build capacities of the newly established Dilaasa centres staff to analysed these records. A training was organised towards this activity along with an expert. She presented the Indian and western contexts of sexual violence and how laws operate to the team of 22 counsellors from 11 Dilaasa centres.
- b. **Understanding experiences of doctors as expert witnesses in courts:** CEHAT in collaboration with 3 BMC hospitals have operationalised a hospital based comprehensive health care response to rape survivors since the past 10 years. Efforts have been made to change unscientific medical practices and the focus has been brought back on therapeutic care. Even with the medico legal examination and evidence collection doctors and nurses have been equipped to carry out a gender sensitive examination and collect only relevant medical evidence. We felt that if medico legal response is comprehensive, it shall assist the courts in the investigation process. However anecdotal evidence from doctors suggested that they were forced to answer routine questions such as “is hymen present/ absent? Is the girl capable of intercourse? If a survivor has a fall can her hymen be injured? Even when doctors tried to reason with the judges they were reprimanded and asked to stick to answering in yes and no only!

We therefore thought that it was important to record the experiences of doctors as expert witnesses and record their court experiences. This information can be used to advocate for a change in the manner in which courts handle expert witnesses. A simple set of questions have been prepared to document their experiences and contacting doctors is underway. The main challenge is that not many doctors have been called for court deposition, the ones who were called have already been transferred else-where and difficult to locate due to change of numbers etc.

2. To analyze medico-legal documents pertaining to survivors of trafficking to understand the gaps in medico legal as well as therapeutic care.

It is a known phenomenon that medico legal examination of girls rescued from sex work is done in a cursory manner. Neither guidelines nor protocol exists to carry out a systematic examination or provide treatment. Preliminary analysis by CEHAT of a few records of rescued girls indicate cursory examination that comprises of height – weight to determine age of the girl and status of hymen and habituation to sexual activity. Each of these indicators are biased and unscientific in nature.

CEHAT has collaborated with Prerana, a Mumbai based organisation that works with children of sex workers and also has its own shelter home. The aim of the collaboration is to carry out a rapid assessment of the nature of examination and health care provided by doctors in govt shelter homes. An interview guide is underway and Prerana is seeking permissions to get an entry in to the government institutions.

6. BUILDING EVIDENCE ON THE HEALTH NEEDS OF ADOLESCENTS AND YOUNG WOMEN

Collaborative initiative between CEHAT, Stree Mukti Sangathan, Jan Sahas and AALI

CEHAT was able to establish collaborations with three diverse organisations namely Stree Mukti Sangathan, Jan Sahas and AALI. The project entails building research capacities of CEHAT and other 3 organisations so that their rich data can be utilized effectively to influence policies, as well as inform their own interventions. It also involves devising a sustainable MIS for each of the organizations.

All three organisations are engaged in responding to VAW for several decades. We had to table before them the utility of engaging with their work of decades to be able to generate evidence on the documentation and data available with them. CEHAT brought the directors of three organisations on board and organised the meetings. We had a task of designing content for the two-day training cum meeting. Though the organisations comprised of senior practitioners, research based on secondary data was a new area. The team therefore had to carefully design the contents of the training that brought on board their experiences plus gave them additional insights and information.

ACTIVITIES CONDUCTED

- **Trainings cum Meetings:**

A two-day meeting was organised by CEHAT in Mumbai with representatives of three organisations. The primary aim of the meeting was to develop a research agenda based on existing work of these three organisations with young women and girls. This meeting helped us in developing a detailed understanding of nature of work of these organisations with young women and girls, their observations & challenges, nature of data and records maintained by them and support that CEHAT can provide them as a research centre.

We invited two individuals from every organisation- one who has an in-depth understanding of the interventions and the other person who wanted to and will be able to devote time for analysing data and writing reports in next 12 months. We discussed in detail the unique intervention strategies of the three organisations working in diverse contexts. This helped CEHAT team in mapping the different sources and aspects of intervention data. Further, the meeting provided a useful platform for the organisations to dwell on the key area that they want to analyse during the course of the project. The various concepts covered in the sessions include purpose of research, types of research designs, sampling, data collection and ethical considerations in using intervention data. The representatives of the three organizations Jan Sahas, Stree Mukti Sangathan, and AALI, along with members from CEHAT, developed a research agenda as a group work exercise. Organizations outlined their area of research interest including methodology, the sample, and the time frame.

- **Data entry and cleaning of Data:**

A framework to sieve CEHAT's case records data pertaining to themes of working papers was developed. Team has been involved in entering and cleaning of the data according the framework. One of the reasons was also that these are case records or service records and therefore written by counsellors. As this is intervention data, an intensive process of data verification and validation has been implemented to make the data available for analysis.

- **Review by Scientific Review Committee:**

CEHAT has a scientific review committee which is called as Programme Development Committee (PDC) consisting of both external and internal members. The PDC reviews the proposals of all the research projects at CEHAT for their scientific merit. The members of this committee have diverse background so as to cover all the aspects of design and methodology of proposed study. The proposal of current study including tools was submitted to the committee and a presentation based on the proposal was made by the principal investigator (PI). This presentation was followed by detailed discussion on the different aspects of project.

- **Visit to Stree Mukti Sangathan:**

A visit was made to Stree Mukti Sangathan by CEHAT team to have further discussion on the selected research topic with other members of the organisation. Ethical aspects to be considered for topic were also discussed, for example, if an adolescent reveals sensitive information in the course of the research study, should it be disclosed? It was also suggested that the study adopt the quantitative approach rather than qualitative as enough literature is available in the global context. Additionally, aspects of developing tool, approaching respondents, whose informed consent needs to be taken and data entry were discussed during this visit.

Research agenda of Jan Sahas

Jan Sahas team members expressed an interest in examining the prevalence of two-finger tests for survivors in POCSO cases; the team reported that two-finger tests when conducted are reported separately, as different from vaginal examinations. Furthermore, whereas the government mandates psychological counselling and “child-friendly” courts for survivors in POCSO cases, counselling is largely absent, and there is no fast-tracking of cases for POCSO. The team hence also expressed a desire to examine the implementation of these government regulations on the ground.

There was hence the suggestion that a data sheet could be created with all the aforementioned aspects. The data of 10 years could be used to create a fact sheet of the number of cases, the number of women and children, the number of POCSPO cases, the number of POCSO cases wherein the two-finger test was carried out, the number of sexual violence cases where in the status of the hymen was commented upon, and so on.

Research agenda of Stree Mukti Sangathan

Stree Mukti Sangathan voiced that it would like to conduct a primary study on the impact of domestic violence on adolescents aged 13 to 17. The sample would consist of children of clients who have availed of the organisation services. The sample size was stated to be about 50, but there was a suggestion for it to be increased.

Research agenda of AALI

The AALI team expressed a desire to understand at what stage a woman approached the organization for help. This would help one understand the various sources of help she has exhausted before visiting AALI, and also the kind of support she received from the sources, or lack thereof. There could also be an analysis of the client’s expectations, the support received, and the final resolution, and also an analysis of the rates and reasons for drop-outs.

PUBLICATIONS APRIL 2018 – MARCH 2019

Calendar:

Rape Impact Study Calendar 2019

Paper/ Article:

Reorienting medical education to address health inequities. By Sangeeta Rege. Medico Friend Circle Bulletin, 379, July 2018, pp. 31-32

<http://www.cehat.org/uploads/files/Reorienting%20medical%20education%20to%20address%20health%20inequities.pdf>

Fractured approach towards the critical public health sector. By Barai-Jaitly, Tejal. Medico Friend Circle Bulletin, 379, July 2018, pp. 28-29

<http://www.cehat.org/uploads/files/Fractured%20approach%20towards%20the%20critical.pdf>

Role of government in funded health insurance schemes. By Barai-Jaitly, Tejal and Ghosh, Soumitra. Economic and Political Weekly, Vol. LIII, No. 25, 23 June 2018, pp. 21 – 23

<http://www.cehat.org/uploads/files/Role%20of%20Government%20in%20Funded.pdf>

Integrating gender in medical education: A step in addressing health inequities. By Rege, Sangeeta and Bhate-Deosthali, Padma. Special Issue Health Inequities in India: A focus on some under-researched dimensions, eSocialSciences and Humanities, Vol.1, No.2, Summer 2018, pp. 92 – 102
<http://www.cehat.org/uploads/files/Integrating%20gender%20in%20medical.pdf>

Social exclusion and health of Muslim communities in Maharashtra. By Barai - Jaitly, Tejal and Contractor, Sana. Special Issue Health Inequities in India: A focus on some under-researched dimensions, eSocialSciences and Humanities, Vol.1, No.2, Summer 2018, pp. 140 – 156
<http://www.cehat.org/uploads/files/Social%20exclusion%20and%20health%20of.pdf>

Contribution towards, The UN Secretary-General's Independent Accountability Panel (IAP) for every woman, every child, every adolescent: Private sector roles & Accountabilities in health system strengthening, Universal health coverage and Privatization of health care, with a focus on women's, children's and adolescents' health: For 2018 Report on the theme of private sector accountability for women's, children's and adolescents' health by Rege, Sangeeta and Barai - Jaitly, Tejal, 2018, CEHAT & Independent Accountability Panel (IAP), 6 p.
http://iapreport.org/img/pdf/CEHAT_Tejal_Barai_Jaitly_and_Sangeeta_Rege_IAP_2018_Submission_website.pdf

Books/ Reports:

Exploring the phenomenon of violence faced by resident doctors in public hospitals of Maharashtra by patient/s and / or relative/s and or escort/s Factsheet. By Barai - Jaitly, Tejal and Vernekar, Durga, October 2018, CEHAT, 2 p.
<http://www.cehat.org/uploads/files/VAD%20factsheet%2020%20Sept%202018.pdf>

Understanding Dynamics of Sexual Violence Study of Case Records. December 2018, CEHAT and MCGM, viii, 93 p.
<http://www.cehat.org/uploads/files/Understanding%20Dynamics%20of%20Sexual%20Violence%20Study%20of%20Case%20Records.pdf>

Guidance documents for Police, Judiciary, Public Prosecutor: Demystifying medical evidence, enabling access to justice for survivors/victims of sexual violence. December 2018, CEHAT, 7 p.
<http://www.cehat.org/uploads/files/Guidance%20Documents%20for%20Police%20Judiciary%20Public%20Prosecutor%20Demystifying%20Medical%20Evidence%20Enabling%20Access%20to%20Justice%20for%20SurvivorsVictims%20of%20Sexual%20Violence%281%29.pdf>

Role of the health sector in addressing intimate partner violence in India: A synthesis report. By Bhate-Deosthali, Padma; Rege, Sangeeta; Pal, Poulomi; Bhatla, Nandita; Kashyap, Alpaxee, December 2018, ICRW, 36 p.
http://www.cehat.org/uploads/files/Role_of_the_health_sector_in_addressing_intimate_partner_violence_in_India.pdf

Responding to domestic violence in pregnancy. By Arora, Sanjida; Bhate-Deosthali, Padma and Rege, Sangeeta, 2018, CEHAT and MCGM, xx, 112 p.
<http://www.cehat.org/uploads/files/Responding%20to%20Domestic%20Violence%20in%20Pregnancy.pdf>

Violence against women and role of Health Professionals: A training curriculum. December 2018. CEHAT, xvi, 167 p.
<http://www.cehat.org/uploads/files/VAW%20and%20HCP%20Training%20Curriculum.pdf>

Surviving sexual violence: Impact on survivors and families. By Bhate-Deosthali, Padma; Rege, Sangeeta; Arora, Sanjida; Avlaskar, Prachi; Kadam, Anjali and Bawdekar, Amruta, 2018, CEHAT, vi, 141p.
<http://www.cehat.org/publications/indexlist/1/Books/Reports>

Media Coverage:

In the moments after rape: What to do, Who to reach out to

Author(s): Bhattacheryya, Urmi | Date: 2018, April 4 | Source: The Quint

<https://www.thequint.com/voices/women/what-to-do-after-rape-sexual-assault-medical-examination-procedure-india>

Central team studies implementation of respectful maternity programme at GMCH

Author(s): Sharad, Arpita | Date: 2018, June 1 | Source: Mumbai: The Times of India

<https://timesofindia.indiatimes.com/city/aurangabad/central-team-studies-implementation-of-respectful-maternity-programme-at-gmch/articleshow/64405866.cms>

IMA launches programme to sensitise doctors on sexual health, but fixation on male concerns does disservice to issue

Author(s): Ravi, Ashika | Date: 2018, June 09 | Source: FIRSTPOST: The Ladies Finger

<https://www.firstpost.com/india/ima-launches-programme-to-sensitise-doctors-on-sexual-health-but-fixation-on-male-concerns-does-disservice-to-issue-4503845.html>

Legal assault Victims of rape in South Asia face further violation from the courts Although banned, virginity testing is widespread

Author(s): The Economist | Date: 2018, June 30 | Source: The Economist

<https://www.economist.com/asia/2018/06/30/victims-of-rape-in-south-asia-face-further-violation-from-the-courts>

GMCH Initiates Project to Check Domestic Violence

Author(s): Sharad, Arpita | Date: 2018, July 20 | Source: The Times of India

<http://www.cehat.org/uploads/images/IMG-20180726-WA0019.jpg>

Kautumbik Hinsachar grast mahilanna milnaar ekach thikani upchar

Author(s): | Date: 2018, July 20 | Source: Lokmat

<http://www.cehat.org/uploads/images/IMG-20180726-WA0020.jpg>

Mahilanvaril hinsachar vaidakiya sevet shodta yeto: Dr. Yelikar

Author(s): | Date: 2018, July 20 | Source: Pratinidhi | Aurangabad

<http://www.cehat.org/uploads/images/IMG-20180726-WA0016%281%29.jpg>

Incentive for doctors, staff of govt hospitals under insurance scheme MJPJAY

Author(s): | Date: 2018, September 12 | Source: The Indian Express

<https://indianexpress.com/article/cities/mumbai/incentive-for-doctors-staff-of-govt-hospitals-under-insurance-scheme-mjppjay-5351474/>

Five stories of Good Governance that hold out hope for India.

Author(s): Paliath, Shreehari & Indiaspend | Date: 2018, December 31 | Source: The Quint

https://www.thequint.com/news/india/5-stories-of-good-governance-that-hold-out-hope-for-india?fbclid=IwAR1F_THqdDWznjAu94VVQCa3mQ9vLxFboxIWztTPLGBm56RQa1C5RKWrdms

One in every four women in Mumbai affected by gender-based violence

Author(s): | Date: 2019, January 13 | Source: Mumbai: The Times of India

<https://timesofindia.indiatimes.com/city/mumbai/one-in-every-four-women-in-mumbai-affected-by-gender-based-violence/articleshow/67507802.cms>

Backstory | The 2019 elections just got a significant talking point: Unemployment a fortnightly column from The Wire's public editor.

Author(s): Philipose, Pamela | Date: 2019, February 2 | Source: The WIRE

<https://thewire.in/media/backstory-2019-elections-budget-talking-point-unemployment>

Resource Materials:

Card of LIVES for providing first line social support – August 2018
Dainandini (Marathi Dilaasa Diary) – December 2018
Dilaasa Diary English – December 2018
WHO flash cards – March 2019
Guidelines for Health Professionals in Responding to Women Facing Violence – March 2019
Reprinted

Posters/ Pamphlets:

Dilaasa Adolescents Pamphlets (English/ Hindi/ Marathi) – April 2018
Suicide Pamphlets (English/ Hindi/ Marathi) – April 2018 Reprinted
Basic Procedures – April 2018 Reprinted
Sexual Violence Pamphlets – April 2018 Reprinted

DETAILED REPORT FOR THE FINANCIAL YEAR 2018-19

SATHI: - Support for Advocacy and Training to Health Initiatives: Action Centre of Anusandhan Trust

1. RESEARCH

Project Title: Building Evidence for a Sustainable and Model for Community Accountability of Health Systems in Maharashtra India –

Funding agency: Accountability Research Centre (ARC), Washington DC

RESEARCH part of the Project –

GOAL: Assessing and explaining the impact of Community Based Monitoring and Planning (CBMP) across multiple contexts in the state of Maharashtra- a Study on impact of CBMP, Maharashtra supported by National Health Mission

A collaborative study (October 2017-June 2019) on Assessing and explaining the impact of Community Based Monitoring and Planning, across multiple contexts in the state of Maharashtra- a Study on impact of CBMP, Maharashtra has been undertaken by SATHI, Pune and Accountability research centre.

Following activities have been conducted during this span

Primary data collection related-

- 1. Methodology** - Quantitative data from PHC and Sub-centre MIS indicators data was collected and analysed if this secondary data can be used for the study. Detailed methodology was fleshed out after rounds of brainstorming with and it was agreed employ paired comparative case study design. Sample size, areas, data collection methods were decided
- 2. Capacity building sessions-** Capacity building sessions was held on 'preparing questionnaire' by Adam from ARC team on Skype call
- 3. Finalising study proposal-** Study proposal was developed with inputs from ARC and then sent to PDC for inputs, based on which proposal was finalised.
- 4. Ethics approval-** Study details with various documents was submitted to IEC, presented in IEC and received ethics approval after addressing certain comments made by IEC members
- 5. Recruiting investigators and their training-** Team of 6 investigators with one senior supervisor were recruited and they were provided two days orientation training. Pilot testing of the tool and its fine-tuning was done
- 6. Data collection-** Data collection was initiated from February 2019, from Nasik districts and will be completed by the month of early May 2019.

Project Title: Practices, regulation and accountability in the evolving private healthcare - Sector lessons from Maharashtra State, India.

Funding agency: UK Medical Research Council as part of the Health Systems Research Initiative and conducted in collaboration with King's college London

Following activities have been conducted during 2018-19

Primary data collection related-

- All Qualitative Interviews (n=43) completed, their transcriptions also were organised and completed.
- Transcripts of the interviews entered in NVivo software; coding and data analysis completed
- Three Witness Seminars were organised and held, two in Mumbai in June and September 2019, and one in Pune in September 2019
- Transcripts of Witness Seminars being checked, annotated, and readied for publication.
- Workshop on Clinical Establishments Act and adoption of patients' rights charter, was organised at Delhi in January 2019.

Meetings with collaborators- Had a 2-day workshop with collaborators at King's College London in October 2018, to discuss study findings; preparing the witness seminar transcripts for publications; and organise writing of papers by each team member for publication.

Dissemination of study findings- Team members attended following conferences and made oral and poster presentations of findings from the study:

- 1st National Conference of Ethical Doctors in April 2018 at Delhi;
- 5th Global Symposium on Health Systems Research at Liverpool, UK in October 2018;
- 14th World Conference on Bioethics-7th National Bioethics Conference at Bengaluru in December 2018,
- Achyuta Menon Conference at Trivandrum in March 2019,
- Weekly Guest Lecture series for postgraduate students of Public Health at JNU, Delhi on Opening the Black Box of the private healthcare sector in India: corporatization in the hospitals sector, in March 2019
- Talked in ADEH meeting at Bijnor, on Business of Healthcare in India: Observations and Concerns, in March 2019

Articles/blogs published-

1. 'In the name of charity' commentary regarding charitable hospitals was published in January 2019 in EPW -Shweta Marathe and Indira Chakravarthi
2. Regulation now! It's time for a Clinical Establishments Act in Maharashtra- Shweta Marathe and Indira Chakravarthi
3. Non-profit hospitals: subsidies for themselves, but not for patients- Dr Indira Chakravarthi and Shweta Marathe
4. Bearing witness to healthcare history- Indira Chakravarthi, Shweta Marathe and Benjamin Hunter

2. INTERVENTION AND SERVICE PROVISION

Project Title: Community based monitoring and planning process of Health Services

Funding agency: National Health Mission, Maharashtra State

Area: Implementation of CBMP process in existing 886 villages, 180/189 PHCs, 28 blocks, 13 Districts with 23 organisations in Maharashtra.

Overall activities update:

1. **Major activities conducted by SNGO at state level (April 2018 to March 2019)**
 - 2 State level review and planning meetings with all field partners.

- 1 State level workshop on strengthening documentation of field partner organizations.
- Capacity Building workshop for field level accountants.
- Participation and presentation of CBMP activities in State Mentoring committee (SMC)
- State level workshop on Community Action for Health (CAH)
- Regular and continuous supportive supervision through field visits by SATHI team members in CBMP covered areas.
- Publications - CBMP update and Reprint of awareness material for partners.

2. Block level and village level activities completed in FY 2018-19 in 11 districts

Sr.No	Activities	Numbers
1.	Awareness and Mobilisation Programmes at Villages	1115
2.	PHC monitoring & planning committee meetings	229
3.	VHNSC orientation meeting	543
4.	VHNSC formation and Expansion	168
5.	Orientation of PHC monitoring & planning committee	63
6.	Block Monitoring and Planning Committee Meetings-RH	46
7.	Participatory Audit & planning of RKS funds - PHC	76
8.	PHC level Data collection and report card	70
9.	PHC level Jansanwad	42

1. Intervention for improving Health indicators

- Area covered- 9 districts, 19 blocks, 59 PHCs and 307 villages covered under CBMP area.
- Period of intervention- last Financial Year i.e. 2018-19 where data was collected and analysed in two phases.
 - Phase 1- Aggregated data during the period from April to October 2018
 - Phase 2- Data collected on monthly basis during the period from Nov, 2018 to March 2019
- Data collected from ASHA/ANM/AW from each intervention village.

2. Inputs of CBMP process for improving HI

- Facilitated community mobilization and action towards improving HI especially by using local platforms like Mahila Aarogya Gram sabha; meetings of Grampanchayat and SHGs.
- Conducted Mass awareness campaigns by CBMP implementing organization and local Public Health system.
- Ensured active engagement of local bodies especially VHNSC and PRI members for initiating community actions to improve HI.
- Collaborative action between CBMP M&P committees and Health providers such as organizing camps for HB testing, opening of bank accounts of pregnant women
- Regular and continuous interaction, mobilization and follow-up with high risk pregnant women for availing ANC and other benefits under various Health schemes.

Important output

- Participation and presentation of CBMP activities in State Mentoring committee (SMC)
- State level workshop on Community Action for Health (CAH)
- **Data compilation on various components like RKS fund expenditure; VHNSC and Village level interventions for improving Health Indicators.**
- Done Administrative tasks and follow-up with partner organizations and Newly selected NGO's.
- **Study on availability of medicines in PHCs (as decided in state level review and Planning meeting with NHM.)**
- **Study on availability of Human resource in Health facilities (as decided in state level review and Planning meeting with NHM)**

- Participatory audit and planning (PAP) of RKS funds in 180 PHCs from 13 districts where all PHCs from each existing block would be covered.

This year's focus was for improving HI

- Facilitated community mobilization and action towards improving HI especially by using local platforms like **Mahila Aarogya Gram sabha; meetings of Grampanchayat and SHGs.**
- **Conducted Mass awareness campaigns** by CBMP implementing organization and local Public Health system.
- Ensured active engagement **of local bodies especially VHNSC and PRI members** for initiating community actions to improve HI.
- Collaborative action between CBMP M&P committees and Health providers such as organizing camps for **HB testing, opening of bank accounts of pregnant women**
- Regular and continuous interaction, mobilization and follow-up with **high risk pregnant women** for availing ANC and other benefits under various Health schemes.

The outcome of efforts to focus HI:

- **2.3 times increased registration of pregnant women** in government health centres.
- **1.8 times increased the number of pregnant women in ANC.**
- **2.3 times increased no. of High-risk pregnant women** who have received IV Iron Sucrose
- Focus will be on improving indicators: High risk ANC mother tracking till her delivery; VHSC strengthening with the focused programs in the village.
- Local advocacy, consensus building for problem solving related to local bodies like VHNSC and RKS.
- **Improvement in the ANC related services and verification of JSY and PMMVY by VHNSC.**

Project Title: Continuation of State and Sub-national level Capacity Building Initiatives for Mass Organizations towards Building and Strengthening Health Rights action in Maharashtra and Bihar.
Funding agency: Association for India's Development

Goal: Enabled creation of a new team of grassroots CSO activists, and the Health Rights work initiated in their field areas.

Activities in general:

Capacity building workshops/meetings of activists, Mass awareness activities, conducting of one round of activities related to multi-sectoral monitoring and planning process

Objective 1

- Providing technical and strategic inputs to mass organizations working in Maharashtra, focusing on continuation of ongoing health rights activities with exploring advance strategies and mechanisms towards deepening and expanding community accountability processes in Maharashtra.

Activities completed in Field regarding Process of Social Audit

1. **Getting information from service providers:** Number and name of beneficiaries, kind of benefits given, period of benefits given
2. **Verification by village level SA** group where group had conducted interviews of beneficiaries; Focal Group Discussion and visit to public institution etc.
3. **Village level dialogue** between community including beneficiaries and services providers.

We conducted state level planning meeting on 7th December 2018 with 4 CBOs (partners) of Maharashtra (Ankurs trust, Arohan, All India Youth Federation and Van Niketan)

2: Community Based Monitoring of Health services in the field area of Youth Federation and Ankur Trust.

The process of CBMP was completed by collecting denial cases; collected evidences around present status of Public Health facilities, analysis of the data in 4 PHCs and 15 villages of Parbhani block for Block level Public Dialogue with officials.

Objective 2:

- Enhancing capacities of activists of JJSS in addressing more complex health system issues which require multi-level advocacy skills, including engaging exiting democratic bodies and institutions.

SATHI team visited twice Buddhiya Shiksha Norman Sanghatan, Araria in Bihar. Our engagement is for capacity building of female activists regarding - Health and Health rights, Reproductive health systems, internal organs, Health systems entitlements, CBM and monitoring processes, Health rights awareness in community.

We conducted 2nd workshop in December 2018.

Important output:

Multi-Sectoral Social Audit for exploring and ensuring community based social services accountability mechanism.

Name of Organization	Selection Social Services	Selected Schemes
Van Niketan – Palghar villages from Murbad and Shahapur	Health	1. Pradhan Mantri Matrutv Vandana Yojana 2. Janani Surksha Yojana
	Nutrition	3. Amrut Aahar Yojana
	Education	4. Sarv Shiksha Abhiyan
Arohen- Mokhada- 10 villages	Health	1. Pradhan Mantri Matrutv Vandana Yojana 2. Janani Surksha Yojana
	Nutrition	3. Amrut Aahar Yojana
1. Lower intensity mode Community based monitoring on Health Services		
Youth Federation of Parbhani	Health systems entitlements	1. Health
Ankur trust	Health systems entitlements	1. Health

Building Evidence for a Sustainable and Model for Community Accountability of Health Systems in Maharashtra India

Funding agency: Accountability Research Centre (ARC), Washington DC.

ACTION part of the Project -

Goal: To support action and research components for development of a large-scale model of community accountability of health and health related services and programs in Maharashtra, India.

Objectives and Activities

Objective 1: Promotion of innovative participatory action for community accountability of health-related services

Innovative conception of accountability process: Multi-Sectoral Monitoring and Social Audit (MSMSA) process. The idea of MSSA have been adopted from **Meghalaya state** model where in Meghalaya state had passed “Meghalaya Community Participation and Public Services Social Audit Act, 2017”. **This Act provides a mandate to conduct Social Audit and concurrent monitoring of essential public services by citizens.** Under this act they have covered more than 11 social sectors. In 2017-18, Meghalaya state has conducted pilot phase for its implementation and it that process one of

the action members was involved as a Health expert.

Districts: Gadchiroli, Beed and Solapur

Total number of villages – 30

Social services monitored:

Gadchiroli – Kurkheda – PMJY, JSY, AAY, School mid-day lunch, SMC - education

Beed – Ambejogai block– PMJY, JSY, SMC – education, Village level agricultural schemes, Anganwadi, PHC and Sub centres.

Solapur – Sangola block – PMJY, JSY

The process:

SATHI has no government mandate like Meghalaya from where it adopted the model of SA.

Capacity building workshops for local activists, local multi-sectoral monitoring groups on Multi-sectoral monitoring and Social Audit, **Publications** in the form of posters, guidebook, tools/formats, flex, **Village level meetings** for conduction of village profile survey and **Participatory Rural Appraisal activity** in each intervention village, **Conduction of social audit event**, Village level followed by **block level dialogue** and **written and video documentation of the entire process.**

Activities completed-

- As a follow up of telephone conversion with potential partners in the last quarter, the State level meeting with potential partners in Pune city of Maharashtra on 4th and 5th April 2018.
 - Field visits in the identified 3 districts i.e. Gadchiroli (Kurkheda block), Beed (Ambejogai block) and Solapur (Sangola) and a daylong meeting with potential partner organizations for developing in detailed understanding of SATHI team members on the work of 3 partners organizations; orientation of all staff of partner organizations on the proposed project; discussing and finalizing the strategies and next steps for intervention
 - Preparatory activities at the level of SATHI
 - Based on modified strategy (mentioned in the last activity report) we are planning to collaborate with mass organizations in the context of inclusion of Health Rights agenda in the work discourse of mass organizations; activities related to engagement with mass social network
 - Bi-annual conference call between ARC and AT-SATHI
 - Capacity building session via skype on “Impact evaluation” conducted on 4th April 2018 between ARC team (Suchi and Adam) and SATHI action-research team members.
 - In the identified 3 districts i.e. Gadchiroli (Kurkheda block), Beed (Ambejogai block) and Solapur (Sangola block) activities done are as follow so Completed filling of village profile from selected villages (total 30) from intervention areas.
 - o Completed capacity building workshops/meetings of activists on developing understanding on entitlements related to each identified social sector.
- A. In Gadchiroli district to Completed village level meetings for identification of social services related issues through Participatory Rural Appraisal (PRA) technique.
- Completed formation of Multi-sectoral Monitoring Committee (MMC) in intervention villages.
- B. In Beed district to Capacity building workshops for identified members of village level Multi-sectoral Monitoring Committees.
- Meetings of village level Multi-sectoral Monitoring Committees (MMC) in selected intervention area.
 - Field visit conducted by SATHI team member.
- C. In Solapur district to Village level meetings for sharing the issues with community.
- Local level dialogue with government providers.
 - Initiating process of formation of MMC.

Collaborative work with mass organizations- Capacity building workshop for activists of mass coalition working in Ahmednagar which one of the drought prone and partially tribal districts of

Maharashtra for collaborative activities.

Action linked documentation - Completed documentation of case stories in video as well as booklet form on burden of health care expenditure as one of the contributory causes for farmer's suicides.

- State level workshop for disseminating developed a booklet of compiled case stories on burden of health care expenditure as one of the contributory causes for farmer's suicides.
- Capacity Building of SATHI staff

Challenges and learnings for that objective-

- Though without official state mandate we faced limited obstacles in getting information, as the local partner organization have a strong base in community and also regular interaction with locally elected members. Also, they have good rapport with local government officials.
- Social audits created sometimes an uncomfortable situation and to some extent friction between community and service provider who belong to same village. However, we learnt that in such situations, the facilitation role of NGO is crucial and important to take forward community accountability processes.

Community Action for Nutrition

Areas of action – 10 tribal blocks in Maharashtra, 420 habitations

Funding agency: Tribal Development Department (TDD)

Goal: To bring the malnutrition down in the age group: 6 months to 6 years

Area of activity: 10 tribal blocks and 420 villages

Activities related to the Baseline Survey:

- The baseline survey began on 19th November, 2018.
- The data collection process of both the districts was concluded on 31st January, 2019.
- The data entry process was completed at TISS during the month of February, 2019.
- The data analysis and report writing of the baseline survey began in March, 2019.

Administrative activities:

- The Memorandum of Understanding (MoU) was signed between SATHI and TISS for conducting the Baseline survey in the districts of Nandurbar and Gadchiroli in September, 2018.
- The Memorandum of Understanding (MoU) was signed between SATHI and the Partner Organisations for the implementation of the project in October, 2018.
- The master document combining the main Government Resolution and its amendment was prepared by SATHI.
- The format for the contracts of ASHA workers/Village volunteers was finalized and shared with the partners.
- The process of collecting the required documents from the ASHA workers/Village volunteers and signing of the respective contracts was in process in March, 2019.

State level orientation workshops and training:

- **A state level orientation and planning workshop** for partner organizations was organized on 8th and 9th October, 2018 under the guidance of Dr. Shubalakshmi Iyer of TRTI-TDD at Indian Institute Education (IIE), Pune. The partner organisations received a detailed orientation of the CAN project. A plan for the execution of the project and its timeline was chalked out along with the partner organisations to ensure efficient implementation of the project.
- **A state level multi stakeholder orientation workshop** under chairwoman ship of Ms. Manisha Verma, Principal Secretary, TDD, was organized at the Quest Office, Mumbai on

19th December, 2018. A convergence of all the concerned departments (TDD, WCD and PHD) and partner organizations was brought about at the TDD office to ensure better coordination between all the stakeholders of the project. The details of the roles and responsibilities all the concerned departments (TDD, WCD and PHD) in CAN project were prepared and submitted to TDD for further action.

- It was decided that a brief survey of the children under the age of 6 years from the families migrating will be conducted in the Shahapur block of Thane district. Training for conducting this survey was organized for the Block coordinator, field facilitators and selected ASHA workers from the Shahapur block on 24th October, 2018 at Shahapur under the guidance of Dr. Shubalakshmi Iyer of TRTI-TDD.
- At the block level of Junnar the Public Health and ICDS officials, ASHAs, AWWs and Supervisors were given an orientation about the CAN project on 3rd November, 2018.
- Training of Trainers (TOT) was organized in two batches at Pune and Nashik on 23rd to 27th January, 2019 and 1st to 5th February, 2019 respectively. Block coordinators and field facilitators of all the 10 blocks attended this TOT where the session covered all the components required for the successful implementation of the CAN process.
- Block Level training workshops for ASHA/Gav Karykarti were also conducted in 5 out of the 10 blocks. The training workshops were conducted as follows:
 - 27th February to 2nd March, 2019 – Triambakeshwar and SATHI 20 villages Blocks
 - 5th to 8th March, 2019 – Shahada and Dhadgaon Blocks
 - 25th to 28th March, 2019 – Armori and Kurkheda Blocks

Field level activities:

- Field facilitators and block coordinators from all the blocks were oriented about the CAN project and explained about their role in the project.
- The officials of the ICDS and Public Health department were given information about the project and requested for their support.
- The Block level monitoring and planning committee for the CAN project was formed in the Karjat Block.
- Regular review and planning meetings with partner organisations were organized to ensure efficient functioning of the project.

Mobile APP and Portal Development related activities:

- The development of the web portal & mobile APP was in process.
- Mobile APP for collecting six monthly data related to Nutrition services such as Amrut Aahar Yojana and ICDS was prepared.

Activities related to preparation of the resource material:

- The resource material for the training of the field staff and ASHAs was completed in the month of January, 2019.
- The training module prepared was used for the regional level TOT of the field staff and all the block level trainings of ASHA workers.

District level activities:

- District Level Orientation Workshops were organized in five out of the seven districts – Pune (10th January, 2019), Raigad (29th January, 2019), Nandurbar (6th February, 2019), Thane (22nd February, 2019) and Palghar (2nd March, 2019).
- Convergence of all the three departments ICDS Department, Public Health Department and Tribal Development Department was brought about in these workshops.

- All the officials present at these workshops assured that they will give their complete support and cooperation for the process.

Block Level Activities:

- A total of 420 villages/hamlets were finalized from the 10 blocks as per the set of criteria.
 - The block coordinators and field facilitators for all the 10 blocks were finalized.
 - Project orientation of field staff including block coordinator and field facilitators in all selected 10 blocks was done.
 - Profile of the 420 selected villages/hamlets was prepared.
 - Field facilitators and block coordinators of all the 10 blocks started visiting the Anganwadis (AW) under the intervention areas to understand the working of all the services provided at the AW and assessed the current situation.
 - Meetings with village level stakeholders such as the members of VHSNC, Aahar Committee and Mata Committee were organized in all the villages and the stakeholders were oriented about the project.
 - The survey of the children under the age of 6 years from the migrating families was completed in Shahapur.
 - The baseline survey was completed in the Dhadgaon and Shahada blocks of Nandurbar district and Armori and Kurkeda blocks of Gadchilroli district.
 - At the block level of Junnar the Public Health and ICDS officials, ASHAs, AWWs and Supervisors were given an orientation about the CAN project.
 - The Block level monitoring and planning committee for the CAN project was formed in the Karjat Block on 3rd November, 2018.
 - Regular review and planning meetings organized in all the 10 blocks ensured the well-organized functioning of the project.
 - Block Level training workshops for ASHA/Gav karyakarti were also conducted in 5 out of the 10 blocks till the end of March, 2019.
 - The process of collecting information about the VHSNC, Mata Samiti and Ahaar Samiti at the village level and activating these committees is currently underway.
 - The process of formation of village level Poshan Hakka Gat is currently underway in all the 10 blocks.
 - The village youth volunteers for each block are being selected and trained.
 - Village level monthly meetings regarding the nutrition status in the village and strategies to improve this status are being organized in all the blocks.
-
- The field staff is conducting village level awareness campaigns to make the villagers aware about the CAN process and the nutrition practices and services.

Building Community Action for Nutrition (CAN)

Funding agency: Bajaj Holdings and Investment Ltd. (CSR)

Goal: To bring the malnutrition down in the age group: 6 months to 6 years

Area of activity: One tribal blocks and two rural blocks

The key points in which B – CAN differs from TDD – CAN are -

- a) In TDD we are conducting two phases of action, in 220 villages we are conducting Intensive intervention (Intensive tracking and counseling of key care takers of faltering and malnourished children) while in 200 other villages we are conducting non – intensive mode of intervention. (Only general awareness regarding various schemes). **In B – CAN we are conducting only Intensive intervention**
- b) In TDD we are covering only tribal area while in **B – CAN we are covering Tribal (Dharani) Rural (Bhor and Welhe) and Urban (Mumbai slums)**

Areas of action – Tribal (Dharani) Rural (Bhor and Welhe) and Urban (Mumbai slums) – 160 habitations

Estimated children monitored – Around 10000

One block coordinator each block, four field facilitators, will work with ASHA and AWW in every village.

VHSNC, Aahar Committee and Mata Committee in each village will be strengthened.

Activity Summary:

- The Memorandum of Understanding (MoU) was signed between SATHI and Bajaj CSR in March, 2019.
- Selection of the block coordinators and field facilitators from each block was completed in the month of March, 2019.
- A state level orientation and planning workshop for partner organizations was organized on 22nd March, 2019 at Indian Institute of Education (IIE), Kothrud, Pune. The workshop was attended by thirteen participants from three project implementing organisations and seven representatives of State Nodal Agency SATHI. During this workshop an orientation of the B-CAN project was given for the partner organizations detailing the process and expected outcomes of the project. This was followed by a discussion about the possible challenges that may be faced while implementation of this project. A detailed discussion was then made for finding the appropriate solutions for these challenges. This was followed by the discussion on the timeline of the project. All the partner organizations were asked to give an estimated timeline for the activities of the project. A discussion on administrative issues was also done and the issues raised by the partners were resolved and it was declared that all the guidelines will be provided to the partners in details in the MoU.
- The process of village profile preparation in all the blocks, namely, Bhor, Velhe, Dharni and Mumbai began in the month of March.

Project Title: Strengthening Public Provisioning of Health Care in India at National level and Strengthening Public Provisioning of Health Care in Maharashtra
Funding agency: National Foundation of India

Introduction- The partnership between JAA Maharashtra and NCAS became a platform for learning about the state budgets and state allocation for health and social sector involving many grassroots leaders and activists, through regional and state level workshops. JAA and NCAS have jointly conducted campaign activities in last two years. Now, in the financial year 2018-19, this activity had been carried out in a form of budget campaign, where health and ICDS related state health budget had been analysed and key issues taken from the analysis for the orientation of different stakeholders from various levels in the state.

- For the period from April 2018 to March 2019, the following activities has been conducted-
- The Resource Gap Analysis (RGA) exercise conducted in Maharashtra where more than – organizations associated with JSA, Maharashtra were engaged from 6 districts and 11 blocks of Maharashtra. These efforts contributed in developing more than – health activists in Maharashtra. A workshop was organized in order to inform the grassroots-level activists of the plans for the phase, particularly concerning the RGA. This workshop helped dispel any clarifications regarding the RGA exercise and trained them to conduct the analysis in their respective blocks.
- Two publications have been published by SATHI for Jan Arogya Abhiyan (JAA). One was on Resource Gap Analysis was conducted in 34 PHC and 11 CHC in six districts of Maharashtra. We have prepared policy brief of this report in Marathi for dissemination to JAA partners and also to policy makers for further action.
- Second publication was study of facility costing exercise, which was done in the one PHC of Pune district. The purpose of the study was to bring out unit cost of one PHC for larger

budgeting exercise. Earlier we have thought that we will bring out the policy brief on NHM fund flow, but as NCAS has done quarterly updated on NHM fund flow we have used this amount to bring out policy brief on facility costing exercise study. This policy brief was prepared in Marathi as for dissemination to the policy makers in Maharashtra.

- SATHI has also published Booklet on an Anemia as an awareness material for addressing health issues related campaigning among the people, as Maharashtra is currently facing severe drought problem. Due to this natural calamity, women are facing the health issues. So as a JAA, we are using this material for awareness among the women in drought prone area of Maharashtra. So, total three publications were prepared in the JSA-PBI project for the reaching out budget issues to the policy makers, media persons and one awareness material was prepared for it.

3. **ADVOCACY**

Project Title: Thematic Hub on Accountability of Private Healthcare Sector Funding agency: COPASAH

Activities:

- 1) Thematic Workshop on ‘Strategy building for private sector regulation and documenting patients’ rights violations’ was organised by SATHI at National Health Assembly-3 dated on 23rd Sept 2018 in Raipur, Chhattisgarh, India. Participants from JSA units in states like Maharashtra, Madhya Pradesh, Chhattisgarh, Gujarat, Andhra Pradesh, Tamil Nadu, UP, Karnataka participated in large numbers. About 60 health activists, health researchers participated in this workshop. Objectives of the workshop were as follows-
 - a. Sharpening skills of participants for documenting cases of serious denial of patient’s rights in private hospitals in their states along with planning for compilation of such documentation in booklet form. Booklet will be published as a collaborative publication.
 - b. Sharing campaign experiences from different states on regulation of private medical sector and patient’s rights, drawing key lessons from these campaign initiatives.
 - c. Brainstorming on strategy for effective regulation of private medical sector in specific states e.g. states which adopted central CEA 2010, states which have enacted their own state level legislations, states which are in the process to draft such legislation etc
 - d. Moving towards coordinated plans for advocacy regarding private medical sector and patient’s rights. E g. advocacy for notification of standards under central CEA, PIL in Supreme Court etc
- 2) A policy brief on ‘Thematic Hub on Patients’ Rights and Regulation of The Private Medical Sector’ was prepared and shared with Thematic Hub members.
- 3) Thematic Workshop on ‘Enforcing Public Accountability of Private Healthcare Sector and Safeguarding Patient’s Rights’ was organized by Support for Advocacy and Training to Health Initiatives (SATHI) and Centre for Health and Social Justice (CHSJ), as a part of COPASAH activity, in People’s Health Assembly- 4 at BRAC CDM, Savar, Dhaka, Bangladesh; dated on 17th November 2018.

The overarching objective of the workshop is - to share experiences and discuss campaign and advocacy strategies to enforce public accountability of private-for-profit actors in health care, with focus on safeguarding the rights of patients. More than 70 health activists associated with People’s Health Movement from India, Nepal, Sri Lanka, Bangladesh, Uganda, Rwanda, Kenya, South Africa participated in this workshop.

This workshop was an attempt to find common areas of concerns, discuss strategies to challenge unaccountable practices in the private health sector and locate individuals and institutions who are willing to undertake collaborative campaign activities at the national and the regional level. This was more of action and advocacy-oriented workshop, and was not limited only to framing challenges related to the regulation of the private health sector. There were total 8 panellists. Total two rounds of panel discussions were carried out. Panel discussion was followed up with

questions and answer session with participants.

The overall discussion revolved around the need for documenting stories of patient's rights violations, medical malpractices and publishing them for wider dissemination. The participants also agreed on need for networking of CSOs, health activists, researchers, doctors from African region and South Asian region to share knowledge, strategies, resources for advocacy towards regulation of private healthcare providers and protection of patient's rights. Participants also expressed need for capacity building for health activists with requisite information.

Many participants expressed their desire to join Thematic Hub and some of them showed willingness to organise meetings in their country on this issue. In the end, many participants expressed their willingness to attend COPASAH Symposium in Delhi in 2019 and carry forwards the discussions around the theme of private sector regulation and patients' rights.

- 4) Report of the Thematic Workshop in Dhaka was prepared and disseminated.
- 5) Two Thematic Knowledge Products namely 'Ensuring patients' rights as a core strategy for demanding social accountability of the private healthcare sector' and 'Regulation of rates in the Private healthcare sector Justification, feasibility, strategies to address the issue' were prepared and disseminated.

Project Title: Promoting Accountability of the Private Healthcare Sector and Patient's Rights in India

Funding Agency: Azim Premji Philanthropic Initiatives

Activities, outputs and outcomes

A: Building and spreading Alliance of Doctors for Ethical Healthcare (ADEH): A unique network of doctors across India who are for ethical healthcare has been emerged strongly.

Mobilization of doctors for ADEH – Mobilization of doctors many cities in India like Chennai, Bangalore, Mumbai, Delhi, Kolkata, Guwahati, Dimapur, Vellore.

- Visited Kerala state ADEH meeting on 21st and 22nd July 2018-
- **ADEH meetings in three cities of Kerala on 21st and 22nd July 2018**
- As a follow-up of the National conference on ethical healthcare held on 21st and 22nd April 2018, Kerala participants in that meeting – Dr Saju Hameed and Dr B Iqbal organised inauguration of Kerala chapter of ADEH with three meetings along with the yearlong campaign – 'Citizen doctors' friendly hospital initiative - for Universal Health Care.'
- The first meeting took place in Kolam in morning of 21st July. The venue was – Travancore Medical college – Kolam-
- The second meeting took place in Trivandrum in evening of 21st July. The venue was – Abhaya Kendram, Medical college, Trivandrum-
- The third meeting took place in Trivandrum in the afternoon of 22nd July. The venue was – Waqf board hall, Kochi-
- **National meeting of the core committee held on 26th December 2018 to decide on ADEH Action Plan for 2019** and was followed by a press conference to announce the release of the first draft of the Ethical Doctors Manifesto.
- **Workshop held in Government medical college, Kozhikode on 23rd February, 2019** for medical students, with Dr Samiran Nundy and Dr Gadre as Chief Guests Learning: there is lot of potential but we need to develop a training course for medical students on political economy of health.
- **Regional conference on Corruption in Healthcare and Release of the Ethical doctors Manifesto was held at Press Club, Trivandrum, Kerala on February 24th, 2019.** The inaugural address was by Padmashri Dr MR Rajgopal, Founder & professor – Palliative Care Movement in Kerala

- **A regional meeting attended by 45 doctors, was held in Bhopal meeting** on 10th March 2019 and featured a panel discussion with ADEH core members Dr. Samiran Nundy and Dr. Sanjay Nagral, authors of the recently published book, “Healers or Predators?”

B: Establishment of Pune Citizen Doctors Forum: A novel again first of its own kind innovative collective initiative has been established in Pune.

- PCDF has conducted every two months public programs for interaction between the doctors and citizen, awareness program for ethical healthcare.
- It has prepared a data base webs site of doctors perceived as rational by patients/ citizen based on some criteria given for use of Pune citizen. This unique website will be now popularised in near future. <http://mypcdf.org/>

C: Study on “Promotional and Marketing Practices of the Pharmaceutical Industry in India and Implementation of Related Regulatory Processes” is on. Around 50 in depth interviews of Medical Representatives, regional managers and doctors have been taken from Pune, Hyderabad, Mumbai, Lucknow and Kolkata. The analysis will start soon. Many interesting findings are coming which show the unethical practices of pharma companies in the field.

- Analysis is being done

D: First National Conference on Ethical Healthcare

<http://www.ethicaldoctors.org/>

Background: On 21st 22nd April 2018, in All India Institute of medical science (AIIMS) Delhi, first ever National conference of ethical healthcare was spectacularly conducted Alliance of doctors for ethical healthcare (ADEH) SATHI acting as its secretariat.

Bullet points for ADEH National conference on ethical healthcare:

- Nearly 100 participants, from across India who came by their own expenses, most of them are private healthcare providers, some are academics, Health activists.
- With this conference, ADEH became a part of emerging larger global movement for more humane and non-commercial healthcare. Through the participation of likeminded doctor-representatives from ‘**Right Care Movement (US)**’ and ‘**Slow Medicine (Italy, Brazil)**’ this conference is an attempt to build an alliance at the international level also. **The Joint Communiqué in Annexure –I** summarises in one page, the common framework among the Indian and international representatives.
- **Dr Bernard Lown**, Renowned cardiologist, Harvard Medical School, Boston, US, Noble laureate for peace sent a video message.
- The key note address was given by **Dr Vikas Saini**, Senior cardiologist, Harvard Medical School, Boston, US, President of the Lown Institute
- Panellists and presenters consisted of some noted personalities – Dr Guleria (Director AIIMS), Dr Srinath Reddy President of Public Health Foundation of India, Pat president of World Heart Federation, Dr Vinod Paul Senior neonatologist, Delhi; Member, NITI Aayog, **Dr Gurinder Sing Grewal** Senior Gastroenterologists, Ludhiyana, Past President Punjab Medical Council, Punjab, **Dr Shah Alam**, Professor, department of Orthopaedics, AIIMS, New Delhi and **Dr Peush Sahni**, Professor and Head, of Surgical Gastro-enterogy AIIMS, New Delhi
Editor – National Medical Journal of India
- **The key sessions of the conference were**
 - ‘Challenges faced in advocacy for ethical healthcare’
 - Scientific position papers on rational and irrational use of medical interventions
 - How to move towards Universal Healthcare in India’
 - Corporatization of healthcare and its impact on doctors
 - Challenges faced by young doctors for upholding ethical, rational practice
- **The conference Commended Crusaders for Ethical Health care**

H. To initiate / foster citizen action groups or Citizen-Doctor forums in six major cities of Maharashtra, to develop awareness and local dialogue on key health advocacy issues- Public programs such as public interview on mental health and felicitation of Dr Bharat Vatwani; public event on patients' safety; two Facebook live for e sakal. The objective of these events were to do horizontal spread of PCDF in Pune with various activities along with popularizing www.mypcdf.org

I. To finalize the rate calculator for determination of rates of any procedure- The rate calculator is being finalized with help of a consultant

J. Finalizing study on marketing practices in the pharmaceutical industry in India, and documenting patients' rights denial cases- The report is published and disseminated on field level practices of pharmaceuticals. **The short film 'Ek MR ki Maut' will be produced based on quotes from the research**

Important Output/ Out come

The core committee is growing: There are some welcome addition like Dr Sanjay Bhalerao a young paediatrician from Indore has helped us arrange meetings in MP for the first time. The what's up group of the core committee is live and vibrant.

Government bodies like Niti Aayog/ NPPA listen to ADEH petition.

- The core team members have submitted petition to NPPA, Joint Parliamentary committee
- Dr Arun Gadre was invited to a workshop conducted by Competition Commission of India on -Vertical Arrangements in Healthcare Services: Necessity or Exploitation?
- ADEH released a press statement objecting to irrational ban on Oxytocin
- ADEH released a press statement in September 2018, objecting to the irrational ban on Oxytocin Articles and invitations from key institutes
- Dr Abhay Shukla and Dr Arun Gadre contributed in the magazine – seminar Feb issue - MANDATE FOR HEALTH: symposium on providing affordable and accessible healthcare with a chapter - UNDERMINING MEDICAL ETHIC
- Dr Arun Gadre's article on commission practice study with Dr Nilangi Sardeshpande as co-author was published in in EPW
- Dr Arun Gadre was invited to give a talk on "Commercialization of private health care in India" on the 26th of October,2018 at the LOWN Institute in Boston, USA.

His experience on forming the ADEH was highlighted in an interview published on LOWN website titled – 'Fighting health care privatization and corruption in India' -

<https://lowninstitute.org/news/blog/fighting-health-care-privatization-and-corruption-in-india/>

- Dr Arun Gadre representing ADEH was invited to a workshop conducted by the Competition Commission of India (CCI) to present a report on "Vertical Arrangements in Healthcare Services: Necessity or Exploitation?"
- On various TV channels Arun / Abhay was and is called when relevant panel discussion takes place. In various states like Punjab, Kerala ADEH members are sought for such panels.
- Articles by ADEH members get published in local and English media for policy advocacy
- Many articles have been published in regional languages especially in Punjab by ADEH members.
- Invitation to present about Impact of marketisation on ethical healthcare: Analysis and the way ahead" at the Joint 14th World Congress of Bioethics & 7th National Bioethics Conference, held at Bangalore on December 5 – 7, 2018.
- **Pune Patient Diary-** simple but effective tool to reduce information asymmetry
Provides contact details of- Public Hospitals , Charitable trust hospitals, Rehabilitation centres, deaddiction centres, All kinds of Government schemes related to healthcare , Hospitals enrolled under Urban Poor Healthcare Scheme, Hospitals enrolled under Mahatma Phule Jan Arogya Yojana, Affordable/charitable diagnostic centres, labs and

- Charitable organisations providing financial help to patients
- People invite us for innovative awareness program on patients’ rights and clinical establishment act in few cities and hence number of awareness programs (outcome, not as output)
- Since we are a part of JAA and JSA -- we have been invited
- In Maharashtra and in cities like Delhi, Lucknow etc. We at SATHI have become a technical support unit for health rights both in public and private sector.
- Slum citizen invite us for interaction and dissemination of patients’ diary. Number of meetings in slums
- Paper presented in 14th World Congress of Bioethics and 7th National Bioethics Conference held in Bangalore on 5-7 December 2018. The title of the paper is “Revising Promotional Practices of the Pharmaceutical Industry in India: State of Ethics”
- The Study Findings Presented in 2nd World Pharma Brand Manager’s Day 2019 organized by the SIES College of Management Studies on 4th January 2019. The theme of the conference was “The future of Pharmaceutical Brand Marketing: Changing Issues and Challenges” The presentation was well received by the audience.
- **The short film ‘Ek MR ki Maut’ will be produced based on quotes from the research**

4. DOCUMENTATION AND PUBLICATION

SATHI continues to maintain the *Library and Information Service* through a small-computerized library. The library contains basic documents, books on health and health care in India, especially related to Public Health; it also receives important reports, journals and magazines on health care. The library serves as a resource center for social activists, journalists, researchers.

The following is a categorization of the contents in the library:

1. Audio Visual Health Awareness Material –155
2. TV News & interviews- 18
3. Documentation of Jansunwais- 15
4. CBM Film (English & Marathi)
5. Periodicals- Marathi-7, English-8 = 15
6. Books- 3478
7. Bound Volumes- 200
8. Reference Books- 130

The publications brought out during April 2018 to March 2019 are as follows-

No	Particulars of Publication	Date of Publication
1.	Punyatil Rugnansathi Upyukt Mahiti- Patient Diary	April, 2018
2.	Reaching out of Ethical Healthcare-Newsletter	April, 2018
3.	When people act together for nutrition - Brochure	April, 2018
4.	Re-energising the anganwadi	April, 2018
5.	Ek Ghas Chiucha	April, 2018
6.	First National Conference on Ethical Healthcare, 2018- Conference Report	July, 2018
7.	Thematic Hub on Accountability of Private Medical Sector Leaflet	October, 2018
8.	Anemia (Rakta Pandhari) Lakshane, Karane, Upaya Booklet	December, 2018
9.	CBMP Flyer (Lokadharit Dekhrehitun Samnvayakade)	December, 2018
10.	Ek Ghas Chiucha	January, 2019
11.	Anganwadila Jevha Jag Yete	January, 2019
12.	Gavat Ya Seva Niyamit Milatil Yavar Apan Lakshya Thevu Ya... (Poster)	February, 2019
13.	Upkendrat Ya Seva Niyamit Milatil Yavar Apan Lakshya Thevu Ya... (Poster)	February, 2019
14.	Arogya Sevechya Hakkansathi Pudhakar Ghevu Ya (Poster)	February, 2019
15.	Sarv Prathamik Arogya Kendrat Khalil Seva Milatil Yachi Hami Rashtriya Gramin Arogya Abhiyanane Dili Ahe (Poster)	February, 2019

No	Particulars of Publication	Date of Publication
16.	Sarakari Davakhane Apale Ahet. Ya Sevanvar Lakshya Thevane Apali Jababdari Ahe... (Poster)	February, 2019
17.	Davakhanyabaddla Takrar Ahe? Mag, Phone Kara! (Poster)	February, 2019
18.	Chala, Arogyasevanvar Dekharekh Karu Ya! Apale Arogya Hakka Milavu Ya! (Poster)	February, 2019
19.	Asa Vaparu Ya Apalya Sarakari Davakhanyacha Rugna Kalyan Nidhi' (Poster)	February, 2019
20.	Chala Apali Gaon Aarogya Samiti Balkat Karu Ya- Gaon Aarogya, Poshan, Pani Purvatha va Swachhata Samitichi Mahiti Denari Pustika (VHSC booklet)	February, 2019
21.	Women interviews (users PHC): To assess Availability, Accessibility and Quality (Women Interview Survey Tool)	February, 2019
22.	RKS Member Survey Tool_ for RKS Commitee Member	February, 2019
23.	VHNSC Survey Tool_ VHNSC Commitee Member	February, 2019
24.	ICF. survey with users – Abhyasat Sahabhagi Honyasathi Mahiti va Sammat Patrak	February, 2019
25.	ICF. qualitative interviews_ Abhyasat Sahabhagi Honyasathi Mahiti va Sammat Patrak	February, 2019
26.	ICF. for survey with RKS, VHNSC_ Abhyasat Sahabhagi Honyasathi Mahiti va Sammati Patrak	February, 2019
27.	Prathmik Arogya Kendra Dekhrehkh va Niyogen Samiti - Samitibaddal Mahiti Denari Pustika (PHC booklet)	February, 2019
28.	Rugna Kalyanasathi Kasa Kharch Karava? Rugna Kalyan Samiti Sadsyansathi Margdarshak Pustika	March, 2019
29.	Magova Su-Kuposhnacha- Kuposhit Balkanchya Pathpuravyanchi Yashkatha	March, 2019
30.	Kuthe Adkalaya, Khajagi Davakhanyavaril Niymanacha va Rugna Hakkacha Kayada?- Brochure	March, 2019
31.	Pradhan Mantri Matrutav Vandana Yojana (Poster)	March, 2019
32.	Janani Surksha Yojana (JSY) (Poster)	March, 2019
33.	Arogya Sevansathi Mahattvache Toll Free Numbers (Poster)	March, 2019
34.	Mahatma Jyotiba Phule Jivandayi Arogya Yojana (Poster)	March, 2019
35.	Samajik Ankenshanachya Dhartivar Rugna Kalyan Samiti Nidhiche Lokshai Ankeshan va Niyogen Karnyasathichi Guide Book (PAP Booklet)	March, 2019
36.	Poshan Seva (Anganwadi va Amrut Ahar Yojana) Anganwadimadhye Milnarya Sevanche Pragatipatruk	March, 2019
37.	Poshan Seva Prashnavali (Anganwadi va Amrut Ahar Yojanechi Sarvasadharan Mahiti va Soyi Suvidha)	March, 2019
38.	Anganwaditil 5 Varshakhalil Balkanchi Poshan Sthiti – Chart	March, 2019

5. COLLABRATION AND NETWORKING

SATHI is involved in a wide range of collaborations as part of its work, in 13 District and 29 blocks of Maharashtra and works with 22 NGOs/ Organisations.

SATHI continues to be an active constituent of Jan Arogya Abhiyan (JAA) in Maharashtra and SATHI team and members contribute to JAA activities outside their project work.

A SATHI team member continues to be one of the national joint convenors of Jan Swasthya Abhiyan and the NHM Advisory Group for Community Action (AGCA) which includes prominent

Community health activists from different parts of the country. This forum provides regular opportunities for exchange and networking with various health activists as well as interaction with

NRHM at national level.

A SATHI member is also a member of Health chapter of National Human Rights Commission
A SATHI member is a founder member of nationwide network that is active in reforms of private healthcare sector– ‘Alliance of doctors for ethical healthcare’.

STAFF DETAILS AS ON 31ST MARCH 2019

Sr.No.	Employee Name	Designation	Gross Salary	Name of Centre
1	Saramma Mathew	Chief Finance & Administrative Officer	1,25,843.00	AT
2	Arun Gadre	Coordinator-SATHI	78,636.00	AT
3	Sangeeta Rege	Coordinator-CEHAT	1,07,953.00	AT
4	Monika Renni	Executive Secretary/Assistant	39,600.00	AT
5	Prachi Avalaskar	Senior Research Associate	49,000.00	CEHAT
6	Shobha Kamble	Office Assistant	25,012.00	CEHAT
7	Pramila Naik	Administrative officer	64,077.00	CEHAT
8	Vijay Sawant	Secretary	33,196.00	CEHAT
9	Rajeeta G. Chavan	Research Associate	39,740.00	CEHAT
10	Radha Pandey	Secretary	32,846.00	CEHAT
11	Sudhakar Manjrekar	Office Assistant	25,012.00	CEHAT
12	Dilip Jadhav	Secretary	32,321.00	CEHAT
13	Anupriya Singh	Research Associate	47,625.00	CEHAT
14	Sarika S. Salunkhe	Research Associate	41,090.00	CEHAT
15	Sujata S. Ayarkar	Senior Research Associate	53,488.00	CEHAT
16	Sanjida Arora	Research Officer	63,427.00	CEHAT
17	Olinda D'souza	Secretary	33,021.00	CEHAT

18	Swati S. Pereira	Administrative Assistant	40,190.00	CEHAT
19	Durga Vernekar	Research Associate	40,415.00	CEHAT
20	Sugandha Bajaj	Research Associate	39,290.00	CEHAT
21	Sarita Patel	Secretary	35,361.00	CEHAT
22	Abhijit More	Senior Project Coordinator	19,406.00	SATHI
23	Archana Diwate	Research Officer	38,833.00	SATHI
24	Jessy Jacob	Administrative Officer	39,933.00	SATHI
25	Meena Indapurkar	Office Assistant	11,101.00	SATHI
26	Ravindra Mandekar	Office Secretary	30,242.00	SATHI
27	Shweta Marathe	Senior Research Officer	45,133.00	SATHI
28	Tushar Khaire	Office Secretary	30,242.00	SATHI
29	Urmila Dikhale	Senior Administrative Officer	46,413.00	SATHI
30	Vinod Shende	Project Officer	38,283.00	SATHI
31	Abhay Shukla	Senior Programme Coordinator	84,286.00	SATHI
32	Bhausahab Aher	Senior Project Officer	43,213.00	SATHI
33	Deepali Yakkundi	Research Officer	39,933.00	SATHI
34	Hemraj Patil	Project Officer	40,483.00	SATHI
35	Nitin Jadhav	Senior Project Coordinator	49,244.00	SATHI
36	Ramdas Shinde	Administrative Assistant	34,083.00	SATHI
37	Shailesh Dikhale	Project Officer	42,573.00	SATHI
38	Shakuntala Bhalerao	Project Officer	39,933.00	SATHI

39	Sharda Mahalle	Administrative Officer	38,833.00	SATHI
40	Trupti Moreshwar Malti	Project Officer	39,933.00	SATHI
41	Manasi Shrouti	Project Officer	31,683.00	SATHI
42	Nitin Ghatge	Research Officer	37,733.00	SATHI
43	Sachin Sathe	Project Officer	38,833.00	SATHI
44	Tanvi Mahajan	Research Officer	36,633.00	SATHI

Slabs of gross monthly salary including benefits	Female	Male	Total Staff
<5000	0	0	0
5001-10000	0	0	0
10001-25000	1	1	2
25001-50000	22	13	35
50001-100000	3	2	5
>100000	2	0	2
Total	28	16	44

Sr.No.	Name of the Board Members	Position on the Board	Remuneration
1	Dhruv Mankad	Managing Trustee	0
2	Jaya Sagade	Trustee	0
3	Mohan Deshpande	Trustee	0
4	Padma Prakash	Trustee	34,000.00
5	Padmini Swaminathan	Trustee	20,000.00
6	Raghav Rajagopalan	Trustee	24,500.00
7	Rakhal Gaitonde	Trustee	0
8	Ravinder Singh Duggal	Trustee	0
9	Vibhuti Patel	Trustee	20,000.00

THE BOMBAY PUBLIC TRUST ACT, 1950
SCHEDULE : VII [Vide Rule 17(1)]

Name of the Public Trust:
ABRIDGED BALANCE SHEET AS AT:

ANUSANDHAN TRUST
31st MARCH, 2019

Regn. NO.E-13480, dt.30-08-91(Mumbai)

FUNDS & LIABILITIES	RS.	RS.	PROPERTIES & ASSETS	RS.	RS.
Trust Fund or Corpus		30,055.00			
Reserve Fund		-	Immov. Properties		
Employee Social Security and Welfare Fund		40,18,087.66	Book value of immoveable property as on 31st March 2019		13,84,695.73
Research & Education Fund		93,65,846.67	Moveable Properties		
Maintainence & Overheads Fund		21,40,125.92	Book value of moveable property as on 31st March 2019		16,56,853.80
Building Fund		1,19,34,234.39	Advances		
Earnest Money Deposit		5,00,000.00	Tax deducted at source	18,25,199.00	
Liabilities for sundry credit balances		-	Deposits	1,68,983.00	
Earmarked Grants			Employees	-	
Income & Expenditure Account			Contractors	30,72,340.00	
Balance as per last balance sheet	6,19,11,589.34		Advance for purchase of immoveable assets	52,64,647.00	1,03,31,169.00
Add: Surplus as per Income & Expenditure Account	1,03,16,333.96	7,22,27,923.30	Outstanding Income (Accrued Interest)		84,377.97
			Cash & Bank Balances		
			Bank balances	6,34,08,947.70	
			Fixed Deposits with Banks	2,33,42,879.01	
			Cash & Cheque in hand	7,349.00	8,67,59,175.71
TOTAL		10,02,16,272.94	TOTAL		10,02,16,272.94

Place: Mumbai
Dated: 15th September 2019

THE BOMBAY PUBLIC TRUST ACT, 1950
SCHEDULE : VII [Vide Rule 17(1)]

Regn. NO.E-13480, dt.30-08-91 (Mumbai)

Name of the Public Trust: **ANUSANDHAN TRUST**
ABRIDGED INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED **31ST MARCH 2019**

EXPENDITURE	RS	RS.	INCOME	RS.	RS.
To Expenditure in respect of properties		4,23,309.00	By Interest earned		33,37,838.00
To Establishment expenses		1,56,018.00	By Grants		8,61,72,594.07
To Depreciation		5,81,896.59	By Donation		46,000.00
To Amount Written off		-	By Grants administration income		4,83,000.00
To Loss on Sale of Asset		13,955.32	By Profit on Sale of Asset		2,300.00
To Amount transferred to reserve or Specific funds		63,82,700.57	By Income from other sources		
To Expenses towards objects of the Trust		7,48,00,769.63	Contribution to publication & database	42,155.00	
			Consultancy Fees	25,75,675.00	
			Insurance claims	15,421.00	26,33,251.00
Surplus carried to Balance Sheet		1,03,16,333.96			
TOTAL		9,26,74,983.07	TOTAL		9,26,74,983.07

Place: Mumbai

Dated: 15th September 2019