

ANNUAL REPORT

PERIOD 1ST APRIL 2021 TO 31ST MARCH 2022

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 seven 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 2021-22

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

I. RESEARCH

1. Eliminating Gender insensitive medical practices: Building Medical Educators Capacities to integrate Gender Concerns

The project supported by Bajaj titled “Eliminating Gender insensitive medical practices: Building Medical Educators Capacities to integrate Gender Concerns” builds on a previous effort of CEHAT, Directorate of Medical Education and Research DMER and seven medical colleges to sensitise medical educators to gender concerns while teaching MBBS students in Maharashtra.

In order to change gender insensitive practices as well as sensitise medical students to gender concerns in early years, this project enrolled medical educators from 5 medical colleges to teach MBBS curriculum with a gender lens and also make efforts to change gender insensitive health services. The project works with five disciplines namely Community Medicine, Gynaecology and Obstetrics, Forensic Science and toxicology, Medicine and Psychiatry for MBBS course.

List of participating medical colleges

1. Shree Bhausahab Hire Government Medical College, Dhule
2. Government Medical College, Akola
3. Government Medical College and Hospital, Aurangabad
4. Government Medical College and Hospital, Miraj
5. Dr. Vaishampayan Memorial Government Medical College, Solapur

ACTIVITIES CONDUCTED

a. Situational Analysis of Clinical Practices Across 5 Disciplines in 5 Medical Colleges of Maharashtra

One of the objectives of the project is to bring about a change in the existing clinical practices in 5 medical colleges. There is evidence documenting practices like non-involvement of males in family planning services, violative practices in labour rooms, exclusion of unmarried women in contraceptive service and counselling and the nominal value assigned to informed consent in healthcare settings. However, we are not aware of exact practices in the collaborating medical colleges. With this background, CEHAT team planned and drafted a research proposal for a situational analysis using qualitative methods. The proposal was presented before Institutional Ethics Committee (IEC) of Anusandhan Trust and received its approval.

CEHAT team had undertaken data collection in 5 medical colleges. Key informant interviews were conducted (N = 25) with one faculty per department per college. The interviewed faculties were from 5 departments viz. Obstetrics and Gynaecology (ObGyn), Preventive and Social Medicine (PSM), Forensic Medicine and Toxicology (FMT), Internal Medicine and Psychiatry. Additionally, direct observations were noted with help of a checklist in every department.

Findings of the study will be presented to the 5 medical colleges and with their consensus and commitment to change insensitive practices, clinical checklists will be developed to eliminate those.

b. Research fellowships for medical educators undertaking gendered research in neglected areas of health

In the course of our work in medical education, CEHAT recognised that medical colleges are not only a site of teaching but also that of research. However, research taken up at medical colleges mainly focuses on bio-medical research, with little or no consideration given to socio – cultural factors and its effect on health. While gender sensitive curriculum is a crucial aspect to bring about a change in existing teaching, it was crucial to engage educators in undertaking health research which focuses on the role of gender issues in health conditions and outcomes. Given that we had a group of 63 GME trained medical educators, we found it pertinent to encourage them to initiate research in the area of gender and health. The emphasis is to enable medical professionals in conducting scientifically sound and socially relevant research in topics surrounding health of women and sexual/gender minorities, pathways through which factors like caste, class, religion intersect with health of an individual and affect access to health services. Such a body of knowledge will contribute richly to empirical evidence on ways in which gender impacts access to health and the resulting health outcomes.

It is with this perspective that CEHAT announced a call for research proposals for trained medical educators of 5 medical colleges (GMC Aurangabad, GMC Miraj, GMC Akola, GMC Solapur and GMC Dhule). An expert committee was appointed by CEHAT comprising of experts from the field of social science research as well as medicine and law. We received 10 proposals from amongst 50 medical educators. A majority of the proposals came from community medicine educators, as the pandemic brought with it added responsibilities and workload for educators from clinical departments like general medicine. These medical educators are awarded with a fellowship to undertake research project for a period of 6 months as this is an activity over and above their regular teaching work and clinical work.

The list of research topics proposed by fellows are as follows:

1. Assessing the association between women's empowerment and its association in adolescent nutritional status.
2. Understanding Impact of COVID-19 pandemic on health and health seeking behaviour of Transgender individuals in an urban slum of Akola city

3. Understand knowledge, attitude and practices of male partner in family planning services.
4. To describe gender wise glycaemic control and determine the socio- economic, behavioural and treatment-related factors that influence glycaemic control among adult diabetic patients attending outpatient clinics in tertiary hospitals.
5. To understand the effect of pandemic on the indicators of women empowerment in western Maharashtra – hospital based cross sectional study
6. To understand challenges faced by female sex workers in seeking health care in Miraj Town
7. To understand prevalence of domestic violence against married women in reproductive age group in urban slums and its impact on their health in Urban Health Training Centre (UTHS) of GMC, Miraj
8. To understand Impact of domestic violence during pregnancy and its feto- maternal complications
9. Assessing Health Care Providers Response to Survivor of sexual Violence at Tertiary Care Centre
10. Understanding the factors related to Uptake of COVID vaccine among pregnant women visiting an antenatal care facility at tertiary Care Centre.

A formal contract was signed between CEHAT and the selected fellows detailing the expectations from the fellows, support provided by CEHAT and emoluments under the fellowship. All the proposals have undergone 2 rounds of review - one by CEHAT team and one by external review committee. Based on these reviews, meetings have been held with individual researchers and feedback has been provided to medical educators. CEHAT also assisted the fellows in drafting research tools for their data collection.

2. Integrating gender perspectives in medical teaching and research in other states

CEHAT's efforts in integrating gender in medical education (GME) have been ongoing since 2015. These efforts concentrated on engaging with government medical colleges in the state of Maharashtra to address gender biases in MBBS curriculum and effectively integrate gender perspectives in undergraduate medical education.

With support from Rohini Nilekani Philanthropies, CEHAT now aims to engage medical education entities across seven states in India. We look at gender integration in medical curricula and preservice training as a means to reduce health inequities and improve recognition of social dimensions related to health risks, health seeking behaviour and health outcomes.

We aim to build a cadre of gender-informed medical educators across India to facilitate integration of gender perspectives in medical training.

Additionally, we also intend to build capacities and create dialogue around issues of gender and health and advocate for gender-sensitive changes in medical education and practice.

Finally, CEHAT also plans to provide research support to generate evidence around conventionally neglected areas of gender and health, in collaboration with teams of trained medical educators.

Multiple colleges and state-level Directorates of Medical Education and Research (DMER) were contacted in the period until March 2022. The following table lists the various efforts made in forging collaborations with medical colleges across states to implement the GME project.

State/Medical College	CEHAT's efforts	Outcome
Maharashtra	Establishing contact with DMER	MoU signed with GMC Latur and college on boarded
Karnataka	Meetings with deans and other faculty after nod from DMER Explanation about project objectives and expectations	Onboarding of Bowring Medical College, Bangalore Discussions ongoing with Bangalore Medical College and St. John's Medical College
MGIMS, Sevagram	Faculty identified from dissemination of findings from first phase of GME	MoU signed and college on boarded
AIIMS Jodhpur	Establishing contact with dean and other faculty	No headway made after presentations made to some faculty members
AIIMS Rishikesh	Explanation about project objectives and expectations	No headway made after presentations made to some faculty members
GMC Nizamabad		MoU signed and college on boarded
Haryana	Leveraging CEHAT's presence in the state to establish contact with the DMER Explanation about project objectives and expectations	Authorities communicated their refusal to participate in the project
Madhya Pradesh	Pursuing lead to DMER contact Establish contact with gender consultant within the health department Explanation about project objectives and expectations	Multiple meetings and conversations with authorities Various gatekeeping bottlenecks were encountered Re-strategizing our approach to onboard colleges

Chhattisgarh	Pursuing lead to establish contact with DMER	Multiple meetings and conversations to establish contact with DMER Various gatekeeping bottlenecks were encountered Re-strategizing our approach to onboard colleges
Goa	Establish contact with DMER and the sole government college in the state	Continuous back-and-forth between DMER and GMC Goa Contact established with one faculty member Efforts ongoing to directly contact the Dean
Tamil Nadu	In-person meeting with Principal Secretary-Health and Jt. Director, DMER	Encouraging response from Principal Secretary But Jt. Director not in a position to give nod to the project, without authorization of Director who was unavailable at the time Currently, re-strategizing our plan to onboard colleges from the state
Vedantaa Institute of Medical Sciences, Palghar	Leveraging CEHAT's association with faculty in administrative position to establish contact with Dean Explanation about the project objectives and expectations	Currently working out an optimal onboarding plan, with some delays due to reshuffling in college organogram

By the end of March 2022, CEHAT successfully on boarded the following colleges:

- Mahatma Gandhi Institute of Medical Sciences, Sewagram
- Vilasrao Deshmukh Government Medical College, Latur
- Shri Atal Bihari Vajpayee Medical College and Research Institution, Bengaluru (Formerly Bowring and Lady Curzon Medical College)
- Government Medical College, Nizamabad

3. Scaling up the health-systems response to violence against women: A review of the implementation of Dilaasa crisis centres in 11 public hospitals in Mumbai

The project funded by Sexual Violence Research Initiative (SVRI) focuses on developing evidences to scale up health systems based crisis intervention centres. Despite widespread recognition of importance of health sectors response to VAW/C, there is little evidence from Low and Middle Income Countries (LMICs) on hospital based crisis intervention centres. Dilaasa, an internationally recognised evidenced-based model for health sector response towards survivors of violence in low-resource settings of India initiated by CEHAT was scaled up as a national program in the country. This study attempts to build evidence for health systems response to violence against women (VAW) by understanding the facilitators, barriers, inputs and process for scaling up of VAW interventions.

The study included in-depth interviews with counsellors, nodal officers, key informants and survivors, focus group discussions with ANMs and additional in-depth interviews.

ACTIVITIES CONDUCTED

a. In-Depth interviews with survivors: The interviews with survivors/service users offered insights on their perspectives on service utilisation. Though counsellors from each Dilaasa centre enlisted survivors to be interviewed, most women enlisted were either not reachable or had moved back to their village due to COVID lockdown. Hence, each counsellor identified survivors who were above 18 years, residing in a violence-free environment during the study period and faced diverse nature of violence. The survivors selected by the research team were contacted by the counsellors and later by the researchers at a convenient time to obtain consent considering the sensitivity of the issue. Telephonic or physical meetings with the survivors were held based on the survivor's convenience, maintaining privacy and confidentiality and ensuring safety. Considering the sensitive nature of the interview and anticipating emotional distress, one CEHAT counsellor accompanied each interviewer. Each survivor was paid a nominal compensation.

b. Knowledge Attitude Practice (KAP) survey along with training on VAW/C: This component of the study assessed the knowledge, attitude and practice (KAP) of Healthcare Providers (HCPs) on violence against women and children. HCPs from all 11 peripheral hospitals were trained to impart knowledge on VAW/C and their roles in identifying and responding to survivors of violence. A pre-test, post-test and a three month follow up questionnaire were drafted for data collection. Due to the existing COVID situation during the study period HCPs were busy and unavailable for training. Hence this component of the study was dropped.

c. Data analysis: All interviews were audio-recorded, transcribed and translated in English. Qualitative data analysis was carried out with the help of QDA software package Atlas.ti 6.2 and analysed. The MIS data collected was analysed by using Statistical Package for the Social

Sciences Software (SPSS) 20.0 version. Descriptive analysis at an aggregate level was carried out by researchers.

d. Key Findings: The team drafted a report for the study. Key findings from the report were: Few enablers for institutionalising VAW/C as a public health issue were developing leadership capacities at institutional level, training health care providers (HCPs), dedicated budget, infrastructure, specialist staff, and departmental protocol for functioning.

Self-motivated key health professionals are key to increase its visibility, reach of Dilaasa and to collaborated with counsellors to institutionalise trainings, periodic reviews and monitoring. Dilaasa teams implemented feminist crisis intervention services, each Dilaasa department made effort to establish their own linkages with referrals services so that women can be seamlessly referred for additional support.

Recognising impact of violence on health was also found to be an important component of counselling given the lethality of violence and health effects with which women reached hospitals.

Dilaasa offered counselling along with holistic services like legal services, shelter, skill-building and employment support to empower survivors.

Some of the impediments in the institutionalisation a health system response to this issue were victim blaming attitudes run deep within the system, some health workers including administrators considered VAW/C outside the realm of biomedicine, transfers of health workers from one hospital to another, staff attrition due to poor salary, malpractices in multi-sectoral services like corruptions, and poor monitoring and evaluation were deterrents to service delivery.

The team revised the consolidated report reviewed by CEHAT's Program Development Committee.

e. Future Plans: The dissemination of the report is underway. Along with a national level dissemination sharing the findings of the report with various stakeholders from across 11 hospitals like Dilaasa team, Nodal officers, and senior administrators like Medical Superintendents, Chief Medical Superintendent and Executive Health officer is planned.

4. Building evidence on violence faced by young women and Girls

The present project funded by American Jewish World Service (AJWS) entails working with three grassroots organisations working in diverse contexts with young women and girls for building their research capacities so that their rich data can be utilised effectively to influence policies, as well as inform their own interventions. It also involves devising a sustainable

Management Information System (MIS) for each of the organisations so that their data can be recorded even after the tenure of the following project, and their research capacities are self-sustaining.

In this project, CEHAT is working with three organisations- Association for Advocacy and Legal Initiatives (AALI), Jan Sahas and Stree Mukti Sanghathana (SMS). We also worked on strengthening our own MIS and analysis based on domestic and sexual violence records.

The capacity building of Stree Mukti Sanghathana (SMS) team by CEHAT enabled them to conduct a study on joint meetings with abuser (s) in cases of domestic violence. The analysis was based on 239 service records of women who sought domestic violence services from a Family Counselling Center in 2018 – 19. It looked at the context in which joint meetings are conducted, how are they conducted and what are the common outcomes. The findings show that joint meeting facilitated with a feminist lens enabled women to raise concerns, put forth concerns in a coherent manner and build confidence to question violence when it occurred. A Factsheet was published in collaboration with SMS and CEHAT titled “Joint meeting with abusers as an intervention strategy in cases of domestic violence: Findings from service records of a family counselling centre in India”.

CEHAT’s capacity building on developing management system, data cleaning and analysis helped AALI to do analysis of their case records to present findings from their well-established community-based legal aid intervention model. The analysis highlights the 399 cases of women and young girls who sought services from community-based caseworkers in 11 districts of Uttar Pradesh in the year 2020-21. It provides information about profile of women, forms of violence faced, informal and formal support sought by women before approaching community-based workers. The findings indicate that there is insensitive and inadequate response from individuals, communities, and institutions towards survivors of violence and community workers play an important role in providing support services to survivors. A Factsheet was published in collaboration with AALI and CEHAT titled “Access to support services by survivors of gender-based violence: Findings from a community-based intervention”.

Jan Sahas with CEHAT’s assistance analysed their service records to provide insights into cases adolescent pregnancy resulting from rape. The team analysed a total of 136 cases of unmarried adolescent survivors from the year 2015 to 2021. The analysis provides several crucial insights about barriers faced by young girls in accessing abortion services. A Factsheet was published in Collaboration with Jan Sahas and CEHAT titled “Adolescent pregnancy among survivors of sexual violence: Findings from a response and rehabilitation intervention”.

5. Advancing health systems response to Violence against women

a. Analysis of service records of Dilaasa: The Dilaasa centre has a wealth of information in the form of service records and can be a valuable resource to inform interventions for responding to and preventing gender-based violence. We analysed 19 years' service records of Dilaasa department established in 2000. The analysis was presented in the form of a fact sheet to highlight the importance of a hospital-based intervention for survivors of domestic violence and dynamics of domestic violence in Indian context. The findings inform that the location of Dilaasa within a public sector hospital as an out-patient department provided visibility for such services making it easily accessible to women and girls. An active inquiry based on health complaints by trained providers resulted in early identification of women facing violence and helped mitigate severe consequences of violence as women were able to access psychosocial services at an early stage. The data also highlights the widespread prevalence of sexual violence in a marital relationship in form of forced sex and reproductive control and its health consequences. It also falsified the widely prevalent notion that women misuse domestic violence laws against husband and his family members as for half of the women, Dilaasa services were the first formal support ever sought. We intend to use this fact sheet to advocate for strengthening health systems' response to survivors of violence.

b. Research on COVID lockdown and GBV survivors: CEHAT was engaged in provision of 24x7 telephonic support for women and girls facing violence during the COVID lockdown. We felt that it was important to document learnings with regards to interventions offered telephonically and insights gained. In this regard, we contributed a paper for Berghahn Books on "Lockdown and Violence against Women and Children: Insights from Hospital based Crisis Intervention Centres in Mumbai, India". The suspension of court hearings and the disruption of health care and support services added to the young girls' vulnerability to violence. In Mumbai, the Municipal Corporation took cognizance of this shadow pandemic of violence against women and children, and it declared that all Dilaasa centers (public hospital-based crisis intervention departments) must remain functional during lockdown. In this chapter, we present the experiences of girls and young women who sought support at Dilaasa centers in person or telephonically.

c. Published an E-book on cases handled during COVID-19 lockdown: CEHAT also conceptualized a case book to document CEHAT & Dilaasa's experiences of responding to survivors of violence during different phases of lockdown as this was a unique and learning experience to support women and girls telephonically besides physical settings. The case book could be also used as an illustrative resource for trainings and discussions with those engaged in psycho social support in the context of pandemics and addressing the issue of VAW.

6. Assessing progress in interventions addressing domestic violence against women

Violence against women (VAW) is a major threat to women's wellbeing and to achieving gender equality. In a country like India where women's vulnerabilities are further heightened

by caste hierarchies, class divides and deeply entrenched patriarchy, the gamut of VAW is wide.

The data available from National Family Health Survey and National Crimes Bureau indicates a persistent increase in the prevalence of VAW. Several reports are pointing towards an increase in violence against women during COVID- 19 pandemic. Further, women are not able to access support services due to public health measures imposed to curb the spread of COVID- 19.

The COVID situation challenged women's organisations and NGOs working in this space to acknowledge the precarity of any progress made thus far in addressing VAW in the country and come together to reflect, realign and re-strategise their interventions. Efforts of these civil society organisations (CSOs) have led to effective solutions in addressing violence against women and the creation of support services and structures. However, despite several decades of dedicated work, there has been limited cross-learning across organisations adopting different approaches and strategies and working across multiple movements and coalitions. To address this gap, a consensus-building meeting was organised by CEHAT in collaboration with SAHAJ as the first step towards reflecting on efforts made so far and monitor the progress of interventions by various civil society organisations. Representatives from 15 organisations participated in two virtual meetings to discuss various approaches to address VAW, ranging from a survivor-centred intervention to working with communities and with public systems. Additionally, the reflections on the various approaches also drew on barriers and facilitators to each of these approaches. The group also discussed various indicators and monitoring mechanisms used by the organisations to measure the success of their interventions.

The participants were divided into three groups based on specific approaches and assigned to separate rooms for an hour-long discussion during the convening. Each group was asked to address a set of common questions on the indicators of success, barriers and facilitators and monitoring mechanisms for each approach. This was followed by group presentations and questions and answers at a joint plenary session.

A comprehensive report was compiled based on the discussion of two virtual meetings with various organisations. The draft report was shared with representatives of various organisations for their feedback, based on which a final report was published focussing on the various approaches to respond to VAW, contextual barriers and facilitators, monitoring mechanisms and intersectoral coordination.

II. Training & Education

1. A virtual training on integrating gender in medical education for medical educators

Training for first batch of 48 medical educators was carried out on 3rd, 4th, 17th, and 18th July. The batch comprised of Professors and Heads of departments, Associate Professors from departments of Gynaecology and Obstetrics, Forensic Medicine, Internal Medicine, Psychiatry and Community Medicine. An advantage of conducting the training virtually was that it enabled us to invite internationally renowned speakers to the training. The training was delivered by eminent scholars from India and globally, and covered a range of topics viz. 'Understanding Sex and Gender', 'Recognizing gender as a social determinant of health', 'Gender based violence and impact on health' amongst few.

Despite the trainings being on weekends, most faculties attended all the 12 hours of training. Each session was conducted with either case studies or films enabling medical educators to reflect upon theoretical aspects and connect theory to teaching and clinical practice. The sessions were well-received as evidenced from the positive feedback we received from faculty. Faculties across disciplines spoke about gaining clarity on concepts of gender and its relevance in medical education through the training.

Similarly, GME training was carried out for second batch of medical educators on 25th and 26th September and 2nd and 3rd October, 2021. 15 medical educators were trained in this batch. Though there were more deputation received for second batch, many educators could not attend training due to COVID duties and their busy schedule.

All the training sessions received positive responses from faculties. Faculties mentioned that sessions were informative and helped them understand how gender intersects with caste, class, religion, disability and creates a complex network of marginalization. Responding to session on 'gender as a social determinant of health' faculty commented that despite being in the health sector for over a decade, they were still unaware of stigma and discrimination faced by LGBTQI+ communities and how the training helped them better understand this aspect.

2. Capacity building of grassroots organisations on quantitative and qualitative data analysis

A two-day in-person training was organised by CEHAT for building capacity of three organisations i.e. Stree Mukti Sanghatana (SMS), Association for Advocacy and Legal Initiatives (AALI) and Jan Sahas on conducting quantitative and qualitative data analysis using service records. The training was conducted by a resource person having more than two decades of experience in guiding organisations to carry out research. The capacity building of team members of three organisations helped them to conduct descriptive and bivariate analysis of the data from service records. The training also helped them to understand the

importance of proper documentation of service records and identify the gaps in their present data sets.

3. Training on response to Violence against women in the COVID context

In the reporting period, COVID-19 was raging but so was Gender based violence. There were several reports related to the impact of violence being faced by women and girls and inability to access services. Despite these fact hospitals continued to receive women and girls reporting rape, attempted suicides and the like. Hybrid methods of trainings were implemented for both health workers as well as Dilaasa teams. Some of these efforts are listed below

a. Training of doctors, nurses, para medical and non-medico staff at MCGM Hospitals:

- In the period between September 2021 and March 2022, 12 orientation trainings were conducted across 7 hospitals. These training workshops focused on orienting HCPs about clinical signs and symptoms of violence among survivors, health consequences of violence, components of psychological first aid and role of Dilaasa centres. Out of 12 trainings, 9 were on comprehensive health response to survivors of rape. The participating doctors and nurses had joined recently and never been oriented before. Around 350 health care providers participated in the trainings.
- Dilaasa centres work closely with police stations in order to seek support for women and girls in recording police complaints One such training was organised at Bhandup police station in December 2021 for 30 police officials. The focus was on Dilaasa and its services, role of health care providers, pathway of survivors to the hospitals and expectations of health facilities and Dilaasa from Police.

b. Capacity building of Dilaasa centres:

- **Capacity Building of Counsellors for preventing attempted suicides for violence against women:** Training was conducted by Dr. Shubhangi Parkar, a renowned psychiatrist and former dean of KEM hospital. Though Dilaasa counsellors were being trained, there was a need to orient them to the linkages between increase in suicide attempts and COVID lockdown, impact of lockdown on survivor's life, increase in vulnerabilities. Session was attended by 19 counsellors with 10 CEHAT team members and senior Dilaasa counsellors in March 2022. Session was conducted in participatory method using challenging case stories written by participants i.e. cases handled by counsellors. They shared that they gained clarity about mental health conditions, identification of problems and referral to the psychiatry department.
- **Ongoing capacity building of Dilaasa team through case presentations:** A total of 14 case presentations took place from April 2021 to December 2021. Case presentations were organised in two batches so that all the Dilaasa team members could attend

them on either day and the day-to-day functioning of Dilaasa centres is not disturbed. Twelve case presentation meetings were conducted virtually. Along with this, input session on psychological first aid and The Trafficking in Persons (Prevention, Care and Rehabilitation) Bill, 2021 were conducted during the case presentations. Two case presentations were conducted in-person in January 2022 following physical distancing protocols as per government guidelines when partial restrictions were lifted.

- **Training on analysis of case records with all Dilaasa centres:** Input sessions were designed for Dilaasa team to understand analysis of case records having indicators like profile of patients, health consequences, referrals, interventions. This enabled them to understand utility of analysing case records.
- **Team Building training:** The Dilaasa team saw many new members being recruited by MCGM. Given this transition phase, CEHAT organised a training with support from Arvind Chittewale (of The Learning Circle) in August 2021. 28 Dilaasa team members from 10 centres participated in the training. The objective of the training was strengthening the Dilaasa teams, building a good rapport with the health care providers in their respective hospitals for better functioning. Participants found training useful especially the information regarding why teamwork is important in this work.

c. Building health systems' response to VAW across different states in India.

CEHAT has been engaged in creating a sensitive health care approach to VAW in 7 states. Our efforts are underway with district hospitals in the states of Haryana, Goa, Meghalaya and Maharashtra. A series of capacity building workshops were conducted with health care providers (HCPs) of these states. The core content of the trainings was explaining health consequences of violence, steps to identify signs and symptoms of violence, provision of psychological first aid and the importance of documentation in the event a survivor wishes to pursue legal redressal. Besides these technical aspects, the thrust of the training was to understand concepts of sex and gender, gender based discrimination, patriarchy and how it is instrumental in perpetuating VAW. HCPs were encouraged to actively identify VAW survivors and refer them to the existing hospital counsellors, after the training.

- Due to COVID restrictions, 5 virtual trainings were organised for the HCPs from Haryana, Goa, Meghalaya, Maharashtra and benefitted around 195 HCPs. Additionally, in-person trainings were also organised for HCPs from Akola Women's Hospital and 5 hospitals in Karnataka. 74 HCPs from GMC Akola, Maharashtra & Goa attended the training on November 16 and 17 and around 100 HCPs from the Karnataka hospitals attended the training on 8th to 10th December 2021.

- Based on the existing partnership with Karnataka NHM department, 45 key medical and nursing providers of 5 hospitals were deputed for Training of Trainers (ToT) program so that post their training, they could also carry out orientation and awareness programs in their respective hospitals.
- CEHAT continued its virtual dialogue and monitoring of health care response by way of case presentation, meetings and input sessions in these states.

d. Continued support to One Stop Centres set up by MoWCD:

In the first wave of COVID, CEHAT developed a curriculum for virtual trainings of OSC staff members. This was executed for Meghalaya, Assam, Maharashtra and MP. As a follow up to these trainings, we also created a means of support by setting up a forum to discuss difficulties in interventions and learnings from it. 9 such case presentations were conducted for staff from the aforementioned states. We realised that despite trainings and meetings, integrating women-centred counselling techniques, understanding health impact of violence, negotiating with hospitals for good quality of care were crucial challenges faced by OSCs.

4. Research Ethics Matters in the arena of Programmatic Interventions Research to respond to Gender Based Violence

A two-day virtual training was organised by CEHAT along with HEaL Institute, FMES and Vidhayak Trust, for three organisations CEHAT is working with- Association for Advocacy and Legal Initiatives (AALI), Jan Sahas and Stree Mukti Sanghathana (SMS). The ethics training enabled participants to appreciate the salience of ethics in upholding scientific integrity of research enterprise in general; and identify and apply the methods of ethical reasoning to health research with special focus on intervention research in the spaces of gender-based violence/violence against women, use of intervention/program data for generating evidence to inform ongoing interventions and advocacy.

The trainers used, interactive methods involving small group case studies, short videos, and ample discussion space. They also used case studies sourced and developed from within India to be complemented by those involved in international collaborative research.

III. INTERVENTION AND SERVICE PROVISION

1. Psycho social interventions by Dilaasa centres:

Second lockdown was announced in April 2021 due to surge in cases of COVID infection. Though there were restrictions on travel, people were able to access health services better as compared to first lockdown. The hospitals were occupied with COVID patients almost till August 2021. The 11 Dilaasa centers were open as they were declared as essential service in first wave but number of survivors were not the same as they were before COVID. CEHAT continued to assist Dilaasa teams during COVID and lockdown by connecting them with resources such as shelter homes, upgrading skills related for virtual counselling and engaging in morale building activities.

Intervention done - April 2021 to March 2022					
New DV	DV follow Up	New SV	SV follow up	Screening	Total
854	2680	797	617	3306	8254

854 new cases of domestic violence were registered and 797 new cases of sexual violence were reported across 12 hospitals during this period. Counsellors were doing active follow up of suspected survivors of violence telephonically. Scripted conversation helped in prioritizing the safety of the survivors. During this period, follow-ups were done with 2680 DV survivors and 617 SV survivors. Besides this, Dilaasa team interacted with 3306 women and children and did active case finding with those who visited the hospital for health complaints or accompanied a family member or neighbours for treatment. Dilaasa teams reached out to 17934 women and children by distributing pamphlet and awareness generation about Dilaasa and its services in the OPD and wards of the hospital and nursing home in the hospital's periphery. Despite the lockdown, Dilaasa reached out to 26188 women and children who needed help and visited hospital.

2. CEHAT Helpline:

CEHAT counsellors received nearly 123 calls from April 2021 to March 2022 on its helpline. 28 survivors of domestic violence and 41 survivors of sexual violence were newly identified through the helpline. Counsellors received follow-up calls from 21 DV and 22 SV survivors in this period. There were 9 enquiry calls made by survivors' friends, family members and other organizations. It was observed that calls from other states declined during the second lockdown and survivors and HCPs primarily from peripheral hospitals in Mumbai were accessing the helpline service.

IV. ADVOCACY

1. Webinar on Medico legal examination of Custodial torture and death: Gap in procedures and protocols of the police and the health system

CEHAT and Commonwealth Human Rights Initiative (CHRI) urged the Government of India and the National Human Rights Commission (NHRC) to issue detailed guidelines in conformity with international standards on strengthening the role of health workers in detecting and documenting signs of torture, collecting evidence and offering therapeutic care.

On December 9, 2021, CEHAT and CHRI organised a webinar on 'Medico legal examination of custodial torture and deaths' which brought together medical and legal experts to discuss concerns as well as suggest recommendations to address torture of persons in custody. Participants also focused on subsequent deaths in custody with a deep dive on the medicolegal role of health professionals.

In order to address the current lacunae in medicolegal care for victims of torture and those who die in police custody, CEHAT developed comprehensive guidelines on torture and autopsies through extensive consultations with legal and medical experts.

The guidelines provide a comprehensive framework aimed at assisting health workers detect and document torture and are adapted from guidelines developed by the United Nations, 2004 Istanbul Protocol for Effective Investigation and Documentation of Torture and the 2016 Minnesota Protocol on establishment of potentially unlawful deaths.

2. Dissemination seminar on Responding to Violence against women: Evidence based on analysis of service records

On March 28, 2022, CEHAT organised a seminar in Mumbai, providing a platform for dissemination of findings of these research projects. Nearly 50 researchers and practitioners from organizations working in the field of gender-based violence were in attendance. Each of three partner organisations presented their work and research findings which was briefly followed by discussion. The seminar highlighted the criticality of findings of each of the studies and how they provide unique insights about expectations of survivors, hurdles to access support and reasons for delayed healthcare service utilisation.

3. Dilaasa Standard Operating Procedure – 20 years of Dilaasa: A journey of reflection

CEHAT organised a meeting to reflect upon the 20 years of Dilaasa. Now that Dilaasa is being replicated in several states in India and across different health systems a Standard Operating Procedure (SOP) to guide /enable health administrators to monitor health system response to VAW in a methodical manner. CEHAT in consultation with nodal officers, senior administrators, senior medical officers and core group members of public hospitals (comprised of senior nurses, community development officers and para medical staff) implementing Dilaasa crisis centres developed and finalized this SOP which was published in

Dilaasa Reunion program by Dr. Mangala Gomare (EHO), in April 2022. (<https://www.cehat.org/researchareas/project/1554104608>).

4. Recommendations to expert committee on LGBTQ-friendly competencies in medical education

Years of CEHAT's efforts in the field of gender-informed medical education and advocacy efforts resulted in the implementation of a new competency-based medical curriculum (CBME) in 2019. The preamble of the CBME syllabus mentions 'gender-sensitivity' as a crucial component of medical education. However, our efforts do not stop here. Following Hon'ble Madras High Court's order, deeming medical curricula as queerphobic and discriminatory to LGBTQIA+ communities, an expert committee was formed to redress this issue. CEHAT's work on gendered health issues and content development for medical education, placed us in an ideal position to recommend LGBTQ-friendly changes in the competencies. CEHAT recommended inclusions and revisions to be made in aspects relating to consensual adult sexual behaviour, unscientific nature of virginity testing, gender and sexual identity, intersex identity and differences of sex development and sexual orientation.

5. Workshop on gender sensitivity in medical education with MGIMS, Wardha

On February 12, 2022, CEHAT along with the Internal Quality and Assurance Cell (IQAC) at Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram conducted an online workshop on 'Why gender matters in medical education and healthcare'. Seventy-five faculty and medical education unit members from medical and nursing colleges across India attended the two-hour workshop. Key contents of the sessions included differences between sex and gender and its role in health, integration of gender perspectives in medical education, the need for gender-sensitivity in clinical practices and the means to this end. Participants' feedback highlighted that they appreciated the interactive nature of workshop, discussions around sex and gender, content shared by the speakers and examples of how gender-concerns were implemented in clinical practice.

6. Assessing progress in interventions addressing domestic violence against women: Report of a national consultation

The report from the national consultation meeting was disseminated through a virtual meeting conducted on 29th September 2021. The event saw participation from more than 100 organisations, many of which are part of AMAN Network which is a national forum of various CBOs and NGOs working on the issue of VAW. The findings of the report were presented by a three-member panel where each member spoke about three approaches to address VAW- casework, community engagement and public system engagement. The panel members were representatives from organisations that participated in online convenings- Ms. Gargi from SWAYAM, Dr. Nayreen Daruwalla from SNEHA and Dr. Sanjida Arora from

CEHAT and the meeting was moderated by Dr. Vindhya Undurti. Mary Ellsberg (Global Women's Institute, George Washington University), Anuja Gulati (UNFPA, India) and Manuela Colombini (London School of Hygiene & Tropical Medicine, UK) were discussants for the dissemination event.

The panel highlighted success indicators at the level of the survivor including those signaling immediate relief from a crisis, to their long-term evolution into VAW activists, advocates and service providers. At the community level, indicators included better awareness of VAW as a women's rights and health issue, supportive attitudes towards VAW survivors, and ultimately, standing up as a community to enforce zero-tolerance to domestic violence and making intolerance to domestic violence a community norm. Engagement with public systems was assessed as successful when at a minimum, these systems acted effectively to support the VAW survivor, and eventually when the key stakeholders leading these systems became active spokespersons against VAW. One of the strong recommendations that came out of the dissemination meeting was the need to develop a Management Information System at the level of each organisation. The MIS can have a set of indicators that each organisation can monitor to assess their progress and produce evidence on effective strategies to address VAW.

7. Monitoring committee meetings

Health care providers were occupied with COVID and vaccination duties which made it difficult bringing the entire group together. Some HCPs were even transferred to other hospitals. These were the reason many monitoring committees had become non-functional and there was a need to reconstitute the committees. In 2021-2022, two monitoring committee meetings took place in K. B. Bhabha Hospital, Kurla and Pandit Madan Mohan Malviya Shatabdi Municipal General Hospital, Govandi.

These meetings were helpful to discuss issues regarding gaps in comprehensive health care response to sexual violence and doctors agreed to bring change in their practice. They expressed a need to organise a training for newly joined health care providers. It was also decided to create a WhatsApp group for quick response to a case when needed. This also helped to keep committee members informed about case load in Dilaasa, which department is identifying cases and which departments are failing to identify cases of violence. Participants suggested to make Dilaasa visible in the facility. Dilaasa team took on the responsibility to put up posters in the hospital and make pamphlets available in all the departments in the hospital.

V. DOCUMENTATION AND PUBLICATION

1. Documentation of gender integrated lectures

After the completion of GME training, medical educators are expected to conduct gender-integrated lectures as per the modules relevant to their discipline. Meetings with faculty across all disciplines were conducted to discuss how to integrate gender in their existing teaching hours. This also included how to conduct additional lectures (Sex and Gender and Violence against Women), which are foundational and concept-building topics. Mock sessions, supportive slides, case studies and lessons were shared with educators.

CEHAT team visited respective medical colleges to document these lectures. It also enabled interaction with faculty, students, meetings with dean as well as visit to different departments participating in the project.

CEHAT team documented 12 gender integrated lectures (including 5 additional lectures) that were conducted by trained medical educators. Medical educators adapted innovative ways to integrate gender content. For example, faculty used pictures, advertisements, recent events to explain interaction between gender and health. Another faculty used recent events (Nirbhaya case, Acid attacks), data, case studies to explain violence against women as a public health issue.

2. Gender Equity in India's Medical Education is still out of reach

CEHAT team undertook a review of five subjects in the 'Competency Based Medical Curriculum' and published an article about gender gap that were found in five disciplines. Link - <https://science.thewire.in/health/gender-equity-in-indias-health-education-is-still-out-of-reach/>

3. Violence against women is a public health issue:

The work of CEHAT on issue of VAW was shared in The Third Eye's Public Health edition. The Third Eye is a feminist learning platform working on the intersections of gender, sexuality, violence, technology and education. The platform is useful for educators, teachers, grassroots workers, policy makers, researchers, youth and communities in rural, and urban areas (<https://thethirdeyeportal.in/body/violence-against-women-is-a-public-health-issue/>). The article in The Third Eye Public Health edition was published both in Hindi and English. The publication highlights the role of health system in responding to violence against young girls and women. It will make aware the readers about their rights and legal obligation of providers not only in providing medical treatment but also other support services to the girls and women facing violence.

4. Article in The Wire Marathi

Article based on study report by CEHAT, released in 2018 to take a comprehensive look at the effects of sexual violence on the lives of the survivors. As part of that study, parents of victimized girls, adolescents and young women were encouraged to speak. - April 28, 2021 Link: <https://marathi.thewire.in/resolve-needs-the-backing-of-implementation>

5. Addressing women's safety needs during lockdown in India

Blog on SVRI website, Fri, 2021/12/10 Link: <https://www.svri.org/blog/addressing-women%E2%80%99s-safety-needs-during-lockdown-india>

6. Newspaper article

Increase age of marriage for girls, 26th Dec 2021

Link: <https://www.loksatta.com/chaturang/no-law-facilities-society-child-marriage-ysh-95-2733095/>

7. Experiences of women survivors of violence during the COVID 19 induced lockdown, 2021:

An case e-book documents CEHAT & Dilaasa's experiences of responding to survivors of violence during different phases of lockdown as this was a unique and learning experience to support women and girls telephonically besides physical settings. It illustrates some of the experiences of CEHAT helpline and Dilaasa counsellors in providing crisis intervention services during the lockdown from March 2020 to April 2021 as well as the challenges faced in facilitating services on the ground. It can be used as an illustrative resource in training of counsellors/ case workers/ social workers to facilitate psycho social services in the context of pandemics. - <https://www.cehat.org/publications/1658894178>

8. Multimedia output for the project -Blog and reports

The research team wrote a blog as part of the study outputs on "Scaling up Dilaasa- How health systems are helping women facing violence in India". The blog used the WHO building blocks framework. It enlisted the role of Dilaasa in the health systems, process of upscaling Dilaasa from pilot model to 11 hospitals in Mumbai using the WHO framework. - <https://www.svri.org/blog/scaling-dilaasa-how-health-care-systems-are-helping-women-facing-violence-india>

9. Paper on marital rape

A paper titled "Women's experiences of marital rape and sexual violence within marriage in India: evidence from service records" was published in Sexual and Reproductive Health Matters journal. The paper highlights the sexual violence faced by women from husband and emphasizes on the need to criminalize sexual violence. To our knowledge this is the first such paper directly based on case records and interventions in a health system – <https://www.tandfonline.com/doi/full/10.1080/26410397.2022.2048455>

Publications April 2021 – March 2022

1. Books/ Reports:

- a. Assessing progress in interventions addressing domestic violence against women report of a national consultation. (2021). By CEHAT & SAHAJ, 54 p. - <https://www.cehat.org/publications/1639046050>

- b. Experiences of women survivors of violence during the COVID – 19 induced lockdown. (2021). By CEHAT & Dilaasa, 71 p. E-Book - <https://www.cehat.org/publications/1658894178>
- c. Scaling up the health-systems response to violence against women: A review of the implementation of Dilaasa crisis centres in 11 public hospitals in Mumbai. (2021). By Arora, S., Thomas, D., Bhate-Deosthali, P., Baxi, A. & Rege, S., xviii, 208 p. CEHAT - <https://www.cehat.org/publications/1665744150>
- d. कोविड १९ महामारीमुळे लागू केलेल्या टाळेबंदीच्या कालावधीमध्ये हिंसेचा सामना केलेल्या महिलांचे अनुभव. (2022). By CEHAT & Dilaasa, 71 p. E-Book - <https://www.cehat.org/publications/1661503721>

2. Journal Articles:

- a. Knowledge, attitudes and practices of health care providers trained in responding to violence against women: a pre and post-intervention study. (2021). By Arora, S.; Rege, S.; Bhate-Deosthali, P.; Thwin, S. S.; Amin, Avni; García-Moreno, Claudia; Meyer, Sarah R., 21:1973, 13 p., BMC Public Health
- b. Strengthening health systems' response to violence against women in three tertiary health facilities of Maharashtra. (2021). Gaddappa, S.; Deshpande, S.; Gaikwad, N.; Rokade, J.; Prabhu, P.; Arora, S.; Rege, S., 6 p. The Journal of Obstetrics and Gynecology of India
- c. Women's experiences of marital rape and sexual violence within marriage in India: evidence from service records. (2022). 29(2), Sexual and Reproductive Health Matters.

3. Blogs:

- a. MUKTA: A journey from dark to dawn – A doctor's experience of responding to violence against women in India (2021, June 10). By Rokade, J., Sexual Violence Research Initiative (SVRI).
- b. Violence against women is a public health issue. (2021, June 18). By Arora, S. The Third Eye
- c. Mumbai's peripheral hospitals in the first wave of Covid-19. (2021, July 2). By CEHAT. The India Forum.in
- d. Scaling up Dilaasa - How health care systems are helping women facing violence in India. (2021, July 29). By Baxi, A. & Thomas, D. Sexual Violence Research Initiative (SVRI).
- e. Gender equity in India's medical education is still out of reach (2021, October 24). By Rege, S., Deshmukh, A. & Bavadekar, A. Science The Wire.in
- f. Addressing women's safety needs during lockdown in India. (2021, December 10). By Kompelli, S. & Ayarkar, S. Sexual Violence Research Initiative (SVRI).

4. Newspaper:

- a. धैर्याला साथ हवी अंमलबजावणीची. (2021, April 28). By Burte, A. The Wire.in (Marathi)
- b. Secondary victimisation of rape survivors: Adding insult to injury. (2021, June 22). By Bhate-Deosthali, P., Rege, S., & Arora, S. The Leaflet.in
- c. Domestic violence as the shadow pandemic. (2021, August 17). By Jaising, I. The Leaflet.in
- d. Remembering Keshav sir. (2021, September 10). By Bhate-Deosthali, P. The Leaflet.in
- e. Indicators for assessing what works to redress violence against women in intimate spaces. (2021, October 22). By Basu, A. The Leaflet.in
- f. Abortion rights in North America and India: A comparative socio-legal analysis. (2021, November 13). By Sahgal, K. N. Bar and Bench.com
- g. Dispatches from India: Pandemic impacts women's health. (2021, November 16). By Buckshee, D. Yale School of Public Health
- h. Strengthening the health system response to violence against women in Maharashtra, India. (2021, November 24). World Health Organization.
- i. Time to muffle those downhearted ditties, stamp out domestic violence. (2021, November 25). By Ganesan Ram, Sharmila. The Times of India
- j. NFHS 5: क्या भारत में वाकई मर्दों के मुकाबले औरतों की संख्या बढ़ गई है? (2021, November 26). By Arya, Divya. BBC News Hindi
- k. कायदा नको; सुविधा हव्यात. (2021, December 25). By Ayarkar, Sujata. लोकसत्ता, चतुरंग
- l. Labour-room violence. (2021, December 27). By Singh, Gurpriya. The Pioneer.com
- m. Can't dismiss rape survivor's testimony simply due to lack of medical evidence: Mumbai court. (2022, January 13). By Rakshit, Devrupa. The Swaddle.com
- n. India needs to focus on societal, government action to stamp out discrimination at hospitals: Experts. (2022, March 1). By Adil, Ahmad. Anadolu Agency
- o. The law that criminalises sex between young people in India. (2022, March 2). By Jain, Mahima. Scroll.in
- p. सुटका. (2022, March 26). By Parkar, Shubhangi. लोकसत्ता, चतुरंग

DETAILED REPORT FOR THE FINANCIAL YEAR 2021-22

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

I. ACTION, RESEARCH AND ADVOCACY PROJECTS

1. Ensuring integrated access to Health Care for vulnerable urban and rural populations, in context of Covid 19 epidemic in Maharashtra & Extended work of Rural help desks and patient advocate in the urban slum area of Pune

SATHI has operational help desks and block level help lines for patient support systems in public hospitals, to ensure essential healthcare and related information to rural population during the second wave of COVID epidemic in 22 blocks 13 districts of Maharashtra.

Helpdesks are running in 22 rural and tribal public hospitals in 13 Districts-

Name of District	Name of Block	Health Institution	PHC	Villages
Akola	Barshitakali	Rural Hospital	3	30
Chandrapur	Ballarpur	Rural Hospital	3	30
Gadchiroli	Armorli	Sub District Hospital	3	30
	Korachi	Rural Hospital	3	30
	Kurkheda	Sub District Hospital	3	30
Hingoli	Kalamnuri	Rural Hospital	3	30
Kolhapur	Gadhinglaj	Sub District Hospital	3	30
	Hatkangle	Rural Hospital	3	30
Nandurbar	Akkalkuva	Rural Hospital	3	30
	Nandurbar	District Hospital	3	30
	Shahada	Rural Hospital	3	30
Thane	Murbad	Rural Hospital	3	30
	Shahapur	Sub District Hospital	3	30
Palghar	Mokhada	Rural Hospital	3	30
	Jawhar	Cottage Hospital	3	30
Yawatmal	Ghatanji	Rural Hospital	3	30
	Ralegaon	Rural Hospital	3	30
	Yavatmal	District Hospital	3	30
Parbhani	Gangakhed- Palam	Rural Hospital	3	30
Solapur	Pandharpur	District Hospital	3	30
Pune	Ambegaon	Rural Hospital	3	30
Ahmad Nagar	Akole	Rural Hospital	3	30
		Total	66	660

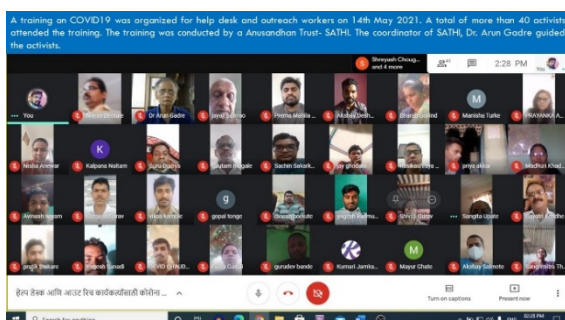
Activities undertaken

A. Preparation and Training-

- The training module has been developed to train field facilitators and help desk activists on COVID 19, health entitlements, and scheme-related information, which will be provided through the helpdesk and helpline. Based on the information short posters were prepared to disseminate information about the essential services to poor patients.
- Awareness material on Covid19, Covid vaccination was developed and disseminated through outreach workers for the patients and villagers.
- An online workshop has been taken up for help desk and outreach workers training was conducted on patients' rights, COVID 19, and health services related entitlements and schemes offered to poor patients. 55 people attended the training.
- Special training was organized on Mucormycosis as patients who came to the helpdesk were asking the information about the disease. More than 100 activists participated in this training. London-based ENT specialist Dr. Ashok Rokade, Pune-based ophthalmologist- Dr. Ramesh Bhange, Dr. Yashovardhan Bhange (Dental Surgeon-), Dr. Anagha Amate (Iokbiradari project, Hemalkasa, Dist. Gadchiroli) guided the helpline-helpdesk and outreach worker about the disease of Mucormycosis.

B. Process of setting up Help desk

- Efforts were taken to get permission for setting the help desk in a government hospital (Rural Hospital, Sub-district hospital, and District hospital).
- Help desk worker gathered all information related to health service entitlements and schemes offered through the government hospital for poor patients e.g., Mahatma Phule Jan Arogya Yojana and Pradhan Mantri Jan Arogya Yojana, Pradhan Mantri Matrutva Anudan Yojana in tribal area, Pradhan Mantri Matrutva Vandana Yojana. All government rules about the scheme, affiliated private hospital list was prepared, Covid care centers in the block and districts and their contact numbers were gathered to help the patient.
- Through the help desk, many patients were given information about COVID 19, Covid vaccination related assistance like gating appointment, vaccination related support was given during helpdesk. Also other services related assistance like medical certificate, birth and death certificates, treatment for TB, routine vaccination, maternal and child health services, and schemes benefits to the patients who required



it.

- Online registration of citizens who have come for Covid vaccination, Informing TB patients about TB Labs and where they will get treatment Information provided to patients who want to do the Covid test, the information provided about RTPCR,

Antigen test. Informing the patients and relatives about the government Covid care center, Information provided about oxygen beds for Covid treatment as per need. Information was also provided to the citizens who came for eye treatment.

- Having a dialogue with patients and their relatives to understand their problems was discussed with the hospital administration and patients to resolve those issues.
- Helping the out patients by providing ambulance services through the helpdesk. Total 48,456 patients were given information related to COVID 19 and various health schemes run by the government health institutions.
- COVID 19 related information was given to a total of 11,815 patients and their relatives through the helpdesk; scheme-related information and support were provided to 22,165 people. 3,204 calls were made through the helpdesk for supporting the patients.

Some positive impact after help desk work –

- Getting medicine to the sickle cell patient, filling up the form, getting the signatures of the health authorities.
- 102 ambulances were made available to rescue pregnant women.
- Birth and death certificates are obtained through helpdesk efforts.
- Stocks of medicines became available; BP and diabetes medicines were made available for patients through follow-up.
- The delivered women started getting hot water for bathing in the hospital, Patients began to have access to clean drinking water
- Due to the pressure from help desk activists, the staff of the hospital started attending their duties on time.
- Due to the pressure of the help desk activist, the number of Covid tests has been increased
- Separate arrangements were made for vaccination to avoid the transmitting of Covid and social distancing was made available during the vaccination session period in the hospital.
- The malnourished children's parents were visited to help desk due to non-active child treatment center. The child treatment center was started after followed up the matter with the health authorities.
- The rural hospital was not doing sonography of pregnant women. The sonography facility was started at the sub district level with continuous follow-up.
- The sub-district hospital did not have a full-time power supply; fans were not everywhere in the hospital. Disability certification service was not started. The service began with constant discussion and follow-up. Caesarean service has now started after follow-up of the help desk which was earlier sent out at district level.
- Help desk provided pension and various services related information and help to 32 widows, widowers, and the elderly people. The disability certificate was issued the day before. It was followed up for two days.
- Doctor and staff behaviour improved after intervention; Purchase of medicine from the outside was stopped. Doctors came regularly on time after helpdesk intervention and started signing people's certificates on time.
- Certificate for the age was started for the elderly people, minor operation and vaccination has been started after the work.

- Doctors and staff started arriving on time. Hospital services improved slightly. Efforts are made through the helpdesk to provide referral services as soon as possible.
- Third instalment of PMMVY was not getting to delivered women, after the follow-up, it has been started. There were issues like cleanliness, inconvenience of necessary facilities, minor repairs, etc. It becomes improved after constant follow-up. The issues raised in the RKS led to concrete decisions. The rural hospital had an X-RAY machine but no technician issue has been resolved and post was filled.
- There was no-cleanliness in the toilets, but now the cleaning has increased due to the follow-up of the helpdesk. There was no information in the visible area of the rural hospital about age proof and the cost required for it. The help desk followed up with health officials and set up a board.
- MPJAY & PMJAY scheme related cards were issued to 34 eligible people, which was disseminated after the intervention. Awareness about the schemes was done through digital form, generators were arranged, and free service board was created and installed. Following thing were made available to patients like syringes, blood, and plasma in case of for dog bites.
- Due to the help desk, the staff started arriving on time. Some issues were raised in the RKS meeting and concrete decisions were taken.
- The Muslim community were not ready to get vaccinated, they have been aware about vaccination. The women were ready to get vaccination but the men were not. Only 10% of people in the Muslim community have been vaccinated so far, with more women. The work of the help desk has increased the number of OPDs in the hospital by 70%. Old age certificates were issued to 78 people. The RO filter in the hospital was repaired by following up with the Patient Welfare Committee.
- Due to Covid Center in the sub-district hospital Sonography and X-ray were discontinued which was started after Regular follow-up. The highest numbers of Covid patients were there in the block, so outreach worker convinced people to go to Covid care center for quarantine.
- The highest number of Covid patients was in this block So, it helped people to go to the government Covid care Center. Initially the hospital was not clean which was changed after the lot of follow-ups.
- Help desk workers helped patients fill out case papers and birth registration forms, which helped reduce the workload of hospital staff. Our helpdesk activists helped the nurses to take the pregnant mother's BP.
- Citizens in rural areas were not aware about the hospitals facilities. Helpdesk person talked to the local authorities and tried to get them benefit available to them. In the hospital woman who were kept in isolation were not getting food. The problem was resolved after discussing with contractor and food service was started. A list of 192 women of eligible Janani Suraksha Yojana beneficiaries were given to hospital authority Since then, more than half of these women have benefited from the scheme. The hospital sweeper was arguing with the tribal people who came to the hospital. Insulting them. Help desk activists made intervention and discussed with sweepers about his behaviour of tribal patients.

Help desk activities – Total number of	Numbers
Information and help provided to patients about Covid19 & Covid vaccination	11815
People received information about health services through the Helplines	3204
Patients received helped with health services	11272
Patients received information and helped about Pradhan Mantri Matru Vandana Yojana (PMMVY)	5702
Patients received information and helped about Janani Suraksha Yojana (JSY)	4849
Patients received information and helped about Matrutva Anudan Yojana	3537
Patients received information and helped about Pradhan Mantri Jan Arogya Yojana (PMJAY)	3904
Patients received information and helped about Mahatma Phule Jan Arogya Yojana (MPJAY)	4173
Total	48456

(Long form of Schemes- PMMVY- Pradhanmantri Matru Vandan Yojana, JSY- Janani Suaksha Yojana, MAY- Matrutva anudan yojana, PMJAY- Paradhanmantri Jan Arogya Yojana,MPJAY- Mahatama Phule jan Arogya Yojana)

C. Activities are undertaken in Outreach Initiative

- Outreach work helped in spreading awareness and getting the involvement of PRI members and other stakeholders in improving the demand side as well as the supply side of COVID and Non-COVID entitlements. Outreach was carried out **in 60 Primary health centers and 660 villages in 22 blocks of 13 districts of Maharashtra.**
- Awareness and IEC related to COVID 19 was developed and disseminated near about in **22 blocks. 660 villages in which** health services-related information was disseminated. This information shared via social media e.g., what's app groups created by the help desk and outreach team.
- Outreach activities carried out in 660 villages from April to September 2021. The awareness meetings were conducted in crossings in villages, restaurants, local markets, and Temples. The helpline number (mobile no of the outreach workers) was disseminated widely along with COVID awareness. Activists used what's up groups and Facebook for spreading awareness to local people.
- Corona vigilance committees were setup during first phase of COVID wave, which made operational in villages to guide people who were symptomatic.
- Patients were being informed and assisted to get entitlements in non- covid illnesses.
- Information related to list of the hospitals was being prepared under Mahatma Phule Jan Arogya Yojana and Pradhan Mantri Jan Arogya Yojana for helping patients during helpdesk work.
- As 9822, people were attended the village level awareness sessions in 660 villages, where Covid related services including vaccination, Covid care centers, and Covid-19 related essential services related information was provided in these sessions. Visits to the PHCs were completed in 66 PHC's by outreach workers; Covid centers and information sharing of block helpdesk for health service-related information.
- The main focus of the outreach team was on the Covid vaccination awareness drives. Apart from this social media was used to spread awareness about the COVID-related updated information and related schemes like PMMVY, PMJAY, JSY. Some of the key

actors in villages like VHNSC members were involved in the process and awareness activities in the villages.

- In total 66 PHCs information was collected including list of Rugna Kalyan Committee, village-level key persons. In all, in the. The list was retrieved which has information about the beneficiaries of various entitlements like ANC entitlement etc. Posters were exhibited to give this information to the masses.

Some impact during outreach work –

- Due to awareness rising to increase vaccination in villages, 100% vaccination was done in villages.
- Provided necessary documents to get entitled scheme benefits to pregnant and lactating women.
- Villagers have restricted entries from outside the village people due to fear about Covid 19. Outreach worker convinced them, given them appropriate information about Covid spreading and then villagers allowed local health workers to enter in the villages for regular vaccination. Outreach worker also aware villagers about the health schemes.
- People were informed about the villages where the Covid vaccine is available.
- The camp has been started by follow up with the PHC for mental health patients to get services and medicine.
- Disposal of expired drugs by interacting with the concerned authorities in the health institution. Now a new medicine has been given.
- Mental health patients were sent to district hospital for the treatment as they could not get their treatment in PHCs or rural hospital
- Patients were helped and treated who have Blindness.
- The pregnant and lactating women were helped to get JSY, PMMVY benefits and follow-up with the health authorities were made till their money has been deposited in the bank.
- Followed up with the health officials was done to ensure proper access to health services, pregnancy services, and health schemes in the villages. As a result, those services were made available.
- During the Covid period Asha were facing many challenges while working with the community also activist's follow-up with health officials to get her honorarium on time
- Outreach activists followed up with health officials for getting driver as a post for ambulance to primary health center.
- Outreach activists followed up with block medical officer to reduce the epidemic of dengue in the block.
- Outreach activists followed up with health officials to strat family planning operation in PHC.
- Adequate stocks of medicine were made available after follow up.
- Covid vaccination was carried out in coordination with the health system and outreach workers which was helped to health worker for getting people vaccinated in timely manner
- Outreach activists prepared patients list with serious illnesses whom required surgery which was submitted to health officials.

कोविड -19 लसीकरण

लस घेतल्यावर रोगप्रतिकारकशक्ती कधी निर्माण होते?

दोन डोस झाल्यानंतर पंधरा दिवसांनी शरीरात खऱ्या अर्थाने योग्य प्रमाणात रोगप्रतिकारकशक्ती निर्माण होते.

लस घेतल्यावर कोविडची लागण होऊ शकते का?

कोविडची लागण होऊ शकते

लसीकरण झाल्यावर मास्क न वापरणे, गर्दीत जाणे अस आपण करू शकतो का? नाही. या तीन सुत्री - मास्क, सोशल डिस्टेंसिंग आणि हात धुणे हे सर्व लस घेतल्यावर चालूच ठेवायचे आहे.

कोविडची लस घेतल्यामुळे आपल्या शरीरात कोविड विरुद्ध अंतीमची संघार होऊ लागतात. या अंतीमची कोविडचे प्लायरस शरीरात फिरले की त्यांचा नापनाट करतात.

Anusandhan Trust- SATHI
(Support for Advocacy and Training to Health Initiatives)

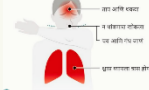


जाणून घ्या कोरोनाची लक्षणे

कोरोनाची लागण झाल्यावर खालील लक्षणे दिसून येतात.

- ताप, खोकला, डोकेदुखी, घसा खवखवणे
- अतिसार, थकवा येणे
- तोंडाची चव पूर्णपणे जाते
- गोष्टींचा वास येत नाही

कोरोना रोगावरस - प्रमुख लक्षणां



कोविड सेंटरला / डॉक्टरकडे तत्काळ कधी जायचे

- गुंगी येणे/ शक्ती कमी झाल्यासारखे वाटणे
- श्वास घ्यायला त्रास होणे/ दम लागणे
- छातीत दुखू लागणे, दाब वाढू लागणे
- ओठ, हाताची नखे निळसर पडणे



ANUSANDHAN TRUST- SATHI
(SUPPORT FOR ADVOCACY AND TRAINING TO HEALTH INITIATIVES)

Help desk activist recording patient issues...



Monitoring committee meeting for resolve health services issues



Help desk news in local newspapers

वाचकांच्या समीचे मागीर टिपिक

चंद्रपूर सभाचार

३ सोमवार दि. २४ मे २०२१

ग्रामीण रुग्णालय बल्लारपूर येथे प्रकृती संस्थेमार्फत मदतकक्ष व संपर्कसेतूचे उदघाटन

चंद्रपूर (प्रति) -

प्रकृती मंडळ निरमल किरास मंडळ, चंद्रपूर द्वारा अनुदानाने २२८-२५० कोटीचा निधीसह प्रकृती संस्थेच्या मदतीने बल्लारपूर येथे प्रकृती संस्थेच्या मदतीने मदतकक्ष व संपर्कसेतूचे उदघाटन करण्यात आले. असा उदघाटन सोहळा बल्लारपूर येथे झाला.

संस्थेचे प्रमुख अधिकारी, प्रकृती मंडळ बल्लारपूर येथे उपस्थित होते.

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दैनिक हिंदुस्थान ता.प्रा.प्रतिनिधी, सजयूर देरबुड ग्रामीण रुग्णालय राळेगाव येथे मदत कक्ष व संपर्क सेतूचे उदघाटन

सजयूर देरबुड (प्रतिनिधी)

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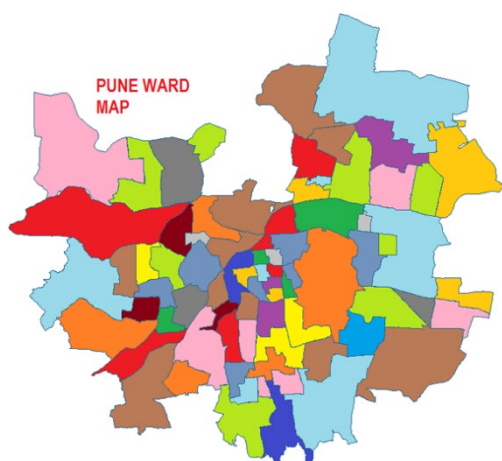
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Patients Advocate Program



Introduction

The covid pandemic has played havoc in the entire world for the past 15 months. As per the official Health Department figures, approximately 3 crore Indians were affected by Covid during the first and the second waves, and around four lakh people lost their lives. Although vaccination is on, experts predict a third wave. We have also seen the crippling impact of the Covid pandemic and the subsequent lockdown, on the already marginalized people. We have seen several cases where lack of information, subsequently lack of treatment has led to loss of lives.

Since May 2021, SATHI, in collaboration with the Community based organisations – Janwadi Mahila Sanghatana and Centre for Advocacy and Research (CFAR), has been implementing the Patients' Advocate programme in four community areas in the city. The intention was to provide proper scientific information about Covid, vaccination, bed availability, Government schemes, audit of excess bills in the private sector etc.

Selection and Training

The Patients Advocates (PA) were selected from among the local female activists of the CBOs, living within the four communities, to ensure that they had the right connect with the people. Participatory approach, awareness about people's rights, and education upto 12th or Graduation were the other preferred characteristics, on the basis of which, the following four Patient's Advocates were selected

In order to ensure that all the Patients Advocates are equipped with the updated knowledge, and right perspective, a capacity building training session was conducted for them.

Responsibilities of the Patients Advocates

1. Attending all meetings and trainings conducted by SATHI.
2. Conducting awareness programmes in their respective communities based on the information received by them.
 - a. Put up posters and distribute leaflets.
 - b. Conduct corner meetings.
 - c. Conduct meetings with already existing groups in the community like Self-help group, Women's Group, Youth Group, Temple/Masjid/Prayer groups, Anganwadi groups etc.
 - d. Conducting Awareness rallies.
3. Conducting health related awareness sessions for 2 hours daily in the community, providing information and guidance.
4. If required, accompany the patients to the hospital
5. Contacting SATHI to resolve any problems faced by patients, SATHI would assist in the process of resolving these.
6. Sending a monthly report to SATHI

Tasks conducted by the Patient's Advocates

- **Health education-** While on the one hand poor and marginalized people in the community do not have access to information as well as technology (smartphone/internet) to register for vaccination, amid a shortage of vaccines, on the other hand there are a lot of misconceptions about the vaccine. This leads to less initiative to get vaccinated. So, providing information is a crucial task.
- **Dissemination of information-** 1000 booklets about Covid vaccination and 500 patient diaries (providing important information for patients in Pune city) prepared by SATHI, were distributed in the community. In larger communities, these were also made available in Youth groups, Anganwadis, Corporator's office. Posters about the Covid helpline for any assistance or complaints were also put up.
- **Corner meetings** – Although many Government schemes are announced for the poor and marginalized people, due to lack of information, and other obstacles, they are unable to access them. There is a Medical Assistance Scheme by the PMC for residents of Pune, who have an annual income of less than 1 lakh rupees, and there is a card issued for it. If one avails of this scheme in advance, then it can be useful during crisis. Similarly, during Covid, the Government has made the MPJAY applicable to all residents. 25-30 corner meetings have been conducted, to provide people with information about these schemes.
- **Audit of bills of private hospitals** – During the pandemic, one of the special measures undertaken by the Government, was that of rate regulation for the 80% beds in private hospitals, which had been reserved for Covid patients. For the implementation of this scheme, auditors were appointed for PMC and for PCMC. However, creating awareness is crucial and the Patients Advocates were provided training for this purpose. The rate card as per class A, B C, which applies to what ward, what are the heads under which hospitals tend to overcharge, how to check the bills etc, all these aspects were explained as a part of the training. Subsequently that Patients' Advocates conducted awareness about this, and 2 of them even came forth with 6 bills, of which 4 were audited by PMC and a refund order worth Rs. 5, 42,000 was issued by PCMC to the private hospital. The hospital has refuted this demand, and strategizing is in process, on how to proceed further.

Outcomes-

- Patients' advocates took the initiative to get the Urban Poor)Shahari Garib(card, Citizens living in jurisdiction of Pune Municipal Corporation, who are willing to take membership of Urban Poor scheme are supposed to fill the Urban Poor Health Scheme form from Health Department, submit the required documents ie income certificate under one lakh Rs (yearly), residential proof, family photo etc. Out of 25 families who have given their names, 19 families got the cards.
- Registration of people for COVID Vaccination in Vasti.
- **Help Desk by Patients Advocate** - The help desk in their residential area was given the responsibility as per the previous plan of PA. Due to Covid pandemic could not make this work. As Covid numbers dwindled, so help desk started in PA's area.

2. Mobilising communities, supporting COVID patient families, revitalising health systems during COVID recovery & restoration in Maharashtra 2022

Introduction :

This project aims to rejuvenate the public healthcare system in selected districts in order to streamline and restore the provision of essential health services in the post- COVID pandemic period, mainly through capacity building of local committee members and a cadre of health communicators. The project intervention has been focused on three tribal/rural areas (Pune and Nandurbar) and one urban area (Pune city). This project will be inclusive of all socially excluded, marginalised and underserved communities from the intervention areas.

Activities undertaken

State-level and district level rigorous follow up for the fast-track audit process

- Conducted district level review meetings for accelerated audit process
- Coordination with Pune, Solapur, Nashik, Aurangabad and Ahmednagar district-level officials (CS, MPJAY, PMC, etc.) All meetings organized by Civil surgeon as secretary of the audit committee.
 - Pune - 4 meetings with CS and MOH-Municipal corporation were conducted.
 - Ahmednagar – The meeting was conducted on 9th February 2022
 - Nashik - The meeting was conducted on 11th February 2022
 - Solapur- The meeting was conducted on 10th March 2022
 - Aurangabad- The meeting was conducted on 11th March 2022 and 24th March 2022
- Broadcasting refund stories and other key messages was done in social media
- Online meetings with State health officials
 - First meeting regarding review and technical issues raised during the Audit process on 16 December 2021 with CEO-MJPJAY and representative of networks.
 - Second meeting on 18th Feb 2022 with CEO-MJPJAY and representative of networks.
 - And regular basis coordination with the state level officials till now.

Meetings and guiding and supporting complainants on a regular basis

- Organised a State level online meeting with complainants to update them regarding audit process on 27th December 2021
- Organised a meeting with Ahmednagar, Nashik, Solapur, Aurangabad complaints done during the district level review meetings.
- Provided technical guidance during the audit process to complainant on case-to-case basis
- Provided support and counselling of complainants when they are pressurized by the private hospital and their goons.
- Done all types of update to 480 complainants through social media.

In total nine districts, 45 Complaints from the nine districts have been resolved successfully with Rs 12,10 118 refunded to the complainants

3. Establishing a helpdesk and helpline in 8 blocks of Maharashtra as well as a helpline and counselling support for Pune for responding to Covid 19 Phase II

SATHI Covid helpline: 'SATHI answers, your questions'



Information bank-



SATHI COVID helpline provided all available updated information including crucial helpline numbers for Covid patients, websites, bed availability dashboard, remdesivir-tocilizumab injection distributors, various GRs and orders, decisions about Government schemes, contacts of district co-ordinators for the MPJAY scheme etc.

- **Awareness and publicity of the helpline** At the Pune city level, word about the helpline was spread through the print media, social media, electronic media 300 posters about the helpline were put up in almost 185 to 190 public and private hospitals in Pune.



- **Media advocacy-** Leading Pudhaari, Lokmat and Sakal, took note of positive stories of help through helpdesk. This has hugely helped to establish credibility and popularity of the helpline.

पुढारी

‘साथी हेल्पलाइन’चा आधार!

पुणे : पय्यांना एके दिवशी स्ववास घ्यायला त्रास होत होता. कोणत्याही शासकीय रुग्णालयात बेड उपलब्ध नव्हता. त्यामुळे खासगी रुग्णालयात दाखल करावे लागले. त्या रुग्णालयात कोणतीही शासनाची योजना नव्हती. त्यामुळे ६० हजार रुपये अनामत रक्कम जमा केली. परंतु, एकूण बिल झाले तीन लाख १२ हजार १२० रुपये. हे बिल नियमापेक्षा अधिक असल्याचा संशय आल्याने साथी हेल्पलाइनची मदत घेतली. त्यामुळे ८३ हजार ६०० रुपये परत मिळाले, असे अमर या तरुणाने सांगितले.

कोरोना रुग्णांना बेड, औषधी व इतर आवश्यक मदत पुरविण्याचे काम साथी हेल्पलाइनमार्फत डॉ. धनंजय काकडे व शकुंतला भालेराव

करीत आहेत. पहिल्या आणि दुसऱ्या लाटेत त्यांचे काम सुरू आहे. दरम्यान, एका कापड दुकानात कामाला असलेल्या अमरने आपल्या वडिलांना कोरोनाबाधित उपचारसाठी खासगी रुग्णालयात दाखल केले. त्या रुग्णालयात शासनाची कोणतीच योजना नव्हती. त्यामुळे उपचाराचे एकूण बिल तीन लाखांवर गेले. हे बिल नियमापेक्षा अधिक होते. या बिलाचे महापालिकेच्या अधिकाऱ्यांनी लेखापरीक्षण केले. त्यात रुग्णालयाला ८३ हजार रुपये परत करावे लागले.

दरम्यान, ‘साथी’चे डॉ. धनंजय काकडे म्हणाले की, कोरोनाच्या पहिल्या लाटेत सुमारे ४०० रुग्णांना आम्ही विविध प्रकारची मदत करू शकलो. याचे समाधान आहे.

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newspaper.pudhari.co.in

बिलाचे ८३ हजार मिळाले परत

साथी संस्था आणि महापालिकेमुळे तरुणाला दिलासा

पुणे, ता. ११ : वयाच्या दुकानात काम करणाऱ्या तरुणाच्या बिलातून कोटो कोटी झाले. सरकारी रुग्णालयात उपचारासाठी बेड मिळते. त्यामुळे स्वतः खासगी रुग्णालयात दाखल केले. तेथे बिलातून तीन बिले; एक तीन लाख १२ हजार १२० रुपये बिल आहे. ‘साथी’चे ज्येष्ठ योगी महापालिका प्रशासनाच्या जलसंपूर्ण व कृषिपालिका विभागात ८३ हजार रुपये परत मिळाले आहेत.

अपत्यात जखम, निवेदने पोषणाने, असे काही कारणे आहेत. परंतु, काही जखम झाले नाही. बिलातून त्रास बालीगंगासाठी मध्ये बिली बिलीतून पाठी बिलीतून. पय्यांनी याले बिले घ्यावे वरते हा प्रश्न होतच, असे हा जय सांगत

मदत हवी असल्यास...

आपलाकडे कुणाला कोरोना लागले किंवा दंड लाड्याच्या वर आहे आहे का? त्याचे ऑडिट करून घ्या. वर ऑडिटची काही त्रुटी वी बिल असताना आहे, तर आपणाला काही रक्कम परत मिळते.

संपर्कासाठी दूरध्वनी क्रमांक...

- पुणे महापालिका : ०२०-२५५०२११५, ०७६७८५८३०
- सिरी चिचवड महापालिका : ०२०-६७३३११५१
- साथी कोविड हेल्पलाइन : ९८११३०२५३०

होता. संकटग्रस्तांना परिचितता महानगरपालिकेचे वंगण आणि काही रस्त्यांवर संस्थेचे हेल्पलाइन मदतीला धरून आले. रस्त्या प्रत्येकजण ८३ हजार ६०० रुपये रक्कमपरत त्या रुग्णालयात परत घेते आहेत.

दरम्यान, ‘साथी’चे शकुंतले हे कारण सांगते धनंजय काकडे. शासनाच्या प्रशासनातून रक्कम परत मिळाले आहे.

Hello Pune
Page No. 1 Jun 17, 2021
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‘माझे कोरोना बिल ८३ हजारांनी झाले कमी’

‘साथी’ची हेल्पलाइन : महापालिकेचे सहकार्य

पॉझिटिव्ह स्टोरी

लोकमत न्यूज नेटवर्क

पुणे : पहिल्या आणि दुसऱ्या लाटेतही कोरोनाच्या संकटाचा सामना करतानाच खासगी रुग्णालयांकडून लावल्या जाणाऱ्या अवाजवी बिलांनी रुग्णांच्या आणि नातेवाईकांनी नाकीनऊ आणले. अवाजवी बिलांचे ऑडिट करून रुग्णांना वाकीचे पैसे परत मिळवित, यासाठी साथी संस्थेच्या ‘हेल्पलाइन’ने पुणे महापालिकेच्या सहाय्याने मदतीसाठी पुढाकार घेतला आहे.

कोरोना रुग्णाचे बिल दीड लाखापेक्षा जास्त आल्यास ऑडिट करून घ्यावे, बिल अवास्तव असल्याची खात्री झाल्यास त्यातील काही रक्कम नक्की परत मिळू शकेल, असे आवाहन साथी संस्थेने केले आहे.

बिलाची रक्कम परत मिळालेल्या रुग्णाने याबाबत अनुभव सांगितला. तो म्हणाला, “मी एका कपड्याच्या दुकानात काम करतो. माझे वडील गोंळ्या-विस्कीट विक्रीची छोटी टपरी चालवतात. त्यांना कोरोना संसर्ग झाला. सरकारी रुग्णालयात एकही खात मिळेना. माझ्या मित्रांनी त्यांच्या ठेकेदारांकडून पगाराची उचल घेतली आणि डिपॉझिट भरण्यासाठी साठ हजार रुपये उसने दिले. वडलांना खासगी रुग्णालयात दाखल केले. माझी आणि वडलांची बाईक विकून ८० हजार रुपये कसेबसे उभे केले. पुढे पुणे महानगरपालिकेची यंत्रणा आणि

येथे करा संपर्क

- मनपा, पुणे
०२० २५५०२११५, ७७६७८५८३०
- मनपा, पिंपरी चिचवड
०२० ६७३३११५१
- साथी कोविड हेल्पलाइन
९८११३०२५३०

‘साथी’ हेल्पलाइनच्या प्रयत्नांमुळे बिलातले तब्बल ८३ हजार ६०० रुपये रुग्णालयाने परत केले.”

साथी संस्थेच्या शकुंतला भालेराव म्हणाल्या, “ऑगस्ट २०२० पासून हेल्पलाइनला सुरुवात केली. व्हॅटिलेटर, ऑक्सिजन खात मिळवून देणे, वैद्यकीय सल्ला देणे अशा स्वरूपाची मदत केली. दुसऱ्या लाटेत एप्रिल महिन्यात पुन्हा हेल्पलाइन कार्यान्वित केली. सध्या आणखी काही बिलांची ऑडिट प्रक्रिया सुरू आहे. खासगी रुग्णालयातील दरांवर सरकारी नियंत्रण आहे, हे अनेकांना माहीत नसते. बिलाची रक्कम आणि ऑडिटबाबत नागरिकांनी सतर्क व्हायला हवे.”

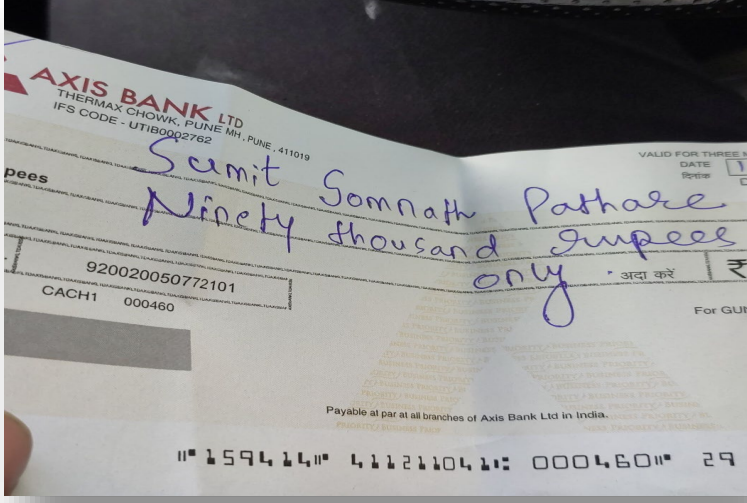
Analysis of calls received by the SATHI

Helpline, between the months of May 2021 to July 2021 - In the months mentioned above, 196 people called the helpline. Out of the 196 calls, 120 calls were specifically to seek help on range of issues related to access, denial, redressal, etc.



Positive story...

Two of the positive stories about bill audit also helped to gain traction on social media- **Two patients got refund from hospitals one from PMC & PCMC**



प्रश्न तुमचे, उत्तर 'साथी'चे

खासगी हॉस्पिटलने कोव्हिड उपचारासाठी तुमच्याकडून नियमापेक्षा जास्त पैसे घेतले असल्यास आता ते तुम्ही परत मिळवू शकता.

साथी कोव्हिड हेल्पलाईनच्या मदतीने फोटोतील कोव्हिड रुग्णाच्या बिलाचे मनपामार्फत ऑडिट केले. हॉस्पिटलने ज्यादा घेतलेले 83,460 रु. परत देण्यात आले.



ज्यादा बिलाच्या तक्रारीसाठी पुणे मनपा किंवा साथी कोव्हिड हेल्पलाईनवर संपर्क करा.

बिलासंबंधी तक्रारीसाठी
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medical@pcmcindia.gov.in



कोविड हेल्पलाईन
9811302530

सोमवार ते शनिवार सकाळी 10 ते संध्याकाळी 6

4. Support vaccination efforts in 7 PHCs in Palghar and Yavatmal districts, Maharashtra

Summary:

With the help of Anusandhan trust-SATHI Covid vaccination drive is currently underway in four talukas of two districts. Information, awareness, guidance and camps regarding covid-19 vaccination are being conducted at the village level through the coordination of medical staff at seven PHC's. The district administration has taken a lot of efforts right from the very beginning to create awareness regarding the importance of covid vaccination, however, two very different responses were observed at the village level. One was a highly positive response! Government workers were welcomed warmly in villages by the local officials and an independent space was created by the local activists where covid vaccination could take place with ease. The second response was exactly the opposite; people refused to take the vaccine, and village senior authorities ignored directives regarding covid vaccination, along with this the process of changing the location of the vaccination camp at the last minute took place to stop the drive. Accordingly, as mentioned in the table below, an opportunity to set up an independent project on covid vaccination was identified in 2 districts.

Total work area-

District	Taluka	Primary Health Centre	Village
Yavatmal	Ghatanji	Shivni	Total 172 villages
		Bhambora	
	Kalamb	Nanjha	
		Runjha	
	Pandharkavda	Metikheda	
Palghar	Dahanu	Saiwan	Total 40 villages
		Dhundalvadi	

Undertaking: -

- **Training/capacity-building workshop**-Training of workers based on the current situation to implement covid vaccination program in the field, services available in the public health system, covid vaccination, capacity building of local workers in the taluka on precautions to be taken at the local level regarding covid. By giving trained workers appropriate roles and responsibilities covid vaccination was then planned for the upcoming period in selected areas.
- **Workplace visits**-During the first 2 months the local authorities were met in person and were given the necessary information regarding our involvement in the covid vaccination process and cleared any doubts they had. A proper dialogue was set up with the selected workers regarding the work to be carried out.
- **Training material**-A flip book containing information regarding covid and covid vaccination in simple, easy-to-understand local language was published by SATHI. The flip book would be used during village meetings and camps to dispel doubts, questions and misconceptions people might have regarding covid-19 vaccination.

- **Village and primary health centre initiatives-**Vaccination camps were organized in all villages to vaccinate all eligible beneficiaries along with the village ASHA, Anganwadi and health workers. For this, regular meetings with the ASHA/health worker and medical officers were set up. Emphasis is being laid on vaccinating all eligible beneficiaries in the selected primary health centres by coordinating with the medical officials and staff.
- **Documentation-**Basic information about the people who have come for vaccination, general information about the village and work area and any other required data about vaccination are collected through Vaxit App. Based on the information that has been collected, a list of villages was created by registering the eligible beneficiaries who hadn't received their vaccination, these beneficiaries were provided with adequate information and were followed up by ensuring that they receive their vaccination without any further delays. Information regarding all those who were vaccinated at the local level was timely communicated in the form of a report.

5. Improving delivery of maternal health services for tribal communities in Maharashtra, in the COVID recovery phase (IBP)

Introduction-

Maternal Health rights project was started from the 1st June 2021. SATHI has involved four partner organisations in the project where 15 villages in each block was selected from the intervention process in the project, see the details below

Sr.No	District	Name of the organisation	Intervention Block
1.	Amravati	Apeksha homieo society	Dharni
2.	Nandurbar	Narmada Navnirman Abhiyan	Dhadgaon
3.	Thane	Van Niketan	Murbad
4.	Yawatmal	Rasikashray Sanstha	Ghatanji

Activities undertaken in the project –

Field visits to orient the field level activists- SATHI team along with partners had a field visit in each area to understand the situation of maternal health services in each block and visits to the villages. Based on the field understanding orientation workshop taken by the team where project design, expected activities and outputs were shared with the field partners. Emphasis was done in the orientation session to build the agency group in each village and their strengthening for improving maternal health services in the villages followed by Planning of field level activities. Field visits were completed in all four area during the period of August to September 2021.

Material preparation- SATHI team has developed the two scheme related posters for awareness namely Martuva Anudan Yojana and Budit Majuri Yojana. Along with it Two more posters were reprinted (Pradhan Mantri Matrutva Vandana Yojana and Janani Suraksha Yojana). Booklet for Agency group role and responsibilities were drafted and printed as awareness material, which was distributed to the partners.

Project activities carried out –

Based of orientation field partners have finalised the 15 villages in their particular block.

Baseline survey – SATHI team has provided the small questionnaire to the partners to do the baseline survey for understanding the maternal health services and scheme related situation in four intervention area. Total 800 forms were filled in all 60 villages. Baseline survey was

completed till mid October 2021.

State level review and planning meeting- SATHI has organised two- days meeting for review and planning of activities. Total 25 participants were attended meeting. Baseline data findings were presented in the meeting, role of agency group was discussed with the participants. Detailed discussion on organising block level consultations with the different involved stakeholders at block level was happened in the workshop. In the second day discussion was taken place on MIS and tracking of the women for getting their entitled services and scheme benefits. Planning of activities were done in consultation with all the partner activists.

Formation of agency group (AG) in the villages and - almost all the villages involved in the project intervention area, village level agency group was formed by the partner members. Meetings with AG was done to identifying their roles and responsibilities and village level issues identified for action.

Along with it pregnant and lactating women were identified who are suppose to the maternal health benefits like services and monitory schemes. So AG will be closely work with these identified focused group of women in each village.

6. Promoting people's health rights in Maharashtra, during and beyond the COVID-19 epidemic

Activities Undertaken:

- Initially introduction and orientation meetings conducted separately with networks of EMS, MRA and MAKAM by SATHI team member and project was started from October and November 2020. With the discussion with the partner's members SATHI team identified the ground level health issues and priorities in respective areas and finalized the complete work plan.
- SATHI team conducted total Six online trainings on the health aspects like, understand the public health system, Role and responsibilities of committees formed under the health facilities like RKS and village level VHNSC, Information has been provided about the schemes which can be monitored at local level, Information on Health and wellness centres (HWC) a newly emerged health structure was also given. Total 135 members participated in the online training.

Area coverage under the project

Name of the Organisation	Districts	Blocks	PHC	Villages
MRA	2	4	8	199
EMS	2	6	20	150
MAKAM	2	4	8	30
Total	6	14	36	379

Major Activities completed by all three organizations as per below

1. Awareness activities and programmes

Organisation	No of Blocks	Village	Total participants	Male	Female
EMS	12	358	6478	667	7184
MRA	8	51	2476	1055	1421
MAKAM	8	54	NA	NA	NA

2. Visit to PHC and HWC, RKS meetings

Name of the organization	No. of visits at PHC level	No. of PHC in which RKS meetings attained by activists	No. of SC-HWC visits
EMS	98	42	91
MRA	78	27	75
MAKAM	15	8	22

3. Numbers of beneficiaries received various schemes benefits after the intervention

SCHEME	EMS	MRA	MAKAM
MPJAY	64	29	5
PMJAY	52	64	13
PMAY	288	287	0
JSY	143	154	17
Total	547	534	35

4. Key activities under the project

- EMS has taken 31 small sessions on schemes related benefits, anaemia, public health service related entitlements.
- MRA has taken 19 sessions related to scheme benefits, public health service related issues and demands.
- Due to our intervention in the field 39 issues were raised about the local systems like Anganwadi, health institutions and PDS. Total 28 issues were resolved through the intervention at village, SC and PHC level.
- Activists have taken facility related information from 30 PHCs, 3 rural hospitals, 4 sub district hospitals and one district hospital, report has been prepared has discuss with the local health authorities.
- Health facility survey was conducted in all three areas.
- Kitchen gardens were promoted in EMS area.
- EMS activists have liaison with local health system to setup anaemia testing camps in each area. Around 1000 women had tested their HB in the camps and 347 women was treated after the camps in Beed and Osmanabad district.

5. End project physical meeting-

SATHI has organised end project physical meeting on 25th and 26th October 2021 in S.M.Joshi foundation, Pune. Total 19 activists were presented in the meeting. Activists shared their work experiences and achievements in the process of the project.

Key learning which was shared by the participant activists during meeting-

- Enhancement of knowledge regarding health and related system in the village and PHC level, which was impacted to increase access of various local system including health for availing schemes, getting service benefits in the villages. Regular dialogue with the health care providers to accessing the services and schemes.
- All the network activists have recognized the skill and capacity building and training made by the SATHI team members.
- Increased penetration and adaptation to the digital technology For example: creating of Zoom or Google meet links to arranging for online meeting sessions, usage of such technology was developed by using various apps such as WhatsApp, google meet, zoom etc
- Enhancement in the building confidence of the activists to work on local health related issues.
- Increased self-awareness and personal healthcare, hygiene through the project.
- Knowledge about the allocation of funds in the particular committees, health institution and how to utilized towards pro people expenditure. This leaning was important to increase the access and getting scheme benefits to the community.
- The fire audit questionnaire led to increase knowledge about the safety concerns in the health institutions and which was led to ensuring a proper safety fire system in the particular health institutions.
- Impact of IEC providing and its effectiveness in creating awareness amongst the community people was recognized by the activists. SATHI has provided such material to the local activists.

Advocacy campaign issues -

1. During Bhandara district hospital fire incident, EMS members has written letter to Chief minister and Health Minister and posted 1259 postcards demanding fire audit and safety majores for all the public hospitals in the state.
2. On the basis of fire audit issue three organisations have collected information about fire audit related data from nearby public hospitals, so total 16 hospital fire audit situation data has been taken till march 2021.
3. Based on the analysis of the data fire system has been replaced or fire extinguishers were refilled in all most all the hospitals where data gathered.

Health facility survey followed by the district events-

SATHI team has prepared the tools for rapid assessment of rural health facilities. Network activists were given the training of the tools and they have visited to the health facilities and e collected the data from 36 PHC and 10 RH/SDH. District level report based on survey finding were prepared and reports were submitted to the concern authorities in the health system at block or district level.

Based on the findings three District level events were organised-

1. Beed- 13th October 2021
2. Amravati -20th September 2021
3. Osmanabad- 22nd October 2021

District events were attended by around 40 to 50 people and survey-based findings and demands of local health system improvement were made through the events. Amravati collector was taken the follow up meeting for action after the event.

6. Difficulties faced by Activists during work.

- Initially in all blocks, activists were facing the problem to work in the field area like getting data related to SC/PHC services, HWC information, RKS funds, community, health workers and officials were not responding to them positively, after building the repo with health providers information was given by the health workers.
- Community has reluctance to seek public health system and public health services. They think that public health services were not enough or effective. So initially people did not given response to the activists.
- There was no cooperation from PRI member and other stakeholders in the villages. Information was also hide by some of the health workers. Few sarpanch talks arrogantly.
- Covid was major challenge to work in field as most of the places lockdown was on and off, people didn't behave seriously so patient's numbers were increased in the field which restricted to activists to do their work, People were having reservations about covid vaccination, activists were along with the local healthcare provider working on these priorities.

Overcoming from the challenges-

- Activists have worked hard to break the challenges and SATHI training helped them to work in community, training about the health system was given confidence to work on it. Awareness material sent by SATHI was very useful to get the public health services and encourage the community to go to the public health facilities.

7. Positive changes and stories

- During the work health officials and community have given positive response and support to the work. They appreciated the activists and organizations for their work as they worked in epidemic situations.
- Committee members and PRI members got the information and aware about the various funds which are very important for their village development and effective to avail health services.
- After awareness created among pregnant women, in two blocks of Akola district two women opened bank account and received 700 Rs. benefit of JSY scheme. Activists have helped around 600 people to opening the bank accounts to get various schemes benefits.
- Through the awareness program, community has been made aware about various government health schemes.
- In the awareness process one woman from Balapur village in Akola has been involved in the PHC visits with her own motivation and jointly come to PHC for discussion with MO related to public health services.
- In Osmanabad, Paranda and Tuljaur blocks, many women planted kitchen garden as part of anaemia free women campaign. Same was happened in the Beed district Beed, Ambejogai and Kej block.

- Two migrant women in Ambejogai block received PMMVY and JSY scheme benefit, ASHA and ANM was against to give her benefits as she was migrant worker and not registered in the PHC area. Anganwadi worker also denied meal to both mother and child. So, activists were argued with service providers that two of them staying in same villages, they should get benefits from the PHCs. As a migrant worker their HB was also very low. After continues follow up now both are getting treatment from ANM, and their HB is also improving. Also activists pushed to filled up their form for PMVAY scheme.
- In the Osmanabad block after awareness among the pregnant women, they are choosing public health facilities for deliveries.
- After the awareness some of the high-risk people were agreed for covid testing, So they have received the medicines at the home and some of the positive patients were sent to quarantine centre by public health system.
- In two area village level electricity and water supply issues were resolved.
- Many VHNSC committee members were active after the awareness campaign.
- One neonatal baby and one high risk pregnant women received quality health services after the intervention by the activists.

Private Health Sector Programme Component:

Patients Advocate Program

Introduction

The covid pandemic has played havoc in the entire world for the past 15 months. As per the official Health Department figures, approximately 3 crore Indians were affected by Covid during the first and the second waves, and around 4 lakh people lost their lives. Although vaccination is on, a third wave is predicted by experts. We have also seen the crippling impact of the Covid pandemic and the subsequent lockdown, on the already marginalized people. We have seen several cases where lack of information, subsequently lack of treatment has led to loss of lives.

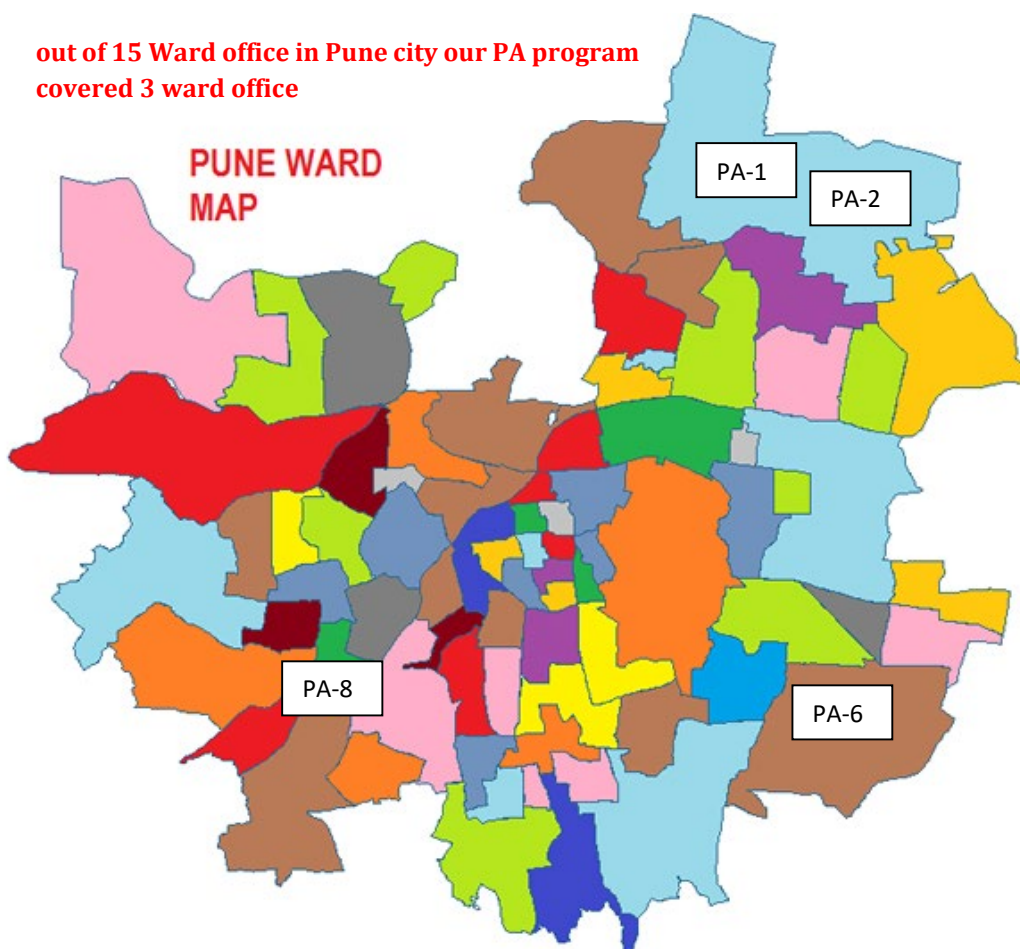
Since May 2021, SATHI, in collaboration with the Community based organisations – Janwadi Mahila Sanghatana and Centre for Advocacy and Research (CFAR), has been implementing the **Patients' Advocate programme** in 8 community areas in the city. The intention was to provide proper scientific information about Covid, vaccination, bed availability, Government schemes, audit of excess bills in the private sector etc.

Selection and Training

The Patients Advocates were selected from among the local female activists of the CBOs, living within the 8 communities, to ensure that they had the right connect with the people. Participatory approach, awareness about people's rights, and education upto 12th or Graduation were the other preferred characteristics, on the basis of which, the following 8 Patient's Advocates were selected

No	Name	Education	Organisation	Area	out of 15 Ward office Pune Municipal corporation
1.	Mahananda Bongane	10th	Centre for Advocacy and Research (CFAR),	Shramik Vasahat, Vishrantwadi	Yerwada
2.	Meena Shinde	TY B. A. (appear)	CFAR	Vishrantwadi	
3.	Jayashree Tapkir	B.com	Janwadi Mahila Sanghatana	Rajendra Nagar	Tilak road
4.	Sarika Pathare	B.A.	Janwadi	Vaiduwadi, Hadapsar	Hadapsar

out of 15 Ward office in Pune city our PA program covered 3 ward office



In order to ensure that all the Patients Advocates are equipped with the updated knowledge, and right perspective, a capacity building training session was conducted for them.

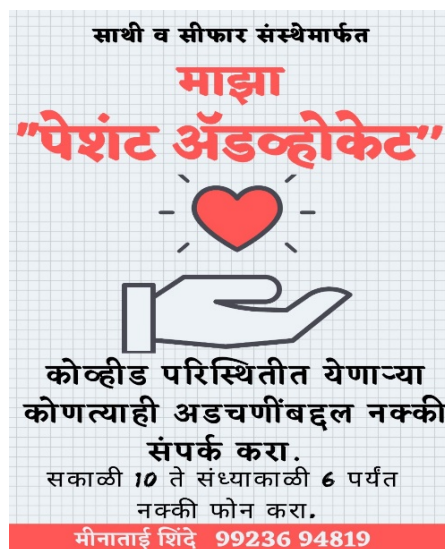
Trainings workshops and meetings- Total twelve Capacity building online trainings and 5 review and planning meetings conducted during this period with all Patients' Advocates.

Responsibilities of the Patients Advocates

7. Attending all meetings and trainings conducted by SATHI.
8. Conducting awareness programmes in their respective communities based on the information received by them.
- e. Put up posters and distribute leaflets.
- f. Conduct corner meetings.
- g. Conduct meetings with already existing groups in the community like Self-help group, Women's Group, Youth Group, Temple/Masjid/Prayer groups, Anganwadi groups etc.
- h. Conducting Awareness rallies.
9. Conducting health related awareness sessions for 2 hours daily in the community, providing information and guidance.
10. If required, accompany the patients to the hospital
11. Contacting SATHI to resolve any problems faced by patients, SATHI would assist in the process of resolving these.
12. Sending a monthly report to SATHI

Tasks conducted by the Patient's Advocates

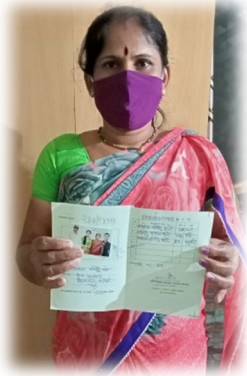
- **Health education-** While on the one hand poor and marginalized people in the community do not have access to information as well as technology (smartphone/internet) to register for vaccination, amid a shortage of vaccines, on the other hand there are a lot of misconceptions about the vaccine. This leads to less initiative to get vaccinated. So, providing information is a crucial task.
- 2000 booklets about Covid vaccination and 1000 patient diaries (providing important information for patients in Pune) prepared by SATHI, were distributed in the community. In larger communities, these were also made available in Youth groups, Anganwadis, Corporator's office. Posters about the Covid helpline for any assistance or complaints, were also put up.
- **Corner meetings** – Although a lot of Government schemes are announced for the poor and marginalized people, due to lack of information, and other obstacles, they are unable to access them. There is a Medical Assistance Scheme by the PMC for residents of Pune, who have an annual income of less than 1 lakh rupees, and there is a card issued for it. If one avails of this scheme in advance, then it can be useful during crisis. Similarly, during Covid, the Government has made the MPJAY applicable to all residents. 44 corner meetings have been conducted till date, to provide people with information about these schemes.
- **Audit of bills of private hospitals** – During the pandemic, one of the special measures undertaken by the Government, was that of rate regulation for the 80% beds in private hospitals which had been reserved for Covid patients. For the implementation of this scheme, auditors were appointed for PMC and for PCMC. But creating awareness is crucial and the Patients Advocates were provided training for this purpose. The rate card as per class A, B C, which applies to what ward, what are the heads under which hospitals tend



to overcharge, how to check the bills etc, all these aspects were explained as a part of the training.

- **Attended Progress and Planning meeting**

On 21st June 2021, a meeting was conducted with the Patient's Advocates, CFAR and Janwadi Sanghatan, to assess the progress and plan further. Problems and issues emerging at the Community level, were discussed and possible solutions suggested, and planning was done for conducting a vaccination drive.



Outcomes- Urban Poor scheme- Patients' advocates took the initiative to get the Urban Poor (Shahari Garib) card, Citizens living in jurisdiction of Pune Municipal Corporation, who are willing to take membership of Urban Poor scheme are supposed to fill the Urban Poor Health Scheme form from Health Department, submit the required documents ie income certificate under one lakh rs (yearly), residential proof, family photo etc. Out of 25 families who have given their names, 19 families got the cards.

Registration of people for COVID Vaccination in Vasti.

Help Desk by Patients Advocate - The help desk in their residential area was given the responsibility as per the previous plan of PA. due to Covid pandemic could not make this work. As Covid numbers dwindled, so help desk started in PA's area.



Vaccination Awareness There was no space for help desk in community, Kanchan tai did her work at space of cloth shop in community area.



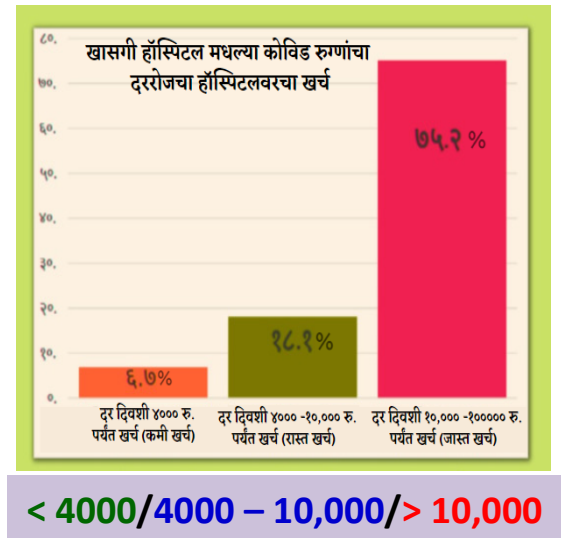
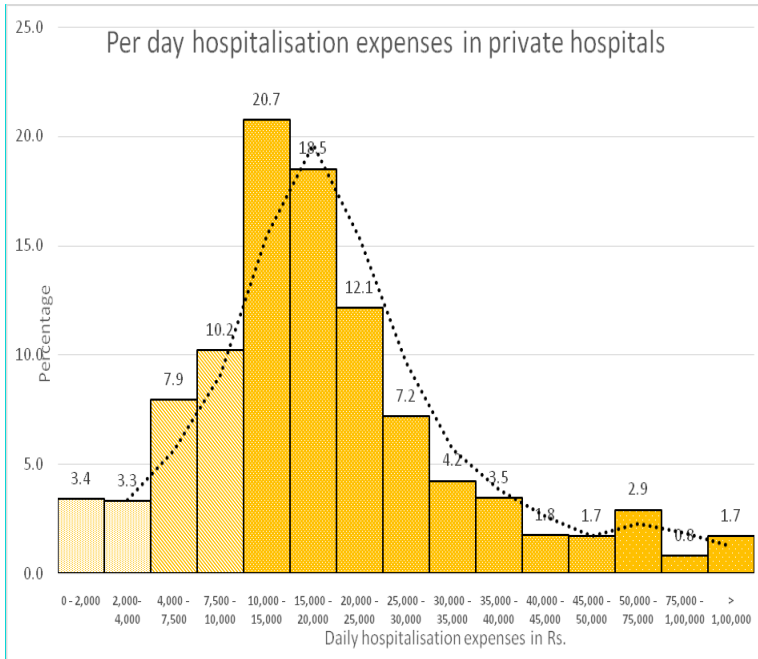
- Rally in Vasti
- Registration for Vaccination
- Application to the comparators
- Materials
- videos
- posters
- Chalata-bolata
- Whats up msgs/posters



- **Regional level workshops for patients' rights and private sector regulation-** Conducted four online seminar Nashik, Pune, Aurangabad and Sangli.

Ongoing action on a complaint regarding overcharging by private hospitals for COVID treatment

- Participatory survey of 2579 COVID patients, COVID widows, and family members on overcharging for COVID treatment.**
 - SATHI team members given the technical inputs for the conducting rapid survey by networks in September 2021. Data was collected of 2579 patients/families having complaints about excessive bills. Mostly from rural areas and small towns, although treatment was taken in larger cities
 - Cases were from 205 talukas in 34 districts spread across the state
 - Out of the total sample, 1954 patients (75% of total cases) have experienced overcharging, compared to the official rates. Patients in this study had to pay on average Rs 21,215 per day to private hospitals for COVID treatment
 - In this survey 1,059 women had lost their husbands due to COVID, 73% (773) have suffered from overcharging. On an average, each were overcharged by Rs 1,72,419
 - In over half (56%) instances, family had to take loans to pay the hospital bills. In private hospitals, COVID patients spent average Rs. 90,000 on additional medicines
 - Out of the total patients surveyed, only 3.8% patients (98 cases) received entitlements for COVID treatment from Mahatma Phule Jan Arogya Yojana (MPJAY)



b. Technical inputs and active role to help complainants in preparing for audit process regarding overcharging from private hospitals for COVID treatment

- Conducted workshop for the scrutiny of covid treatment bills by a private hospital in Shirur, Niphad, Sangli.
- Scrutinised complaint forms around 550 plus have been received from across the state.



- Provided guidance and assist to complainants during the audit process
- Four regional WhatsApp groups of the complainants actively running (360+ complainants are there)
- Prepared overcharging Cases documentation
- Done shortlisting of Heavy bills (High Value) cases

- Done coordination with state-level officials to the state health department.
- c. State-level and district level rigorous follow up for the fast-track audit process**
- Conducted district level review meetings for accelerated audit process
 - Done coordination with Pune, Solapur, Nashik, Aurangabad and Ahmednagar district-level officials (CS, MPJAY, PMC, etc.) All meetings organized by Civil surgeon as secretary of the audit committee.
 - Pune - 4 meetings with CS and MOH-Municipal corporation.
 - Ahmednagar – The meeting was held on 9th February 2022
 - Nashik – The meeting was held on 11th February 2022
 - Solapur – The meeting was held on 10th March 2022
 - Aurangabad – The meeting was held on 11th March 2022 and 24th March 2022
 - Broadcasting refund stories and other key messages in social media
- Online meetings with State health officials**
- First meeting regarding review and technical issues raised during the Audit process on 16 December 2021 with CEO-MJPJAY and representative of networks.
 - Second meeting on 18th Feb 2022 with CEO-MJPJAY and representative of networks.
 - And regular basis coordination with the state level officials till now.
- d. Meetings and guiding and supporting complainants on a regular basis**
- State level online meeting with complainants to update them regarding audit process on 27th December 2021
 - Meeting with Ahmednagar, Nashik, Solapur, Aurangabad complaints done during the district level review meetings.
 - Provided technical guidance during the audit process to complainant on case-to-case basis
 - Provided support and counselling of complainants when they are pressurized by the private hospital and their goons.
 - All type of update to 480 complainants through social media.
- e. Total nine district 45 Complaints from the nine districts resolved successfully with Rs 12,10 118 refunded to the complainants**
- f. State-level workshop**
- Despite all the preparations due to the increasing OMICRON, all the plans went to the online workshop
 - Done the registration forms, social media messages, posters for the mobilisation for online workshops
 - Conducted online webinar "कोविडचे अनुभव व धडे: आरोग्यासंबंधी नवी-जुनी आव्हाने, धोरणासंबंधी घडामोडी, आणि आरोग्य व्यवस्था पुनर्बांधणीची दिशा" on 13th December 2021, in fact, we received 130 registrations, while 60 plus of them attended the workshop and 45 plus stayed throughout the workshop.
- g. Patients' Rights Charter: Communication, awareness, communitisation - Material Development**
- Published 4500 Poster for wider awareness on Patient Rights Charter (PRC) and BNHRA/MNHRA
 - Drafting on a small informative booklet on PRC and BNHRA/MNHRA

- h. Preparation on District level workshops on Patients' rights charter awareness in representative/groups of civil society

Research Programme Component

Documentation of patients' rights violation during the pandemic

- Compendium titled- 'Patients' voices during the Pandemic: Stories and analysis of rights violations and overcharging by private hospitals, is completed and disseminated widely among various relevant groups, funding agencies and networks.
- Paper on 'Perils of the commercialised private healthcare sector for patients: Analysis of patients' experiences from COVID-19 pandemic in Maharashtra, India' is submitted to Journal of health Management, SAGE publications. Review process will take around 6-8 months.

7. Community Action for Health (CAH) Process in Maharashtra

Introduction:

Anusandhan Trust- SATHI is working as a state nodal organisation (SNGO) for **community action for health (CAH) process**. Currently SATHI is working in nine CAH districts namely Pune, Sangli, Kolhapur, Solapur, Osamanabad, Aurangabad, Yawatmal, Beed, and Amravati. Due to eruption of Covid-19 situation SATHI has developed the work for the covid-19 response activities as it was urgent need from field. SATHI has built capacity of local NGO team members and karyakarta's for work on Covid-19 response. Accordingly, various efforts were made at the local to state level to ensure the process and help the community for their health needs during and after pandemic of Covid-19 in rural and tribal areas.

SATHI has setup helpdesk in the hospitals and helped the covid-19 patients, also outreach activities were conducted like Covid-19 related awareness, helping patients, resolving local issues through dialogue. Currently SATHI is continued working with running help desks in RH/SDH for Covid-19, existing health services and outreach activities are going on at the village level. A quick overview of current activities are as follows.

Now helpdesks were setup in all CAH blocks. Information and reporting has been taken up at SATHI level through online google form; 18 blocks and district reports are being analysed and short updated compiled state level report of services and some of the positive case stories of helpdesk and outreach work is being regularly sent to NHM.

During the reporting period, Covid-19 related information was given to people through helpdesk and scheme related information and support to patients were given to get them benefits. People called to helpline for asking the help from helpdesk. More information about health care schemes seems to be provided.

Details of helpline and helpdesk work

Working	Information service			Maternal Health			Awareness		
Months	Helpline	Helpdesk	COVID-19	PMMVY	JSY	T-MAY	IEC in Hosp.	PMJAY	MPJAY
April	Helpline, Helpdesk setup and preparations with DNN								
May	569	3118	1912	368	274	68	1908	502	580
June	913	4435	2676	715	474	228	2503	553	781
July	1133	5769	3075	800	524	208	3803	464	822
August	1429	5661	2949	1054	759	547	3403	718	1020
September	1151	4137	2600	829	689	423	4246	609	797
October	694	3275	1382	941	791	432	2815	644	857
November	371	1989	683	399	337	22	680	225	286
December	210	1740	430	277	180	12	360	190	211
January, 2022	180	1200	75	190	70	15	400	200	150
February, 2022	169	1118	77	68	74	68	190	50	80
March, 2022	Data not received yet								
Total	6819	32442	15859	5641	4172	2023	20308	4155	5584

Total 39261 people was reached to all helpdesk. Out of that COVID 19 related information were given to Total 15859 people through helpdesk; scheme related information and support to patients was given to 11836 people. 6819 calls were received from helpline where issues and quarries resolved through the helpdesks.

Outreach team was busy in the Covid-19 vaccination related work like, helping community to register online to get an appointment, awareness about the vaccination, helping hospital staff to handle the crowd during vaccination. Apart from this social media were used to spread awareness about the COVID related updated information and related schemes like PMMVY, PMJAY, JSY through what's up groups and other social media sites. Some of the key actors in villages like VHNSC members, Sarpanch were involved in the process and awareness activities in the villages.

State level activities

In the CAH process as a state-level SNGO for all nine districts .Districts activity facilitation along with team administrative support was done during current FY- 2021-2022.

1. Drafted overall CAH program guideline with another SNGO and state NHM has been printed it. Guidebook is for field organisations activists and districts health officials.
2. Conducted online training sessions with all DNN team for Covid-19 response work under CAH.
3. Conducted capacity building workshops for Helpline, Helpdesk and outreach work.
4. CAH activity status reported in State mentoring committee (SMC) meeting in July 2021.
5. Two meetings were organised at state level with mentoring committee.
6. Participation in two District Mentoring and Resource Group meeting at district level.
7. Three online state level meetings were organised with district level partners.

8. Conducted village volunteer capacity building workshop and orientation meeting were organised in each district.
9. Provided programmatic as well as administrative support to all field partner organisations.

Field level activities by DNN

- Information regarding COVID patients were collected from PHCs, Rugna Kalyan Samittee, and village level key stakeholders. Information was also collected about the beneficiaries of various entitlements like ANC entitlement etc. Posters were exhibited to give this information to masses regarding the COVID and various government schemes.
- PHC and RH level meetings were conducted with federations and Rogi Kalyan Samitee.
- Dissemination of awareness material regarding COVID-19 issues, health services and schemes in PHCs in the blocks.
- Conducted outreach activities to facilitate patient's access to healthcare in mentioned 10 CAH blocks. This was included orientation and activating RKS (Patient welfare committee) members including Panchayat members at PHC level in 5-6 PHC areas in each project block.
- Done documentation of positive stories while helping of patients to get the services and schemes.
- **Some of the illustrative decisions taken in these meetings are –**
 - The money would be utilised to hire private ambulance to refer COVID patient to CCC and also for repair and maintenance in PHC
 - Referral services will be provided to COVID patients and snake bites cases.
 - RKS samittee members and ASHA were given help line numbers.
- As per NHM's communication, routing activities were being implemented by the Arogya Doot. They involved in all the activities as per the agreement.
- At the village level villagers were prepared for vaccination, provided awareness about covid19, and the village health committees were strengthened, to participate actively in door-to-door vaccination programs in the villages. They were involved in the work as assigned. Federation members at the block level tried their best to ensure 100% vaccination in the villages in their respective constituencies.
- At the same time, raising awareness about non-communicable diseases through HWC. E.g. the services available at HWC's for diseases like diabetes, hypertension and cancer.
- A total 5264 patients / relatives who came to the health institution, were informed about the local services and facilities. Helpline guided 1065 patients / relatives; 2065 people were given guidance about Covid-19. E.g. How to register for vaccination, screening, vaccination etc.
- SATHI prepared for specific events planned in January, particularly, for the occasion of the 26th of January. Instructions were given by NHM to organize "Arogya Gram Sabha". In that connection, information was collected about the possibility of organizing Arogya gram sabha's in different places.
- Gathered information on health services issues at the village level that could be raised at the meetings,
- Village visits were undertaken by all field team and coordinators.
- Summaries of the local health related issues and services collected.

- Arogygram sabhas were held in Kolhapur, Solapur, Amravati, Aurangabad, Beed and Osmanabad out of 9 districts; Arogygram sabhas were not held in certain places in the districts due to the outbreak of coronavirus and vaccination session.
- Preparation and actual meeting were conducted at District level with DMRG group.
- Helpdesks functioned in the concerned blocks' rural hospitals, 2-3 days in a week.
- Meetings were held with district level committees in 6 out of 9 districts under CAH, and included local level health promotion centres; The status of Patient Welfare Committee and Public Health Committee etc. were discussed.
- Due to constraints of MOU and budget distribution process in the current financial year, local activists have not been able to undertake concrete initiatives like public dialogue, block training, and mass meetings this year.
- Minimum field visits were undertaken as per PIP approved last year; Attendance at committee meetings, attendance at the Covid Vaccination Camps, and records of informing the public and following instructions from NHM were collected.
- Out of the 107 selected HWC's in the process, work was done in 80 HWC's, in coordination with CMHO, on the issues of covid19 vaccination and regular health care facilities.
- Undertaken a review of work not completed during the year 2021-2022 and also compiled the issues for discussion at district level.
- SATHI team done the preparatory work for the visit to DHO, THO and concern officials for Jansanwad.
- Work related to completion of annual reports and financial audits is under process.
- 2-3 district level mass meeting is being planned.



Overall all outcome of CAH process

A. Area of CAH in Nine district: -

Sr. No.	Circle	District	Selected Block	Selected PHC	Selected SC	selected Villages
1.	Pune	Pune	2	17	53	81
2.		Solapur	2	14	48	70
3.	Kolhapur	Kolhapur	3	15	72	75
4.		Sangali	2	10	50	50
5.	Aurangabad	Aurangabad	2	11	56	55

6.		Osmanabad	1	10	41	50
7.	Latur	Beed	2	14	65	80
8.	Akola	Amrawati	2	7	22	55
9.		Yavatmal	2	9	37	55
		Total	18	107	444	571

Visits in the field from CAH team along with village volunteer (VV) meetings and trainings

Districts	Blocks	Visit to PHC/HWC	Visit to SC/HWC	Visit to villages	Number of participants where VV Meeting/training done
Kolhapur	Bhudrgad	3	14	16	9
	Hatkanagale	5	13	15	7
	Aajra	7	8	12	5
Yavatmal	Ghatanji	4	4	28	4
	Yavatmal	5	9	23	25
Osmanabad	Osmanabad	6	17	8	21
Beed	Ambajogai	7	16	20	60
	Beed	3	8	10	18
Soalapur	Akkalkot	6	14	15	20
	Sangola	7	14	18	13
Aurangabad	Vaijapur	6	18	18	31
	Ganagapur	5	18	23	30
Amravati	Chandur Railway	3	10	32	16
	Achalpur	3	10	12	8
Sangali	Kavthe mahankal	9	11	11	7
	Shirala	4	9	10	10
	Total	83	193	271	284

Challenges during outreach activity

Due to the lockdown physical meetings were not possible with the RKS members, which was impacted in decision making towards the needy patients. Our field-based team have tried to take the meetings at PHC level. The issues which had come up through the telephonic conversation from outreach or helpdesk, it was resolved through online communication or physical communication where it was possible with the concern health authorities time to time.

Glimpses and visit details from field just for short updates



8. Help Desk in Dhadgaon Rural Hospital

Helpdesk in rural hospital Dhadgaon in Nandurbar district was setup from 16th August 2021, Mr. Madhav Pawara is the contact person who run the helpdesk in Dhadgaon RH. He is working in the hospital set up for helping patients for advising to their quarries and concerns in the treatments. He is also helping patients for referral to higher level hospitals. Helpdesk running in hospital OPD timings and if required Madhav help the patients till getting them proper treatment.

Till the date he has helped 1810 patients in two and half months through the helpdesk and helpline. With the helping patients during their hospital visits, he is also advocating patients to get the government scheme benefits, like through Pradhan Mantri Jan Arogya Yojana, Mahatma Phule Jan Arogya Yojana for the general treatment or if any surgery required. He is giving information to the pregnant and lactating women for helping maternal health schemes like Pradhan Mantri Matrutva Vandana Yojana, Janani Suraksha Yojana, Matrutva Anudan Yojana, Budit Majuri Yojana which should get women during or after their delivery. So based information about maternal health schemes, he has given information to women who visited to hospital for maternal health related check-ups. Total 626 women has given such information to the women.

Other general patients were helped through the helpdesk, who were required information about preparing documents, certificates from the doctors, phone calls for asking emergency services, referral services while shifting patients to another hospital, in such cases helping patients to get the hospital ambulance or private vehicle which will be paid from hospital. So, such 195 cases were helped through the helpdesk.

Sr.No	Details	Number
1.	Number of patients received help from helpdesk/helpline	730
2.	General Schemes (PMJAY, MPJAY)	259
3.	Maternal health schemes (PMMVY,JSY,MAY,Budit Majuri)	626
4.	Referral services to the patients	195
5.	Total	1810



9. Developing the COPASAH South Asia regional hub

Study on analysing the implementation of COVID-specific rate regulation by Maharashtra state, response of private healthcare providers and performance of MPJAY scheme during COVID-19.

Objectives

- Understanding the implementation of state measures for rate regulation on COVID treatment from private hospitals.
- Understanding the response of different types of private providers to new government initiatives launched during the recent COVID-19 epidemic.
- Assessing the performance of MPJAY during the COVID 19 pandemic and understanding the issues faced by patients while availing services from private hospitals with regard to state regulatory measures and MPJAY.

Activities completed

- Data collection is completed-In-depth interviews of 100 respondents plus 11 in-depth interviews of key stakeholders including- govt officials, doctors, civil society representatives have been completed

- Data analysis- data cleaning, filling the gap, data coding in RQDA library of R software is being done. Codes were generated inductively and coding of all 100 transcripts has been completed.

10. Equitable Health Systems for the Post Covid World: Using Narrative Strategies to Develop Popular Discourse on Universal Health Care, Strengthening Public Healthcare, and Regulation of the Private Health Sector

Component: Health Communicator Program

Introduction

Maharashtra was devastated by the lock down that started during the Covid pandemic. The labourers working in many sectors had no choice but to return displacement. In the wake of the lock-down, the recession in the economy alone, the lack of employment, led to the deprived sections of the tribal, rural or urban grassroots. Against this backdrop, the government announced some financial assistance. Free food grains were made available to these sections of the society through NGOs and the government. However, this was a temporary and meagre provision. Even though the economy is improving two years after the onset of COVID, the deteriorating situation has not yet stabilized. What is important is that the COVID pandemic has had serious implications for the 'health' of the common man as well as the health system. On the one hand, the general public had to face many challenges due to the availability of hospitals, beds, intensive care units, ventilators, rare medicines, etc. On the other hand, due to the problems of inadequate resources and manpower, the government health system has become exhausted while treating COVID patients. Private hospitals have also contributed to COVID treatment, however, some private hospitals charged exorbitant amounts from relatives of COVID patients. As a result, a large number of ordinary people became indebted.

Keeping in view the current post COVID situation, to achieve the goal of free and quality healthcare for all, the entire health system as well as the goals and policies of the health system will have to be rethought. Against this backdrop, we, as SATHI, thought about creating a realistic account of public experience in public and private healthcare sector through documentation by Health Communicator and creating a comprehensive health dialogue based on this information. This could be a small contribution towards making the 'people's health movement' more widespread.

About Health Communicator Program

In view of the current situation of health care services, as part of establishing people's health narrative, we are looking at the 'Health Communicator' programme as a link in the process of creating an effective 'People's Health Movement', based on broader public participation, for a paradigm shift in the health system. For this purpose, we have appointed six 'Health Communicators' for the initial period of three months in the initial stage to capture public opinion regarding public and private health care sector. Health Communicators were expected to produce a total of at least 6 stories/news reports/documents over a period of 3

months, at least 2 a month, from their respective jurisdictions.

Aim of the Health Communicator Programme-

- To document stories during COVID pandemic related to health and nutrition sector
- To understand and establish people's health narratives

Activities conducted under Health Communicator Programme

1) 'Health Communicator Programme' workspace

To develop better understanding about Health Communicator Programme two days' workspace was organized for selected six Health Communicators on 5th and 6th April 2022 at Raviraj Hotel, Deccan Gymkhana, Shivajinagar Pune. During this workshop Dhananjay talked about SATHI's perspective about overall public and private health sector. During the session on Narrative, he explained 'Narrative' concept in detail. Discussion regarding primary model of Health Communicator programme, roles and responsibilities of selected six Health Communicators was also held during this workshop. This was decided in this workshop that every person working as a 'health communicator' will work in at least 2 districts of Maharashtra visit respective places and document various health and nutrition related stories, news reports, videos ect. Isha Pungaliya took a session on how to 'frame' while making any videos keeping in view video documentation. At the end of this workshop details of areas for documentation of respective Health Communicators were finalized, which are were as follows -

- 1) North Maharashtra – (e.g. Nashik, and Ahmednagar) – Santosh Jadhav
- 2) Western Maharashtra - (e.g. Sangli, Kolhapur and Pune Rural) - Sampat More
- 3) Vidarbha - (e.g. Amravati, Yavatmal) - Sapna Bawner
- 4) Marathwada – (Hingoli, Parbhani) – Sachin Deshpande
- 5) Entire Maharashtra - Disadvantaged Social Sections (for recording their special health problems) - Heenakausar Khan
- 6) Pune City and Solapur – Deepak Jadhav

This was also decided that within few days after workshop each Health Communicator will provide themes of their respective documentation. Based on these themes Health Communicator completed their tasks. Details of task completed are as follows -

2) Tasks conducted by the Health Communicators

Deepak Jadhav – 6 stories completed
Santosh Jadhav – 6 stories completed
Sapna Bavner – 6 stories completed
Sachin Deshpande – 6 stories completed
Sampat More – 2 stories completed
Heenakausar Khan – 3 stories

11. Critically analysing official transnational investments, shaping policy discourse to promote Right to Healthcare (RTH) in Maharashtra

Study on German DFI's in India

The project is initiated from January 2022. Currently team is in process of seeking data including list of private hospitals and government health schemes with DEG investment in last five years, along with details of amount of investment, nature of financial arrangement between DEG and recipient (whether as grant donation/investment for return, with or without interest etc). While information regarding private hospitals receiving DEG investments is available in bits and pieces on google, it will require additional sources, to get the full picture of DEG investment in India, over the period of five years, just through online searches.

Mapping the scope of DEG in the health sector in India is a key aspect of the study and given the gap in existing research in this regard, having analysis of trajectory of DEG investments in India with abovementioned mentioned will indeed be a new insight and value addition to the existing knowledge pool on this area. Hence, we are keen to obtain and analyse this information as part of this study and present such data in entirety on DEG investment in healthcare sector in India.

Towards this, in the coming months, we are exploring other possible ways (such as groups from other countries which have worked on DEG etc) for accessing such detailed information. While exploring the sources of above -mentioned information, we would initiate work related to carry out following tasks-

1. Developing criteria for assessing practices of DEG supported hospitals,
2. Review of narrative literature,
3. Interview guides for key stakeholders
4. Preparation for ethics review

12. Building Community Awareness and Action to Improve Child Nutrition Practices and Services in Selected Tribal, Rural and Urban areas of Maharashtra

Category – Community health and nutrition intervention and system strengthening

State Level Activities & administrative activities - Following tasks were conducted under B-CAN project during April to September 2021.

- Re-Submitted second and third years' proposal for B-CAN project along with revised budget to Bajaj CSR on 6th April 2021.
- Re-working and re-submission of the second, and third years' budget for proposed project of B-CAN to Bajaj CSR has been executed on 28th April 2021. Revised activity table for proposed project has been submitted to Bajaj CSR on 5th May 2021.
- Submission of 'Baseline and end line report' of nutrition project based on programme data has been completed on 23rd April 2021. Compiled activity report up to December 2020 of all block organizations and state has been submitted on 23rd April 2021.

- Communication from Bajaj regarding financial audit and end project assessment was done on 19th August 2021. Based on this development communication related to preparations regarding financial audit as well as end project assessment has been done with partner organizations.
- Activity reports of each block and state for the entire period of implementation i.e. from Jan 2019 to December 2020 has been prepared and shared with Bajaj CSR.
- Meeting with Sattva representative Ms. Aashika regarding orientation of B-CAN process held on 13th September 2021.
- Meeting with the partner organization regarding assessment related preparations was held on 16th September 2021.
- Coordination with partner's organization regarding UCs from respective organizations has been done in the month of September 2021.
- Financial Audit related communication has been done in the month of July 2021. Financial Audit related preparations at state level and at block level have been completed during the month of August 2021.
- Internal audit of partner organizations Apeksha Homeo Society, Lok Seva Sangam and Rachana organization has also been conducted in the month of August 2021.
- Financial audit of SATHI by L.B. Laddha & Co. appointed by Bajaj CSR which was held on 7th August 2021 at SATHI office in Pune. Followed by financial audit a field visit of two members of Laddha firm to review project area in selected villages of Bhor and Velhe was held on 8th August 2021.

Other programme related important key developments

- Online meeting with Mr. Nitin Patil (IAS), MD, TDC regarding CAN process which was held on 5th August 2021 with CAN partner organization representatives.
- Preparation of note about CAN process initiatives and submission of the same to Mr. Nitin Patil, MD, TDC to share it with Tribal Minister Shri. K.C. Padvi and WCD Minister Smt. Yashomati Thakur.
- Meeting with Mr. Savkar from 'Save the Children' organization regarding the proposal was held on 25th September 2021. Save the children organization's proposal on baseline evaluation has been prepared and submitted to 'Save the Children' on 30th September 2021.
- Meeting with PDC members and presentation regarding nutrition programme was held on 24th September 2021.

Other key developments

- Conducted lecture for students of 'Economics Department' of R.J. College Mumbai on 'Food Nutrition Security and Economic Development' by nutrition team member Shailesh on 4th September 2021.
- Participated in consultation as one of the speakers which was organized by IMPRI, New Delhi, regarding Rural Realities! Maharashtra! Practitioners' Experiences in Tackling the Second Wave in Indian Villages which was organized on 13th May 2021.
- Prepared a note regarding reopening of Anganwadi Centers requested by RTE forum have been done. Gave inputs for note prepared by RTE regarding reopening of Schools and Anganwadi centers. Online meeting of the Education Minister Ms. Varsha Gaikwad including key officials such as Secretary Ms. Vandana Krishna regarding reopening of schools and Anganwadi Centers. Presentation done by a nutrition team

member in front of the education minister regarding reopening of Anganwadi centers and schools. Coordination with Saam TV about Shikshan Parishad regarding reopening of schools and Anganwadi Centers.

- Drafted suggestions for Child Policy 2021 regarding health and nutrition component for Women and Child Development Department, Government of Maharashtra.
- Follow up with Bajaj CSR regarding previous proposal has been done.

13. Community Action for Nutrition, supported by Tribal Development Department

Category – Community Health and Nutrition intervention and Advocacy

Objective 1 –

Community action for nutrition project will spread awareness about the Bharat Ratna Dr. APJ Abdul Kalam Amrut Aahar Yojana. For the implementation of the Amrut Aahar Yojana in the project area Village health, nutrition, water Supply and Sanitation Committee, Nutrition Committee and Mata Samiti will be made active.

Progress –

In selected intervention areas during COVID -19 pandemic period, Amrut Aahar Yojana has been monitored at the local level. It has been functional due to intervention by CAN process in all habitations of selected intervention areas.

Objective 2 –

During this project the number of children with severe child malnutrition and moderate child malnutrition will be reduced by up to 20%. The prevalence of growth faltering will be reduced by up to 25% in children below the age of 6 years. The improvement rate in the children in the severe and moderate category will be increased by up to 25%. Malnutrition related child deaths will be reduced by up to 15%.

Progress –

- Follow up of malnourished children which were admitted in Nutrition Habitation Centre (NRC) at Karjat SDH has been conducted during the period from September 2021 onwards in Karjat block, though there was no financial support from TDD.

Documentation of the CAN process and Positive changes

- Poshan Kuposhanache 'SAKAS' Samvad Patra – We regularly publish one newsletter of CAN process. During project period total number of 20 issues of the newsletter have been published which includes positive changes in nutritional status of children.

State Level Activities & administrative activities - Following tasks were conducted under CAN project during April to September 2021.

- To complete the end line assessment of the CAN project, follow-up with Tribal Development Department (TDD) and Tribal Research and Training Institute (TRTI) officials has been done. For the completion of end line assessment Tribal Development Department had given us an extension for the CAN project up to June 2021.
- Prepared block reports for submission to concerned officials of TDD, ICDS and Health department in each block and at state level which contain positive developments of each block. 10 block reports have been prepared in the month of July to August 2021.
- Meeting was held with TRTI Officials regarding following issues, such as selection of Third party institution for an assessment of CAN process, to fast track the process of releasing last instalment of the CAN project to complete the end line assessment process. During this meeting review related to field level activities was also conducted

on 24th June 2021. Followed by this meeting an online discussion with Dr. Safwan Patel regarding CAN updates was also done.

- Visit regarding submission of activity report to TRTI has been conducted on 9th July 2021. Follow up regarding Third Party selection for end line assessment of CAN project was also done with Mr. Sonavane of TRTI.
- Meeting with TRTI Commissioner Ms. Pavneet Kaur regarding selection of a third party for end line assessment was held on 12th July 2021. During meeting with her, we have shared our important COVID related posters (created in 9 different tribal languages) also for her inputs.
- Field visit to Jawhar and Mokhada field area to conduct short meetings with 3 CDPOs associated with our field areas as part of preparation before end line assessment has been done. We have distributed issues of SAKAS with these CDPOs.
- Meeting with Shahapur CDPO was held on 22nd June 2021 as part of pre-assessment preparations. Also conducted meeting with Assistant Project Officer of Shahapur regarding updates of CAN process as part of pre-assessment preparations and shared few publications with her regarding CAN project. Visit to Junnar field area regarding end line assessment preparation and meeting with CDPO regarding the same has been conducted on 24th June 2021.
- Meeting regarding preparations for end line assessment with CAN Karykarts of Karjat field area was conducted on 25th June 2021. Meeting with Block Development Officer and Child Development Project Officer regarding status of child nutrition and CAN end line assessment was conducted on 25th June 2021.
- To collect feedback from various village level stakeholders regarding CAN process, visit to Jawhar and Mokhada field area has been conducted. Feedback from selected members from village level committee and Grampanchayat, including Grampanchayat members were collected regarding CAN process which was held during 28th and 29th June 2021. Compilation of all written feedbacks from Jawhar and Mokhada has been completed, along with a covering letter to TRTI.
- Article on health and nutrition related issues written by nutrition team members was published in Marathi newspaper Loksatta on 24th June 2021.
- Meeting with Dy. CEO Shri. Dattatray Munde for issuing a letter by their office especially by CEO regarding distribution of Milk Powder (Doodh Bhukti) at each Anganwadi Centres of Junnar and Ghodegaon block was held on 12th July 2021. Appreciation letter as part of civil society organization was given by us to Mr. Munde regarding the same.
- Meeting with Dr. Bharud, Commissioner TRTI regarding review of CAN process which was held on 30th July 2021 at TRTI office in Pune.
- Meeting with Shri Nitin Patil, Managing Director of the Tribal Development Corporation (TDC), regarding achievements of CAN process and discussion regarding collaboration between SATHI and TDC and TDD was held on 31st July 2021. Short note regarding CAN process including achievements of CAN was submitted to Shri Nitin Patil.
- Due to some misunderstanding about CAN process outcomes, the newly appointed Commissioner of TRTI issued a notice to SATHI on 18th August 2021 and demanded data including explanation on some points within a weeks' time period. We have prepared a detailed response and provided all information which was asked by him including a data soft file on 24th August 2021.

- Conducted a detailed online meeting with members of Anusandhan Trust and communicated them details regarding the notice issued by TRTI to SATHI. After this sharing meeting we submitted our detailed response and data soft file to the trustee also.
- Conducted follow-up with Mr. Sonawane of TRTI and Dr. Safwan of TDD regarding the response during August to September 2021.
- Meeting with partner organizations regarding state level updates, notice issued by TRTI and response related to queries raised by TRTI was held on 24th Sept 2021. In this meeting further strategy to deal with TRTI in future was broadly spelt out.
- CAN project audit related preparations has been started. As part of the proposed audit process compilation of the visit report of CAN project has been completed in the month of September 2021.
- Detailed draft report (104 pages) of CAN process has been submitted to TDD-TRTI in Feb.2022. Detailed response to TRTI's queries regarding CAN project has been submitted to TRTI on 15th June 2022.

II. LIBRARY 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 –165
2. TV News & interviews- 18
3. Documentation of Jansunwais- 15
4. CBM Film (English & Marathi)
5. Periodicals- Marathi-4, English-6 = 14
6. Books- 3574
7. Bound Volumes- 200
8. Reference Books- 130

Publications in Marathi & English during the period April 2021 to March 2022

No.	Particulars of Publication	Date of Publication
1.	Covid Lasivishyi Janun Ghya, Covid Las Jarur Ghya!, (Gramnin) Covid Vaccination Booklet	May, 2021
2.	Covid Lasivishyi Janun Ghya , Covid Las Jarur Ghya!, (Shahari) Covid Vaccination Booklet	May, 2021
3.	Webinar Report “Tackling commercialisation and corporatisation of Healthcare: Highlighting people’s experiences in time of COVID, moving towards social regulation and UHC”	May, 2021
4.	Community Action for Nutrition (CAN) Brochure	June, 2021
5.	1) Koronacha Prasar Thambavanyasathi 5 Goshti Pala! - poster (2) Koronacha Prasar Thambava! - poster (3) Hi Lakshane Aadhalyas Tatadine Doctornna Bheta - poster	June, 2021
6.	Madat Kaksha_Rugna-Arogya Yantranela Jodnara-sampark Setu- Flyer	June, 2021
7.	Covid -19_Shastriya Mahiti_Training Module	June, 2021
8.	Covid Vaccination Flex poster	July, 2021
9.	Online Nutrition Consultation for Building Community Action for Nutrition (B-CAN) process	July, 2021
10.	1) Budit Majuri Yojana Poster 2) Matrutva Anudan Yojana Poster. 3) Pradhan Mantri matrutvaYojana Poster 4) Janani Suraksha Yojana Poster	September, 2021
11.	Mata Arogya Hakka Karyakram Gavgasathi Margdarshan Pustika	October, 2021
12.	Maza Patient, Tyache Adhikar v Jababdarya	February, 2022
13.	Covid Lasikaran Flip Book	March, 2022
14.	Health and Nutrition Report	March, 2022
15.	Patients' voices during the Pandemic- Stories and analysis of rights violations and overcharging by private hospitals	March, 2022

STAFF DETAILS AS ON 31ST MARCH 2022

Sr.No.	Employee Name	Designation	Gross Salary	Name of Centre
1	Saramma Mathew	Chief Finance & Administrative Officer	151231	AT
2	Sangeeta Rege	Director - CEHAT	149869	AT
3	Dhananjay Kakade	Director - SATHI	104522	AT
4	Monika Renni	Executive Assistant / Secretary	47659	AT
5	Diana Thomas	Research Associate	47594	CEHAT
6	Radha Pandey	Secretary	38886	CEHAT
7	Rajeeta G. Chavan	Research Associate	45790	CEHAT
8	Shilpa Kompelli	Research Associate	47369	CEHAT
9	Swati S. Pereira	Administrative Assistant	47594	CEHAT
10	Shobha Kamble	Office Assistant	29227	CEHAT
11	Ajinkya Deshmukh	Research Associate	46244	CEHAT
12	Sudhakar Manjrekar	Office Assistant	29227	CEHAT
13	Amruta Bavadekar	Research Officer	75571	CEHAT
14	Pramila P. Naik	Administrative Officer	86221	CEHAT
15	Sanjida Arora	Research Officer	75571	CEHAT
16	Sujata Mandar Dadode	Sr. Research Associate	57705	CEHAT
17	Mukul Bhowmick	Sr. Research Associate	57155	CEHAT
18	Jessy Jacob	Junior Administrative Officer	21949	SATHI
19	Dilip Harmale	Office Secretary	31875	SATHI
20	Ramdas Shinde	Junior Administrative Officer	42097	SATHI
21	Ravindra Mandekar	Office Secretary	33255	SATHI
22	Swapnil Vyavahare	Project Associate	35892	SATHI

23	Tushar Khaire	Administrative Assistant	36412	SATHI
24	Deepali Yakkundi	Senior Research Officer	47532	SATHI
25	Shakuntala Bhalerao	Project Officer	43897	SATHI
26	Sharada Mahalle	Junior Administrative Officer	43897	SATHI
27	Shweta Marathe	Senior Research Coordinator	58366	SATHI
28	Trupti Malti	Senior Project Officer	48932	SATHI
29	Urmila Dikhale	Senior Administrative Officer	53366	SATHI
30	Abhay Shukla	Senior Programme Coordinator	75154	SATHI
31	Bhausahab Aher	Senior Project Officer	51032	SATHI
32	Hemraj Patil	Senior Project Officer	47532	SATHI
33	Shailesh Dikhale	Senior Project Officer	48932	SATHI
34	Vinod Shende	Project Officer	43897	SATHI
35	Meena Indapurkar	Office Assistant	12211	SATHI

Slabs of gross monthly salary including benefits	Female	Male	Total Staff
<5000	0	0	0
5001-10000	0	0	0
10001-25000	1	0	1
25001-50000	8	7	15
50001-100000	10	6	16
>100000	2	1	3
Total	21	14	35

Sr.No.	Name of the Board Members	Position on the Board	Honorarium paid for the financial year 2021 - 2022
1	Dhruv Mankad	Trustee	0
2	Jaya Sagade	Trustee	10,000.00
3	Mohan Deshpande	Trustee	0
4	Padma Prakash	Trustee	35,000.00
5	Padmini Swaminathan	Trustee	3,45,000.00
6	Raghav Rajagopalan	Managing Trustee	0
7	Vibhuti Patel	Trustee	61,000.00

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, 2022

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		59,19,702.87	Book value of immoveable property as on 31st March 2022		10,09,443.37
Research & Education Fund		1,28,62,892.27	Moveable Properties		
Maintainence & Overheads Fund		37,79,635.61	Book value of moveable property as on 31st March 2022		14,85,237.80
Building Fund		1,33,32,109.01	Advances		
Earnest Money Deposit		5,00,000.00	Tax deducted at source	22,62,728.00	
Liabilities		1.00	Deposits	1,43,983.00	
			Employees	-	
			Contractors	30,72,340.00	
			Advance for purchase of immoveable assets	52,64,647.00	
			Balance with GST Authorities	23,329.00	1,07,67,027.00
Income & Expenditure Account			Outstanding Income (Accrued Interest)		4,47,369.97
Balance as per last balance sheet	4,78,65,614.13		Cash & Bank Balances		
Add: Surplus as per Income & Expenditure Account	1,38,23,940.71	6,16,89,554.84	Bank balances	4,68,31,873.45	
			Fixed Deposits with Banks	3,75,67,891.01	
			Cash & Cheque in hand	5,108.00	8,44,04,872.46
TOTAL		9,81,13,950.60	TOTAL		9,81,13,950.60

Place: Mumbai
Dated: 3rd September 2022

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 2022**

EXPENDITURE	RS	RS.	INCOME	RS.	RS.
To Expenditure in respect of properties		3,31,944.00	By Interest earned		30,51,739.00
To Establishment expenses		19,840.00	By Grants		6,75,96,600.00
To Depreciation		4,77,883.33	By Donation		3,00,000.00
To Amount Written off		-	By Grants administration income		-
To Loss on Sale of Asset		-	By Profit on Sale of Asset		-
To Amount transferred to reserve or Specific funds		32,79,928.12	By Income from other sources		
To Expenses towards objects of the Trust		5,38,81,622.84	Contribution to publication & database	820.00	
			Consultancy Fees	8,10,000.00	
			IEC Review Charges	56,000.00	
			Award Money	-	
			Royalty	-	8,66,820.00
Surplus carried to Balance Sheet		1,38,23,940.71			
			Deficit Carried over to Balance sheet		-
TOTAL		7,18,15,159.00	TOTAL		7,18,15,159.00

Place: Mumbai
Dated: 3rd September 2022