

Annual Report of Anusandhan Trust
(Period: 1st April 2015 to 31st March 2016)

SUMMARY OF FUNCTIONING AND WORK OF ANUSANDHAN TRUST

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

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

The trust governs three institutions:

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

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

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

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

DETAILED REPORT FOR THE FINANCIAL YEAR 2015 - 16

I. RESEARCH (CEHAT)

1. *Research on implementation of targeted health insurance (RGJAY) in Maharashtra*

The draft report of the study was submitted to the Programme Development Committee (PDC) which was held on 27th May, 2015. The study findings were shared with the PDC. The suggestions given by the PDC members about analysis and discussion were noted. Both the meetings were useful, and gave additional perspective for analyzing the data. Further feedback sought from external reviewers and Institutional Ethics Committee (IEC) was incorporated in the study. The report is in its last stages of content editing revisions.

For the study, a detailed review was conducted based on various insurance schemes in India with a special focus on state level insurance schemes. Journals were searched for papers that critically analyzed the insurance scheme and commented from a policy level context. Data collection for qualitative research was done in one empanelled public hospital study and one empanelled private hospital and the Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) staff, doctors, patients were interviewed. This study revealed the private sector's role in the scheme, problems with private sector empanelment etc. Secondary data from the RGJAY society was obtained on which data cleaning and data analysis was done. Also, the staff shared some latest files which were not shared earlier were cleaned and used for analysis.

Major Findings:

- Scheme has empanelled 473 hospitals, of which 84% (396/473) are in private sector. There is a disparity in terms of the service availability across districts. In our data analysis, we found that several districts did not meet the criterion for minimum required empanelled hospitals as specified in the MOU.
- The patients' journey in the RGJAY scheme was not as effortless as laid down in the MOUs. The hurdle starts with the identification of the empanelled hospital. The qualitative data documented the lack of awareness amongst the beneficiary population about various aspects including the scheme's presence across the state, validity of the health card in all districts, the benefits of the scheme as well as the procedures to be undertaken.
- The study revealed that systemic issues including medical documentation, personal documentation requirements act as initial barriers while raising the preauthorization request, which is the basic requisite for availing the treatment under the scheme.
- In the context of RGJAY, private sector involvement is not only in the form of commercial TPA companies but also in the form of health care provisioning where more than 80% of the empanelled hospitals belong to the private sector, and more than 50% of them are in the urban centers.

- Total beneficiary families across Maharashtra as per the Public Distribution System (PDS) data were 20,794,294 of which only 509,971 families were enrolled constituting merely 2.45% of the families.
- Rashtriya Swastya Bima Yojna (RSBY) covered a wider range of services including secondary and primary level health care like normal deliveries. These are not covered under RGJAY, a tertiary healthcare oriented scheme.

This study was able to point out the gaps in the process of implementation of the scheme vis-à-vis the MOUs. The study formulates important empirical evidence documenting the performance of the RGJAY scheme in Maharashtra. The findings are significant in the current political economy of health, where government plays a significant role in promoting these partnerships. Despite spending huge amount of money, the scheme in reality is not able to reach out to economically weaker section. As critiqued in other state level schemes, such humongous spending by the state directed towards the 'for profit' sector can have serious implications in propagating the already dominant private health sector. Such insurance schemes rely on purchasing health services as the delivery mechanism, but can simply end-up being inefficient and expensive. Instead, there has to be strategic purchasing which is based on feedback from its data systems. While there is a need for strengthening the primary and secondary public health structures, the state is spending its resources on such schemes which have a limited focus. Indeed, in a system where Universal health coverage is yet to be achieved, giving preference to tertiary services against primary and secondary healthcare is not only a step backwards but also unfair to those who have limited access to these services.

2. To assess the effectiveness of a counselling intervention for women facing abuse in Antenatal Care (ANC) setting

The research proposal underwent an independent examination of research proposal for academic rigour and content by scientific review committee followed by ethical review by the IEC. After this a pilot study was also carried out in order to test the methodology and procedures finalised during review processes. Based on these, the study design and methodology were strengthened. This was followed by the initiation of ongoing training of healthcare providers in the two selected hospitals and counsellor of the Sexually Transmitted Infections (STI) department of second hospital. The data collection involving screening and giving counselling session to women was initiated.

Data collection: Since the data collection began in February till 25th March, 496 women in hospital A and 334 women in hospital B i.e. a total of 830 women came in contact with researchers during their ANC visit across two hospitals.

Important outcomes of the study

Participation of HCPs: There has been increased sensitization among staff in both the hospitals regarding violence as a public health issue. They no longer feel the process of screening as a deviation from the normal ANC procedure. Perhaps, there have been instances where HCPs themselves have accompanied pregnant woman to counsellors based on her signs and symptoms.

Development of a validated screening tool: Screening tool used in this study has been adopted from internationally known oldest tool Abuse Assessment Screen (AAS) developed by the Nursing Research Consortium. The modified version of this tool which is being used in this study has shown a considerable sensitivity covering all the forms of violence in Indian context. The tested tool that will result at the end of this project will be

first of its kind in India for domestic violence and will be definitely useful for HCPs during screening.

Also, the prevalence of violence using figures for number of women registered for ANC and those screened. The estimates show that on some days, more number of registered women are newly married for less than 45 months. So on these days, fewer women are found to be suffering from violence. As a result, the prevalence of violence varies from as low as 1% to as high as 24%.

Informed changes were made by researcher based on the feedback received by scientific and ethical review processes. During the screening, it is really important to help woman to understand the association between violence and adverse health outcomes for her and the unborn child. It has been observed that the women who are able to establish this association are more likely to disclose violence faced by them. It is essential to give positive messages to the woman that she is not alone and we are there to help her during the screening. This is especially important for all women who even didn't disclose violence during screening. This is because we received 34 cases in which women, who denied violence during screening, came to us later for help.

The proposed study attempts to generate an evidence based model consisting of both screening and counselling intervention for pregnant women in healthcare setting. This model will emphasize on inclusion of screening of pregnant women by HCP's into their routine clinical practice which must include documentation, psychological first aid, referral and counselling intervention by a social care provider. Training of HCPs to screen women and refer them to counsellor is an important component of this study. Researcher believes that this study will encourage and enhance the skills of HCP's to routinely screen pregnant women for violence. This capacity building of HCPs will ensure the sustainability of this model.

3. Haryana Rapid Assessment

A rapid assessment was carried out at Haryana to understand the functioning of the crisis centres for women run by the Haryana State Health Resource Centre and the Women and Child Development. The findings will be presented as case studies bringing out the processes and challenges of the centres making it instrumental in understanding the sustainability of the crisis centres. It will help key officials in both departments to replicate these efforts in the future. Such an exercise to understand different approaches to responding to survivors of violence would also help in the process of engaging with the health sector.

4. Violence Against Women in conflict-affected areas

The data analysis for the study on understanding impact of conflict on health systems from the perspective of health professionals has begun. The draft is ready and will be circulated for peer review.

5. Documentation of existing practice in India working on violence and health system

CEHAT has committed to developing a volume on different practices related to engagement of civil society organizations with the issue of violence against women. Organisations include – Sama , NEN, Anweshi, Vimochana , Masum, Sneha, Tathapi, Bhoomika , Swati. Towards that end, a national seminar was organized in collaboration with WHO. Delegates from the Ministry of Health and Family Welfare were present

along with civil society organizations to facilitate mutual sharing of current practices in India on violence and health system.

6. *Study on health and healthcare in Goa*

A study focusing on situation of health and healthcare in the state of Goa has been carried out to give a comprehensive understanding of the health system. The study is based on mainly secondary data from survey reports, government reports and statistical documents, research studies and primary data from key informant interviews with various stakeholders like government officials, public providers and civil society. The study report has received feedback from PDC and IEC and an external reviewer, based on which revisions are ongoing.

7. *Publication: Challenging case study from intervention services that raises ethical concerns*

While carrying out interventions, Dilaasa team conducts case presentations, as such a forum is important for the counsellors to share their difficulties, challenges and also leads to learning from each other's experiences. While counselling, they have often subscribed to the discourse on counselling ethics and how to ensure that they utilize feminist and ethical counselling. Counsellors are also expected to reflect on their experiences and carry out academic writing, or writing for popular media to present the learning's and challenges. One such a case study was developed, reviewed and published by the Indian Journal of Medical Ethics.

The case study brought up certain points of discussion with respect to the rights of the individual while navigating through various systems in receiving healthcare. The Indian legal system criminalises even consensual sexual activity among adolescents. Under the POCSO Act, 2012, a sexual act with any individual below 18 years of age is rape. The POCSO Act is regressive insofar as it criminalises all sexual activity among children, not acknowledging consensual sexual activity among adolescents. An unwanted pregnancy resulting from consensual sexual activity involving an adolescent also ends up being viewed as an outcome of sexual violence by the law. A survivor of sexual violence has the right to grant informed consent to or refuse the components of medico-legal care. The MOHFW's Guidelines and protocols for the medico-legal care of survivors/victims of sexual violence state that, the consent form must be signed by him/ her if he/she is above 12 years of age. But the Medical Termination of Pregnancy (MTP) Act of 1971 does not allow a woman below the age of 18 years to terminate a pregnancy without the written consent of her legal guardian. The individual, therefore, has to depend on the legal guardian to provide consent for the MTP. In such a case, the healthcare provider is caught between upholding the survivor's right to not register a complaint against her partner and provide her an abortion for an unwanted pregnancy on the one hand, and the guardian's refusal to provide consent for MTP unless the POC is collected, on the other. As a healthcare provider acting in the best interests of the child, there is a limit to how far one can negotiate, hence the recommendation to present the matter to the Child Welfare Committee. The way forward is to operate from an ethical framework, maintaining the rights of the individual at the core. When there is a dilemma between ethics and law, ethics must be prioritised in keeping with the international covenants and treaties that the country has ratified.

8. Integrating Gender in Medical Education (GME)

Draft outlines for gender-integrated curriculum in five subjects (Obstetrics and Gynecology (ObG), Preventive and Social Medicine (PSM), Forensic Medicine and Toxicology (FMT), Medicine and Psychiatry, were prepared by participants during Training of Trainers, 2015. These outlines were presented to the mentors and faculty member in a meeting in April, 2015. The outlines were reviewed in order to finalize content to be prepared for the final subject modules, highlight topics that need to be reiterated across semesters and underscore topics to be reiterated across disciplines for a multi disciplinary perspective.

Modules:

Individual meetings were held with the subject mentors for organizing content around the MUHS curriculum and to gather resources. Dr. Rishikesh Wadke of Mahatma Gandhi Mission of Kamothe, was requested to be a resource person for the module building process. Based on the content outlines and suggested resources, the first drafts of each of the five modules were prepared. A meeting was in June 2015 with mentors, faculty member and participants who are to be a part of the assessment intervention. In the meeting, the drafts of all the modules were reviewed, the impact assessment plan was discussed, topics in the GME modules to be taught during the assessment period were finalized in all three participating colleges at that time. Based on feedback from this meeting and correspondence with the mentors, resources were collated and the content for modules was added by the GME team as required. The finalisation of module contents is in process.

Impact Assessment Research:

The draft research design for the impact assessment was reviewed and feedback suggested construction of an appropriate scale for assessing impact and possible ways to supplement quantitative scales. The proposal for impact-assessment of gender-integrated modules in the MBBS curriculum was drafted. This study would be carried out in three out of seven participating colleges, viz. Aurangabad, Miraj and Ambejogai. These colleges were chosen based on their student-strength and participation of teachers in the Training of Trainers (TOT) programme. It is a quasi-experimental design and seeks to assess shift in attitudes towards gender, gender-based violence, abortion and sex selection with the help of attitude scales. The proposal was reviewed by CEHAT's Programme Development Committee on 27th May 2015. The intervention is planned to be implemented with students in the 6th semester in February, 2016.

Prof. Mrinmoyi Kulkarni, Social Psychology, IIT-Bombay was invited as a consultant for tool development. Extensive literature review was done and weekly meetings held with Dr. Kulkarni to create the assessment tool. The draft tool was reviewed by new members of the GME team. Some existing validated tools were identified and content from these were used to develop the GME self-administered questionnaire and scale in consultation with Dr. Kulkarni. The reworked action research proposal and tool for data collection based on review of literature were shared with the Programme Development Committee (PDC) for review and feedback.

Pilot testing of GME Action Research Tool was done among medical students of MGM Medical College. The tool was modified based on the results of the pilot test. Action Research proposal was completed and approved by the IEC after discussion. The GME team met Director, Directorate of Medical Education and Research (DMER) and Officer on Special Duty for seeking permission for activities planned in the next phase for research, meeting with deans, conference in Aurangabad and process documentation.

A workshop with GME educators took place on 18-19 January, 2015 which all seven educators from the three participating colleges, GMC – Miraj, Ambejogai and Aurangabad attended at DMER, Mumbai. The workshop agenda included sharing the draft modules to be used during the intervention period and getting their inputs on the modules. As part of the project, a detailed documentation and monitoring plan to be carried out by the GME research team and the trained educators was developed and shared with the mentors. Pre-test and orientation was conducted at Government Medical College (GMC) in Miraj, Aurangabad, Ambejogai of both Semester 6 and 8 students. Selected lectures with GME content in all the three medical colleges were documented.

Review of medical textbooks

In December, the latest editions of the medical textbooks of Obstetrics and Gynecology, Preventive Social Medicine and Forensic Medicine and Toxicology were reviewed from a gender perspective by GME mentors of the respective disciplines. Economic and Political Weekly (EPW) had carried out a similar gender review in 2005. The 2015 review found that there was little or no change in the textbooks as compared to the review conducted in 2005. Gender biases in textbooks identified in 2005 continued till 2015.

II. ADVOCACY (CEHAT)

1. Building Evidence on the Health Sector Response to Violence Against Women: LEGAL ADVOCACY

The Government of Maharashtra passed a government resolution for all hospitals to use the protocols and guidelines issued by the Ministry of Health and Family Welfare. This acceptance has come after a seven year long struggle with the Department of Health, Maharashtra. The Public Interest Litigation (PIL) is pending in the Supreme Court of India based on other prayers. Following developments were shared in the Supreme Court of India by Ms. Indira Jaising in the capacity of Amicus Curiae:

- Ministry of Women and Child Development (MWCD) decided to launch a toll free national help line 181 across all the states of India. The purpose of the help line was to reach out to women and girls facing any form of violence and / or distress.
- Further the MWCD also launched the OSCC, one stop crisis centre program for each state recently and funds for it have been allocated by the Union government Finance ministry to MWCD.
- Nirbhaya funds which were to the tune of 1000 crores in 2013 received fresh allocation of 1000 crores in 2014. The ministry of finance has transferred the amount of the Nirbhaya funds to the MWCD.
- Legal services authority decided to place a lawyer in every police station across the country, which was a demand from the petition of the Delhi Domestic Working Women's Forum Vs Union of India (1994).
- Ministry of Health and Family Welfare (MOHFW) drafted comprehensive and gender sensitive medico-legal guidelines to respond to survivors reporting sexual violence.

Ms Jaising submitted before the court that most ministries have been responsive and have provided an update of steps taken by them. Despite progress made on different fronts, some contentious issues require attention of the honorable judges.

- The concern related to marital rape and lack of registration of such an offence was raised. Evidence related to survivors reporting to hospitals and wanting to seek legal redress was presented. But due to lack of provision in the CLA 2013 for registering such an offence police file it under Sec 377, which is dangerous. It was suggested that the exception in the Rape law needs to be struck down for married and separated women to file marital rape under Sec 376.
- The issue of age of consent was also raised. Adolescents in the ages between 16 to 18 years may be involved in relationships which are consensual, however under POCSO 2012 any sexual activity under 18 years is forbidden. This poses a grave danger to adolescents in consensual relationships.
- One stop crisis centres are being established 1 per state, but these are not adequate and such centres should be set in each hospital of the country. There is a need to upscale these efforts.
- The need for reparation for survivors of sexual violence was mentioned. Even in situations where the perpetrator of the act is not found, once an FIR is in place such compensation must be offered.
- MOHFW has a comprehensive protocol in place and it has been issued to all the states for enabling health professionals to respond to sexual violence. But many states have not adopted it. The Federal system has specific portfolios under the state, health has also been considered a state subject, which has allowed for different protocols for medico legal work in rape across states. But the direction of the Honorable Supreme court can ensure that all states follow a gender sensitive medico-legal protocol across the states of India. This can be done under Article 141/ 142 of the Constitution of India in the context that a direction from the Court in that regard will help with uniform implementation of the guidelines.

Lastly, the Honorable Judges were provided with the Amicus brief and also the same was shared with all the petitioners as well as with Additional Solicitor General (ASG) for states. Ms. Jaising requested the court to develop a road map for uptake of these contentious issues and resolve them systematically. A two-month period was granted to the ASG to respond to the brief and recommendations therein.

2. Responding to Violence Against Women through Engaging the Health Sector: Replication of a Hospital Based Crisis Centre for Women Facing Violence Meeting of the Advisory Committee

The second meeting of the Advisory Committee was convened 12th June 2015 at Asilo North District Hospital, Goa to update on the progress related to the functions of the centre and provide expert guidance. As per the decision taken at the previous meeting, a protection officer was invited on the advisory committee. The work of the centre was presented in terms of services offered to survivors of violence. The committee was updated about a letter sent to the Directorate of Public Health to create a permanent post of counsellor and seek salary support for the same. It was suggested that the periphery have small groups to respond to survivors of domestic violence and simple burns which must be documented and referred to the counselor at the crisis centre.

A decision was taken to disseminate guidelines for healthcare providers on responding to violence against women to health officers to generate awareness on their role in

relation to VAW, record basic information of survivors and ensure appropriate referral. The possibility of training PHC staff by organizing monthly sessions facilitated by a trained doctor and the counsellor at the DHS meetings was explored. It was also suggested that the nurses and Prevention of Parent to Child Transmission (PPTCT) counselors can reach out to anganwadi workers. The committee suggested that survivors of domestic violence be referred to the Block Development Officer for further procedures of registering the case under the Protection of Women from Domestic Violence Act 2005.

Efforts made with the Department of Women and Child Development to notify the crisis centre:

Over the past year, several efforts have been made to engage with the Department of Women and Child Development (DWCD) to notify the crisis centre under its wing. The Coordinator of CEHAT met with the Secretary, Department of Health & the then Director of DWCD for discussing the future of Asilo Hospital, Goa and replication of the crisis centre on 3rd September 2015. Following this meeting, CEHAT received a letter of notification from DHS, Goa on 24th September 2015. However, the DWCD saw a change in leadership in the meanwhile and CEHAT continued to follow up consistently with the office. The Coordinator of CEHAT visited the Director, DWCD office 11th January 2016 but was unable to seek an appointment with the new Director.

A meeting was convened with the Director, WCD, Panaji, Goa at the office of the Medical Superintendent, Asilo Hospital, Mapusa on 4th March 2016 along with Deputy Director, Directorate of Health Services, Panaji along with core group member - Senior Psychiatrist, Asilo Hospital, Mapusa and the counsellor of the crisis centre. At the meeting, Deputy Director, Directorate of Health Services, explained the significance of the counselling centre at Asilo Hospital and recommended setting up another centre at Hospicio Hospital, Margao for South Goa with support from CEHAT. The Director was briefed about the sources of referrals and critical role of healthcare providers in early identification of survivors as well as role of counsellors in identifying survivors through ward rounds.

The centre's efforts at sensitizing all cadres of hospital staff including support staff through training sessions and sessions conducted for the patient population to understand the availability of such services at the hospital were presented. It was decided at the meeting, that the available state human resource fund would be utilized for strengthening the existing crisis centre till the month of April 2016.

Visit to the centre by the Director, WCD and Deputy Director, Directorate of Health Services:

The Director, WCD and Deputy Director, Directorate of Health Services visited the counselling centre. As the assistant of WCD Director asked about how the women contact on phone if they want to talk. Senior Psychiatrist responded that telephone connection was to be provided to the centre but it was not yet provided. WCD Director said that helpline number can be provided and accordingly coordinated with Government Medical College who are willing to set up One Stop Centre for Women in GMC, Bambolim Goa in near future.

The plan was to institutionalize the centre through the WCD Department, Government of Goa. The WCD committed to responding on the matter after perusing through related documents.

3. *Patients' Rights Website*

CEHAT in collaboration with IKF (Iris Knowledge Foundation) launched a web portal related to Patients' Rights on World Health Day, 7th April, 2015. This portal is an informative and interactive platform for patients and general public seeking information related to patients' rights and wanting to share their experiences with the health care and health insurance providers.

The aim is to empower people with the knowledge of their rights as health seekers vis-a-vis fair access to quality health care with an assurance of their confidentiality and a safe clinical environment along with participation in decisions regarding their treatment. Website contains information related to various Indian laws and regulations which protect their rights as patients and ensure their access to quality health care and seek grievance redressal. Research and reports around patients' rights and latest news and issues are updated periodically on the website. Patients/Users can participate by contributing their experiences with health care providers and health insurance agencies and help others become aware of the unfair practices in the healthcare system and how they can be tackled by an informed health seeker.

To create more awareness, dissemination material like Patients' Rights Theme Calendar 2016 and Patients rights brochure were developed and distributed. The CEHAT team also participated in National Human Rights Commission and Jan Swasthya Abhiyan organized western region public hearings on cases of medical negligence in January 2016 where Patients' Rights Theme Calendars were widely distributed.

4. *Integrating Gender in Medical Education*

The Gender in Medical Education (GME) website developed with eSocial Sciences (eSS) contains teaching material and readings, and is periodically updated with relevant news and research papers. Articles have been posted on the GME blog and on GME's Facebook page on a daily basis. Additionally, the link to the Facebook page was mailed to all the mentors and participants for feedback regarding the relevance and usefulness of content posted.

Meetings are held with members of E-Social Sciences from time to time to strategize possible ways to increase online presence and outreach of the work being done on the GME project. Interview with mentor involved with the GME project was done to document their contribution to work done on making health systems and medical curriculum more gender sensitive and their experiences around the same. This interview has been shared on the website.

III. Advocacy, Action and Research Projects (SATHI)

A. Promoting a comprehensive and rights based approach to address malnutrition in Maharashtra

A: Monitoring of field activities

Awareness in villages –

- On going in all villages and Vasties
- 3 key messages are being given in all intervention villages for supplementary food for children of age 6 months to 3 years.
- Continued in all villages and Vasties covered in the project.
- Regular follow up of Malnourished children were done in all the selected villages

Vasti /village level committee meetings-

- Regular meetings are being conducted at village/vasti level. Including mata gat meetings

DATA collection-

Fifth rounds of data collection-

- Fifth rounds of data collection is over in all blocks as well as in Vasties of urban areas. Follow up of issues with the anganwadi worker is completed.

BLOCK level meetings undertaken-

- Block/Project level monitoring committee meetings are being conducted in all areas
- Action points formulated and dialogue has been initiated-
- Done everywhere for fifth round.
- Jansamwad Preparatory meetings conducted in all Blocks/project
- Orientation Workshop of Van Niketan, Kashtkari Sanghtna & Disha Kendra karykartas for activities in additional Five blocks in Dahanu on 4 Jan. 2016
- Jansamwad in additional blocks under nutrition rights project in Murbad, Shahapur (Thane), Javhar, Mokhada (Palghar) and Karjat (Raigad)
- Poshan Hakk Jagruti Yatra in Dhadgaon (Nandurbar)
- Poshan, Arogya yatra in Amravati
- Jansamwad – Jansanwad completed in all Project areas.
- Block level review & panning meeting in Nadurbar & Mumbai
-

AW and Supervisor level discussions and solving local issues-

- Done in Pune, Gadchiroli, Nagpur, Nandurbar, Amravati, for fifth round of data collection

B: State level Review and Planning meetings with partner organizations

- State level review and planning meeting was conducted in Pune on 8th and 9th April 2015.
- Regarding forth round of data collection, review and planning was conducted on 18th to 20th June 2015.
- State level review and planning meeting is scheduled on 20th and 21st Jan 2016
- State level review and planning meeting was conducted in Pune on 20 & 21 January 2016.
- Evaluation process initiated & also done field visit to Nagpur, Gadchiroli & Nandurbar by the evaluation team.

C: State level advocacy meeting with WCD officials, state level mentoring committee meetings

GR and SMC follow up

- Rigorous follow up is being done to get GR from WCD officials. And finally at last year we got GR for 3 years.
- Along with GR follow up we have also done follow up with Principal Secretary WCD regarding State Mentoring Committee Meeting during the election period. But due to General Election we won't be able to meet PS.
- After regular follow up, we got chance to meet PS but he was not so much interested to organize SMC. We should have to plan some other strategy to address State level issues.
- Meeting with Vandana Krishna regarding GR, SMC as well as next years collaboration with Jijau Mission – 4th Dec 2015 to get systems support at various level
- We have also done follow up with Principal Secretary WCD regarding State Mentoring Committee Meeting but had not responded to it.

D: State level workshop for advocacy related to sustaining and generalizing CBM approach in social sector

Participation in State level workshop organized by UNICEF and Tribal Development Department-

- To push CBM process in health, ICDS, WASH, Education in the context of **Tribal Mission**.
- Involvement in preparing draft of **concept note for tribal Commission** undertaken by UNICEF and Tribal Department of Maharashtra.
- **Successfully presented an argument for CBM** of main line departments – education, health, ICDS, livelihood, sanitation, water at tribal block level

State level Advocacy for key issues come up from the CBMA process

- Meeting with the Dy Secretary to the Governor Mr. Parimal Singh to discuss with him key systemic issues related to ICDS services and advocacy related to communitization of social services.
- Advocacy in state level GABHA Committee meeting about malnutrition criteria through Brian Lobo.
- Two state level preparatory meetings on 27th April and 19th May 2015 conducted in TISS Mumbai regarding convention on Malnutrition with different networks and NGOs
- Organizations and NGOs as part of Anna Adhikar Abhiyan collected 35 case studies of severely malnourished children for the convention on Malnutrition.

State level Convention on Malnutrition and advocacy for key issues

- State level convention on 'Public services, development model and social Justice : What are the comprehensive strategies to address Malnutrition in Maharashtra' took place on 28th and 29th Oct. 2015.
- Finalization of document regarding demands related to PDS, ICDS, Health, NREGS
- Advocacy related to social sector demands done with 10 MLAs. Especially with Mr. Dhairyashil Patil of SKP and Kapil Patil of Lokbharti.
- Dialogue with Manthan regarding THR.

- Two state level preparatory meetings on 27th April and 19th May 2015 conducted in TISS Mumbai regarding convention on Malnutrition with different networks and NGOs
- Organizations and NGOs as part of Anna Adhikar Abhiyan collected 35 case studies of severely malnourished children for the convention on Malnutrition.
- Follow up with the Dy Secretary to the Governor- Mr. Parimal Singh for ICDS related Issues & generalization of CBMA in tribal Area.
- Advocacy in state level GABHA Committee meeting about malnutrition criteria through Brian Lobo & other committee member.
- Participated and contributed in the budget analysis of social sector including ICDS services
- Participated in the workshop and press conference on huge budget cuts in ICDS services

Recent Publications

- **'Anganwadila Jevha Jag Yete' book has been published**
- **English translation of abridged version of the same is now under process to print.**

E. Research related

- Round IV and V of data collection were conducted. Data were analysed and shared with partners as well as in various advocacy forums appropriately.
- Field work regarding SUW study is completed and report for the same has been Published.
- Marathi Summary of SUW study also published
- Field work for Complementary Feeding Practices is completed and report has been published.

Research Publications (Externally published)

Loksatta ,15 July 2015	कुपोषितमुलंअडकलेलीच - श्वेताराऊत-मराठे
IS 'TAKE HOME RATION' REALLY IMPROVING THE NUTRITIONAL STATUS OF CHILDREN?	Shweta Marathe, Deepali Yakkundi, Abhay Shukla, has been published in Journal of Community Nutrition & Health, Vol.4, Issue 1, 2015
Loksatta ,2 Sept.2015	कुपोषण -ऑफदरेकॉर्ड - विनोदशेंडे

B. Advocacy for social accountability and regulation of private medical sector in India

a) Regional Workshops

1) Regional workshops on CEA including rate regulation:

- a. SATHI organised eastern regional workshop on 'Private health sector regulation, Clinical Establishment Act and rate standardization' at Human Resource Development Centre, Near Gossner College, Ranchi on 20th and 21st July 2015. Please See Annexure- 1 for detailed report.
- b. SATHI organised southern regional workshop on 'Private health sector regulation, Clinical Establishment Act and rate standardization' at Ashanivas

Social service centre and Balmandir at Chennai on 21st and 22nd September 2015. Please See Annexure- 2 for detailed report.

2) Activity: Support to advocacy for Regulation of private medical sector in selected states (Chhattisgarh) and National Advocacy.

Status:

- a) On the eve of Doctor's Day(1st July), social media campaign was organised with the help of OXFAM-India. A proto-type letter to doctors by patient was formulated which talks about rational, ethical medical practice and patients rights while criticizing prevalent medical malpractices. This letter was put up on various social media fora like FB, website etc It was also widely circulated over email. In Pune, this letter was given to several ethical doctors by SATHI team members.<https://www.oxfamindia.org/featuredstories/1025>
- b) Jan Swasthya Abhiyan (JSA) Madhya Pradesh had organised its state level meeting on 11th July in Indore. Main agenda was to discuss proposed NHRC-JSA health rights hearings. About 25 leading health activists from MP participated in this meeting. Dr Abhijit More from SATHI participated in this meeting to talk about patient's rights, regulation of private medical sector, disparity in rates, lack of transparency in rates, medical code of ethics etc. Please See Annexure- 3 for detailed report
- c) Jan Swasthya Abhiyan (JSA) had organised a northern region level meeting on 19th July in PGIMER, Chandigarh. Main agenda was to discuss proposed NHRC-JSA health rights hearings. Health activists from Punjab, Haryana, Himachal Pradesh, Delhi, Chandigarh, Uttarakhand participated in this meeting. Dr Abhijit More from SATHI participated in this meeting with an expectation that JSA-NHRC hearings can become a springboard for national advocacy to demand effective regulation of private medical sector including patient's rights and rate standardization. Please See Annexure- 4 for detailed report.
- d) Jan Swasthya Abhiyan (JSA) had organised Goa state level meeting on 11th September 2015 in Goa. Main agenda was to discuss proposed NHRC-JSA health rights hearings. 27 Health activists from all over Goa participated in this meeting. SATHI participated in this meeting with an expectation that JSA-NHRC hearings can become a springboard for national advocacy to demand effective regulation of private medical sector including patient's rights and rate standardization. Please See Annexure- 5 for detailed report.
- e) Advocacy meetings on national Clinical Establishment Act were conducted in Lucknow and Jaipur in July 2015.

3) Activity: 'Kaifiyat' (Voices of conscience within the medical profession) will be translated into Hindi language, printed and disseminated widely

Status:

Hindi Translation of the book 'Voices of Conscience within Medical Profession' published.

4) Activity: Advocacy for Modified CEA with rate transparency and standardization in Pilot State of Maharashtra which will involve at least two multi-stakeholder consultation meetings;

Status:

A meeting of health activists was organised in Mumbai on 8th September 2015 to discuss way forward for advocacy on clinical establishment act and patient's rights. About 25 health activists mainly from Mumbai and Pune were present for this meeting. It was decided in this meeting to reach out to medical victims who suffered serious violations of patient's rights and to document their stories. Western Region Public Hearing on Right to Healthcare by National Human Rights Commission and Jan Swasthya Abhiyan in Mumbai was considered in the discussion as another avenue to advance cause of patient's rights.

5) **Three regional workshops on regulation of private medical sector with focus on rate transparency and rate standardization in private medical sector, were conducted as follows-**

- b) Regional Workshop Focused on Rajasthan, Uttar Pradesh and Himachal Pradesh
- c) Regional Workshop Focused on Bihar and Jharkhand
- d) Regional Workshop Focused on Southern states like Karnataka, Kerala and Tamil Nadu

SATHI conducted a workshop on “Current status of implementation of Central CEA, related strategies for health activists in states covered by Central CEA, and methodology for standardizing rates in private hospitals” at Indian Social Institute, Delhi on 23rd and 24th Feb 2016. About 25 health activists across India attended the meeting. During and after the discussion nearly everyone deliberated on the present status of CEA in respective state and the strategies possible, some are as below:

Overall strategy to advocate for CEA in each state would be – Dr Abhay Shukla facilitated this discussion. It was decided that all participants from different states would collect at least 5 -10 each of patients' rights violation and all such documented cases will be compiled and released as a national document. It was decided to raise issue of grievance redressal mechanism for patients.

For that mechanism used would be -

- Middle class alliance
- Bridging with rational doctors.
- Alliance with progressive public health officials.
- Media advocacy
- Sometime later – PIL

6) **Activity: Support to advocacy for Regulation of private medical sector in selected states (Chhattisgarh) and National Advocacy.**

Health activists from Tamilnadu, Karnataka, Chhattisgarh, Orissa, Maharashtra participated in the Delhi workshop on 23rd-24th Feb 2016 and national level strategy was discussed to carry forward the advocacy for regulation of private medical sector.

7) **Activity: ‘Kaifiyat’ (Voices of conscience within the medical profession) will be translated into Hindi language, printed and disseminated widely**

Hindi version of Kaifiyat (Marathi book whose English version is named as 'Voices of Conscience within the medical profession') is printed. Its Hindi name is 'Sach Kahe to'. 300 copies are printed and dissemination is already started. It's been under circulation to health activists from different states mainly from northern and western region of the country.

- 8) **Activity: Advocacy for Modified CEA with rate transparency and standardization in Pilot State of Maharashtra which will involve at least two multi-stakeholder consultation meetings;**

SATHI organised a 'Consultation on Patient's Rights, Rate Standardization and Clinical Establishment Act' at Don Bosco Youth Service Building in Mumbai on 5th January 2016. About 90 people participated in this consultation. Main purpose of this Consultation was to enable grassroots health activists to analyze the documentation on violation of health rights (in public and private health sectors) collected by them.

C. Promoting participatory action on local Health budgets and medicine distribution in Maharashtra

1. **Study was conducted to document the experiences of various stakeholders involved in PIP preparation process for the period 2013-14-** This study was conducted in two blocks namely Armori and Kurkheda, from Gadchiroli district of Maharashtra, during the period of July 2015 to August 2015. There were total 33 participants were included in the study such as members of village health, sanitation and nutrition committee, Rugna Kalyan Samittee, ANM, clerk and accountant at the SDH, Block development officer, Taluka Health Officer, Medical Officers, District Program Manager, District Health Officer, Superintendent of SDH and Civil surgeon. Selection of participants was purposive taking into account representation of different stakeholders of the PIP preparation process. In-depth interview was used as the method of data collection. An open ended interview guide was used for conducting interviews.
2. **Process of Conversion of key Community Health demands into Budget proposals in Gadchiroli district of Maharashtra-** Intervention was done regarding Decentralized Health planning on pilot basis in Gadchiroli district of Maharashtra. The main objective of this intervention was to develop mechanisms which will help incorporating people's demands in to PIP/Annual Budget plan. SATHI has initiated the process along with State Health System Resource Centre and local CBMP implementing organization- "Amhi Amchya ArogyaSathi".
3. **Study of understanding the present system of disbursement and utilization of state health budget-** It was conducted in Beed district. Interviews of various stakeholders including Medical officers, clerk, and concerned officers from district level were conducted.
4. **Document on CBMP was prepared covering following aspects-** (This document is yet to be printed)
 - Understanding the trends of change in Rural Health services over the last nearly one decade, with focus on CBMP areas.
 - Documenting the baseline situation of Health Services in non-CBMP areas
 - Comparing changes seen in CBMP areas with non CBMP areas
 - Analysis of unresolved and systemic issues in CBMP areas
 - Consultation on for brainstorming on possible mechanisms for resolving systemic issues which are emerged from CBMP process
5. **District level workshop on Decentralized planning under NRHM (This is done on 10th February 2016) –** This workshop was held in Gadchiroli district on 10th February 2016. Various district and block level officials such as ADHO, THOs, MOs, committee members from various committees and villagers present during the workshop. It was organized by our local level partner Amhi Amchya Arogyasathi

from Gadchiroli with the lead and support of CEO, Gadchiroli. During the workshop findings of study documenting experiences of various stakeholders involved in PIP preparation process for the period 2013-14 were presented. Followed by which innovative process of Conversion of key Community Health demands into Budget proposals in Gadchiroli district of Maharashtra was also presented and discussed.

6. Brief report of State level workshop on 'Decentralized Health Planning in Maharashtra supported by NHM'

A day-long state level workshop was held at Arogya Bhavan, Mumbai, on 'Decentralized Health Planning in Maharashtra related to National Health Mission' (NHM) on On 25th February 2016. The workshop was attended by various senior level government officials and experts, from the state and the national level, where Dr. Padam Khanna, Senior Consultant, National Health System Resource (NHSRC), GoI, New Delhi was the chief guest at the workshop. Above mentioned study and related intervention were presented and discussed at length during the same.

Drawing upon successful implementation of the pilot intervention of Decentralized Health Planning (DHP) in Gadchiroli, it was broadly agreed that such processes may be expanded and generalized to other districts of Maharashtra in a phased manner. As the next step, the process may be up-scaled to 14 CBMP districts of the state.

3. Exposure visit to Samarthan (MP) for understanding how they have been conducting social audits of NREGA scheme. Two of the team members from SATHI and one person each from six partner organisations working on IBP project went to Samarthan (MP).

No	List of Publication
1	Participatory Audit and Planning of Rogi Kalyan Samiti (Patient Welfare Committee) Funds by Dr. Nitin Jadhav Link- http://www.copasah.net/uploads/1/2/6/4/12642634/copasah_communique_edition_11.pdf
2	Participatory Audit Process (PAP) Improves Hospitals in Maharashtra- by Dr. Nitin Jadhav Link https://www.youtube.com/watch?v=YvEgSLvdySQ
3.	Policy brief of PIP study in Gadchiroli
4.	Policy brief of Process of Conversion of key Community Health demands into Budget proposals in Gadchiroli district of Maharashtra
5	Policy brief of study of state health budget distribution system
6	Booklet on guidelines regarding Use of RKS funds and Conduction of participatory audit and planning process for RKS funds

D. Analytical update on key aspects of Public Health services in Maharashtra

- 1. Understanding the trends of change in rural Health services over the last nearly one decade, with focus on Community Based Monitoring and Planning (CBMP) areas-**
The attempt was made to analyze data from last seven years related to the situation of Health services, which has been generated through the CBMP process at village and Primary Health Centre levels. The focus of the analysis was to understand the trends of change in rural health services due to CBMP process. The findings of most of the above

mentioned components were presented in the ‘western regional public hearing on right to health care’ which was organized by the National Human Rights Commission and Jan Swasthya Abhiyan, at Tata Institute of Social Sciences in Mumbai on 6th, 7th January 2016.

2. Analysis of unresolved and systemic issues in CBMP areas-

One consultation was organized for brainstorming on possible mechanism to resolve the unresolved and systemic issues in CBMP areas. In this consultation, health experts, field experienced health activists and the retired senior government officials who were part of public health system, know in and out about the functioning of health system. The in-depth discussion in the consultation took place which helped in understanding and getting clarity about the complexity of the issue as well as helped in drawing some concrete and realistic outline for tackling these systemic and policy level issues.

3. Understanding the present status of Human Resources in Public Health system of Maharashtra-

In above mentioned consultation, various issues related to human resources in public health system have been discussed in detailed. In tandem with the consultation, a study was conducted in 117 CBMP PHCs by using Short Message Services (SMS) via mobile phone, to assess the present status of key human resources in rural public health system of Maharashtra. The findings of the study give a snapshot of overall status of key and functional human resources in public health system of Maharashtra.

During the western regional public hearing, the issues of shortfall in HR has been discussed in different context denial of cases as well as during the session on discussion on systemic issues.

E. Developing accountability of the private healthcare sector in India
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Following activities have been completed during this span-

Activity area 1- To build a national network of doctors for a de-commercialized, rational and ethical health system, which will strive to advocate for accountable and regulated health care, within the medical profession, as well in wider society

- Appeal has been made, circulated and when the feedback was received that it was too lengthy; a shorter crisp version was prepared. It has been accepted by signatories.
- The name of the network was finally decided after lots of deliberation among signatories as ‘Indian Doctors for Ethical Practice’ – IDEP. We have created email id started using it and we have visited many cities across India and have collected signatures.
- We have taken decision to wait till the number of signatories reaches at least 150. Now the number is 120. The website has been approached and the Forum for Medical Ethics Society, the NGO that runs Journal of medical ethics has in principle accepted to host the declaration. It would be hosted at --www.ijme.org
- Meetings have taken place in –Ludhiyana, Karhad, Solapur, Bokaro, Dhanbad, Patna. This meetings are initial steps to promote IDEP

Activity area 2- To organize sessions in at least four regions of India, covering around ten states as described earlier, to build capacity of civil society activists to document violations of patients rights, in context of code of conduct of Medical council of India and other existing legal provisions.

- The first NHRC hearing took place at Mumbai on 6th and 7th Jan 2016 and covered four states – Maharashtra, Goa, Rajasthan and Gujarat.
- Places visited from September 2015-
22nd August 2015 Dr George Thomas and Dr Arun and Dr Abhijit More met Dr Arjun Rajgopalan in Chennai, Kochi, Kerala state- 15/11/2015, Karad, Maharashtra, 20 November 2015

Activity area 3- To conduct a study on topic “Nature of the prevalent commission practices in private healthcare sector”

- After a lot of brainstorming with scientific committee (Comprised of Dr Vinay Kulkarni and Dr Shirish Darak) and with help of consultant for research – Dr. Nilangi Sardeshpande, a detailed research methodology has been prepared, IEC checklist filled and submitted. The lists of doctors to be interviewed, has been procured from pathologist and radiologists associations. We will start interviews after accommodating suggestions from IEC on 6th June 2016 at Mumbai.

Activity area 5: Documentation of project related activities and processes

- Brief report on development of the national network of rational doctors** – based on how the processes evolve, a short report would be prepared towards the end of the project period, giving an overview of major activities, positive developments, challenges and lessons emerging from developing the national network of rational doctors.
- Reports of public hearings on right to health care** – the series of public hearings on right to health care to be co-organised by NHRC and JSA, including both public and private medical sectors, would be events of considerable importance for the health movement in India. Hence it would be relevant to document the main issues raised in each hearing, along with responses from various officials and providers, as well as comments / recommendations made by NHRC.
- Video documentation of series of public hearings on right to health care** – in conjunction with documentation of the series of public hearings mentioned above, an attempt would be made to ensure some basic video documentation of these hearings, and to edit and compile this for popular dissemination. (optional, depends on budget required)

F. New Executive Funds

Pune Doctors – Citizen Forum meetings were conducted voluntarily. The draft for society registration has been prepared with the help of experts. The draft will be registered soon.

Some events would be organized after it is registered. Various exposure visits were also conducted by various team members under the project to Kolkata, Delhi, Bokaro, Dhanbad and Patna.

G. Community Based Monitoring and Planning on Health Services in Maharashtra

- Annual report for year 2014- 2015 of CBMP activity**-After completing financial year in March 2015, SATHI team has asked all CBMP partner organisations to submit their yearly report. So SATHI team has compiled all annual report from 21 organisations and State level activities in 2014- 2015, made an annual report of CBMP.

2. **State level sensitization workshop**-This workshop was conducted for state health official was conducted in 29th and 30th June 2015, where all 14 district officers were presented for workshop. Issues related to coordination and process has been discussed in that meeting. It was decided that district level health department will call CBMP members for Medical Officer meeting.
3. **Correspondence with NHM**-Correspondence with NHM for continuation letter of CBMP activities was done in May and June. NHM has send continuation letter to SATHI in 18th June 2015. After which planning of activities was started with partner's organisations about CBMP work.
4. **Follow up for receiving funds**-SATHI was continuously following up with NHM, Maharashtra regarding funds. In September 2015 Maharashtra PIP was approved. After that follow up with MD, NHM and finance department of NHM was done till November end for funds. To follow up of this activity, SATHI had asked for meeting with MD several times.
5. **Meeting with MD**-CBMP partner organization members along with SATHI representatives went to MD office for meeting with MD, NHM regarding funds. MD was not available in her office so meeting was done with Joint director, NHM, regarding the same issue. In the discussion with Joint director, it was decided that NHM Maharashtra would ask for feedback from DHO and CS about CBMP process in the respective districts.
6. **Presentation about CBMP work**-In parallel, follow up with MD was continuously going on, MD had asked to take decision about CBMP funds in some another committee (GABHA committee) where Principle secretary was chairperson, so Dr. Abhay Shukla attended that meeting and gave valuable suggestions in meeting. So principle secretary took decision about CBMP continuation and release of funds. After this, MD asked SATHI to give work presentation about CBMP work. So this meeting was done on 31st December 2015 and she agreed to sign on MOU of CBMP.
7. **Davandi News**-SATHI has published 2 Davandi news letter in period of April to June and July to September. Also follow up of decision was taken in officials sensitization workshop was done with partner organisations.
8. **Data analysis of Arogya Abhiyan**-In the period of September to December last year (2014-15) data analysis of Arogya Abhiyan from 13 districts was done. Also comparison of data from 13 districts health services situation and new districts where CBMP process started on voluntary basis was done.
9. **Review of Communitisation aspects of NHM in Maharashtra (2015-16) Facilitated by NHM-AGCA members at State NHM office, Mumbai on 1st March 2016**

The annual review of communitization aspects of NHM, particularly Community Based Monitoring and planning processes in Maharashtra, was facilitated by the members of the NHM- Advisory Group on Community Action (AGCA) and was hosted by the Maharashtra State NHM office, on 1st March 2016 at Arogya Bhavan in Mumbai. Various officials, experts and representatives participated in the review meeting. The review for 2015-16 was organised on 1st March 2016 at Mumbai, hosted by the State NHM under guidance of the

State Mission Director, NHM, Ms. I. A. Kundan. Members of the NHM – Advisory Group on Community Action (AGCA), Dr. Abhijit Das, Dr. Mirai Chatterjee and Dr. Abhay Shukla, as well as representative of the NHM-AGCA secretariat, Mr. Bijit Roy provided technical inputs on various issues during the discussion. The following issues were discussed in this review, and several related decisions were also taken:-

- a. Presentation and discussions on developments and innovations in CBMP process in Maharashtra during current year (2015-16)
- b. Discussion on the proposed transition process, including integration with existing structures such as VHSNC and RKS. Discussion on perspective plan for CBMP process, and plan for next year's PIP- 2016-17.
- c. Discussion on principles and broad considerations related to re-selection of State nodal organization for CBMP process in Maharashtra

10. State level Melava (convention) of Panchayat Raj Institution members involved in Community Based Monitoring and Planning Process in Maharashtra on 3rd March 2016, Pune

As part of the Community based Monitoring and Planning process being conducted in Maharashtra with support from NHM, a state level Melava (convention) of PRI members who are actively participating in this process in various districts, was held on 3rd March 2016 at the J. P. Naik Centre, Pune. It was attended by about 75 PRI representatives from village, block and district levels who are active in the CBMP process, drawn from 11 districts across the state: Amaravati, Aurangabad, Beed, Chandrapur, Gadchiroli, Kolhapur, Nandurbar, Osmanabad, Pune, Solapur and Thane. They included – Gram panchayat members, Sarpanches, Block Panchayat samiti members, Block Panchayat samiti chairperson and vice-chairperson, Zilla parishad members, chairperson of Zilla parishad health committees, and District monitoring and planning committee members. In the concluding session, the PRI members who were present for this melava conducted a detailed discussion on the common health issues that remain unresolved in their respective areas, and a suggestion emerged that they should make collective efforts as a network at the state level, to work for resolution of these issues. A nine-member committee of PRI members from various districts was formed, and has taken responsibility of coordinating efforts in this regard.

H. Certificate course on Health system accountability (Contact cum Distance Learning Course for Grass Root Level Practitioners)

- **The first contact session** for the 'Certificate course on Health system accountability', being conducted in a distance learning mode, for broadening and deepening the perspective of grassroots practitioners working on accountability of social services, was held from 10 to 12 September 2015, in Nagpur (Vidharbha region), 5 to 7 October 2015 in Pune, (*Consolidated activity for Konkan, Marathwada, west. Maharashtra region*), and 10 to 12 October 2015 in Nashik, (*Khandesh- North Maharashtra region*) Maharashtra. This course is being conducted by SATHI (Support for Advocacy and Training to Health Initiatives) Pune, in collaboration with the international network, COPASAH, and is accredited by the Karve Institute of Social Services, Pune.
- **Developed a Facebook page and Whatsapp group**-After the first contact session, we realised that in order to fructify the learnings from the contact session, it would be crucial to keep regularly in touch with the student practitioners. We decided to

explore the social media like Whatsapp and Facebook for this purpose, and a Whatsapp group called “Sathiyon ke Sathi” was created, along with a Facebook page on “Distance Learning Course for Social Accountability”. All visual and written information about the course has been uploaded on this Facebook page. This way the student activists can access this information anytime for their activity. The link of this Facebook page is as follows :-
<https://www.facebook.com/groups/1664772473766305>(.

- **Engaged Mentors for mentoring to student practitioners-**

We engaged three mentors within the five regions of Vidharba, Khandesh Konkan, Marathwada, and western Maharashtra, for mentoring to student practitioners. The role of the mentors included visiting the organisations of the student practitioners and supervision and guidance for their activity along with maintaining regular contact with them. As per this plan, the three mentors actually met 65 student practitioners, and during these meetings, took a stock of their progress in the activities which had been planned. In case the student practitioners were facing any problems, they were given appropriate guidance. The mentors also examined whether the student practitioners had read all the manuals and solved the questions/exercises in the modules. They were guided on how to write a report.

Final contact session in three regions for ‘Certificate course on Health system accountability’

- The final contact session was organized at the end of the year, in which the practitioners presented through PPT and posters, the experiences in the field and the activities they had conducted based on the knowledge received during the course. A 60 marks test was conducted on the modules which had been given to the participants. All of them scored more than 50 marks in this test. The participants were also given certificates for the successful completion of the course.
- The final contact session for the ‘**Certificate course on Health system accountability**’, being conducted in a distance learning mode, for broadening and deepening the perspective of grassroots practitioners working on accountability of social services, was held from 17 to 18 February 2016 in Pune, (*Consolidated activity for Konkan, Marathwada, west. Maharashtra region*), 21 to 22 February 2016, in Nagpur (Vidharbha region), and 28 to 29 February 2016 in Pune in Nashik, (*Khandesh- North Maharashtra region*) Maharashtra. This course is being conducted by SATHI (Support for Advocacy and Training to Health Initiatives) Pune, in collaboration with the international network, COPASAH, and is accredited by the Karve Institute of Social Services, Pune
- A total of 90 student activists had enrolled for this course, and of these, 70 participated in the various final contact sessions.

Participated in COPASAH South Asia Steering Committee meeting at CHSJ, Delhi on 22 March 2016 for presenting of course process, outcomes and leanings.

V. TRANINGS & EDUCATION (CEHAT)

Several trainings on the comprehensive healthcare response to survivors of sexual violence have been held at our intervention hospitals – two at K.B. Bhabha (Bandra) Hospital for 15 resident doctors at a time, three trainings were held for sisters in charge and staff nurses. At Rajawadi, three trainings were held for residents, mainly from the department of Gynaecology. The training was also conducted at Cooper Hospital with 45 healthcare providers from departments of Gynaecology, Forensics, Paediatrics,

Casualty and Psychiatry. The senior doctors also conducted trainings at the hospitals to orient the new residents familiarizing them with the processes and sensitizing them towards the issue of violence against women. Three monitoring committee meetings were held in these hospitals involving review of documentation of the health response to survivors of sexual violence with a discussion of challenging cases and the way forward.

1. *Training of trainers (TOT)*

The NHM had proposed replication of Dilaasa centres at 9 peripheral hospitals. A training of trainers was held to create a pool of trainers for the purpose towards institutionalization of training. The 9-day training was carried out in three segments involving concept and perspective building and development of modules for training. A total of 33 doctors, nurses and community development officers from the nine hospitals actively participated in the hands-on sessions.

A two day in-depth orientation involving roles and responsibilities and procedures followed at Dilaasa was also organized for the social workers and ANMs of the 9 Dilaasa centres. There were a total of 47 participants.

The intervention team was part of a follow-up workshop by MASUM, Pune, for organizations working with women. It involved presenting and sharing CEHAT's work on exploring religion-based discrimination in health facilities in Maharashtra.

2. *CAPACITY BUILDING OF PARTNER ORGANISATIONS*

Engagement with civil society organizations on VAW as a public health issue:

Based on the training on establishing a hospital-based crisis centre, several organizations and government health institutions have made the effort to engage with the health system on the issue of violence.

1. Based on earlier interactions and workshops, Jan Sahas, Madhya Pradesh approached CEHAT to conduct a workshop on feminist intervention skills to address VAW for their field workers across the state. The workshop was held over five days for 21 field workers to help them enhance their intervention when working with survivors of violence.
2. Based on demand from organizations in Maharashtra, a feminist counselling course was held in Marathi as well for community based organizations, who interact with survivors of violence, adapting it to their context, sharing experiences and challenges specific to the state and coming up with ways of working around them. These organizations are those that we network with and the rationale behind offering the course to them is to share the feminist ideology and strengthen the response to violence. The course, through its hands-on approach, involves the participants in identifying survivors, facilitating the health response and providing psychosocial support.
3. CEHAT has been providing support to Action-Aid project, "Gauravi" which is a one stop crisis centre based in J.P. Hospital, Bhopal. A formative research at J.P. Hospital, Bhopal was conducted through semi-structured interviews with healthcare providers over a period of four days. Key objectives were to understand the perception of the healthcare providers towards the issue of violence against women and train them to respond sensitively towards women facing violence, thereby strengthening the services of the one stop crisis centre set up at

the hospital. Following this, a two day state wide CME was organized at Bhopal, Madhya Pradesh, in collaboration with AIIMS, Bhopal. There were 48 doctors from various districts from departments of Gynaecology and Forensics who actively participated in the training. The findings of the formative study were disseminated at the CME training on comprehensive healthcare response to survivors of sexual violence.

3. *Responding to Violence Against Women through Engaging the Health Sector: Replication of a Hospital Based Crisis Centre for Women Facing Violence in Goa*
Orientation training at the hospital

Crisis Intervention Centre for Women organized 90-minute training for the hospital staff on 8th May 2015 at Asilo Hospital. There were 26 participants including social worker from local organizations named Sangath and Matruchaya and hospital staff including social workers, pharmacy and registration counter staff. Core group members conducted the session on Violence against women – understanding the concept, its significance as a health issue and the role of healthcare provider in responding to VAW. Group discussions and role plays were conducted to engage the participants in the session. A sensitisation and awareness programme on violence against women and children was organised on 21st and 22nd January 2016 by the core group members. There were 60 participants at the session which covered forms of violence and its impact on women and children including health consequences and offered information about the services offered by the centre.

Awareness and outreach programmes conducted outside the hospital

- Sensitization and Awareness Programme on Sexual Violence and Domestic Violence was organised for creating public awareness on 9th February 2016 with approximately 60 participants.
- An outreach and awareness programme on Domestic Violence and Child Sexual Abuse was conducted at El-Shaddai Charitable Trust, Calangute in the context of “Save A Girl Child Day” on 2^{5th} January 2016 with 17 participants.
- Outreach training programme on Domestic Violence was conducted at El-Shaddai Charitable Trust, Calangute on “World Population Day” on 11th July 2015 with 41 participants.
- A training programme conducted at ADEI Office (Assistant District Education Inspectors) for awareness among school administrators on sexual violence and child sexual abuse in particular on 30th June 2015 with 69 participants.

4. *Ongoing training and development of the counselor of the crisis centre*

The counselor of the crisis centre along with the counselor of PPTCT participated in five days training on Feminist Counselling organized by CEHAT from 22nd to 26th June 2015. The course facilitates an understanding of social and cultural determinants of women’s mental health, the principles and values of feminist counselling and how they can be applied in relation to Violence against women in particular. The intensive course uses case studies and role plays to provide hands-on experience to counselors, reflect on ethical issues in counselling and facilitate decision-making by respecting the autonomy and agency of the survivor of violence using an empowering approach. This

was a refresher course for the counselor, recognizing the need for ongoing development. Counsellors from Dilaasa and CEHAT visited the crisis centre and spent two days (11th and 12th June 2015) with the counselor, going through the counselling records and offering feedback. The process offers a forum for the counselor to share and seek feedback on challenging cases and ensure quality of counselling offered to survivors accessing the centre. From 29th June to 2nd July 2015, another CEHAT counselor spent time with the counselor at the centre. This exercise also provides an opportunity to demonstrate counselling and come up with strategies in responding to survivors of violence. A follow up visit was done by Dilaasa and CEHAT counselors on 11th and 12th January 2016 with the perspective of monitoring counselling services, identifying training needs of the counselor and providing her with support.

5. *Integrating Gender in Medical Education*

A one-day state level CME conference on Gender in Medical Education was organised on 20th December, 2015 in Aurangabad to initiate the dialogue on integration of gender in medicine among medical educators teaching in medical colleges across Maharashtra.

III. *Intervention and Services*

1. *Building Evidence on the Health Sector Response to Violence Against Women: Dilaasa Centre*

The intervention includes technical support to Dilaasa crisis centre located at a public hospital in Mumbai and providing round the clock intervention to survivors of sexual violence reporting to three public hospitals in Mumbai. The counsellor at Bhabha Hospital, Kurla, has been deputed to another hospital where she receives cases of Domestic Violence.

Domestic Violence

April 2015 – March 2016

	Bandra Bhabha Hospital
Screening	147
New registrations	266
Follow-up sessions	255
Legal consultation	38

From April 2015 to March 2016, 266 new cases of domestic violence have been registered at Dilaasa, Bandra Bhabha. During this period, 255 follow-up sessions were conducted. Out of the above total of 64 women were screened for domestic violence and offered suicide prevention counselling after having attempted suicide. During the process of counselling, if the woman expresses interest in seeking legal redress, support is provided through consultations with lawyers from Majlis. Eleven

women received legal consultation at Dilaasa. The woman is directly referred to the Protection Officer or to Majlis office depending on the urgency of the case.

The counselors interact with the patients in the ward on a regular basis, informing them about the services of the centre. This encourages them to access the service when required and helps spread the word in their community. There is ongoing engagement with the doctors to ensure identification of women facing violence and their referral to the centre.

Sexual Violence

From April 2015 to March 2016, intervention was carried out in 465 cases of sexual violence reported at the three hospitals. The survivors were given emotional support, informed about medico-legal procedures, treatment and were referred for counselling. The counselors coordinate with the Child Welfare Committee, police and public prosecutors regarding the cases. The cases were followed up in 128 instances. Additionally, legal consultations were also held with survivors on need basis.

There have been several challenging cases of sexual violence such as that of an adolescent who was facing sexual violence by her father and had disclosed this to her teacher in school. The principal got in touch with us. The interventionist spoke to the girl and facilitated disclosure to a trusted family member in the school premises. However, when the family refused to take further action, the interventionist prepared the girl for police action and operationalised mandatory reporting in the interest of her safety. The matter was later presented to the Child Welfare Committee to ensure continued safety and education.

Another challenging case was that of a child who had experienced chronic sexual abuse from her teacher at school. Intervention involved working closely with the child and her family, facilitating the medical examination, following up with the State Child Rights Commission for school admission ensuring admission for the sibling as well, following up on the legal process. The child has successfully completed the academic year and the family has gradually regained routine in their lives. The trial has begun and we continue to work with the family providing legal consultation and psychosocial support.

International Women's Day was celebrated at K.B. Bhabha Hospital, Bandra, reaching out to approximately 300 women. Awareness on the issue of violence against women was spread by showing short video clips at the OPD block. The counselors also engaged in distribution of pamphlets on the issue at various wards of the hospital.

Data analysis of Dilaasa case records

The Dilaasa case records from 2000 to 2011 have been analysed. Analysis of case records is an ongoing process to ensure that intervention feeds into policy change while at the same time, maintaining confidentiality.

Visits to the centre:

Several visitors show interest in understanding the work of Dilaasa and visit the centre. Some of the visitors during this duration were:

- Dr. Eric Suba, Director of Clinical Laboratories, Kaiser Permanente Medical

Centre, San Francisco who delivered the 8th K.R. Memorial Lecture on Contemporary Issues in Health and Social Sciences visited the centre.

- Dr. Avni Amin from the Department of Reproductive Health and Research, WHO and Dr. Kiran Sharma, Adolescent Health and Development, WHO and Ms. Priya Nanda, Director, Social and Economic Development, International Centre for Research on Women.
- Twenty three officials from the Government of India and National Health Mission to understand the Dilaasa Model.

2. Upscaling of Dilaasa:

The process for finalizing all the various documents- SOP (Standard Operating Procedure), manual, guidelines was thought through. A review of existing processes being followed at Dilaasa was carried out, analysis of case records was also done in order to see whether or not the practices are working with the intended result. These were then reviewed by experts and finalized. The team worked closely with the TISS (Tata Institute of Social Sciences) while finalizing the OSCC (One Stop Crisis Centre) scheme for the MWCD and later for the WCD (Women and Child Development) Department of Uttar Pradesh for setting up of Asha Jyoti Kendras. This has been a very demanding and rigorous exercise as the learnings needed to be based on evidence and we had to think through of its adaptability across various states.

The curricula for the proposed training was finalized but could not be announced due to delay in receiving funds from Ford Foundation. However, one training on feminist counseling was conducted for the staff and volunteers of Jan Sahas, a group working on Dalit rights in Madhya Pradesh.

3. Responding to Violence Against Women through Engaging the Health Sector: Replication of a Hospital Based Crisis Centre for Women Facing Violence

The crisis centre for women set up in December 2014 continues to function at Asilo Hospital, Mapusa, North Goa. Its location within the hospital makes it accessible to survivors of violence. The centre follows a convergence model involving interface with the Departments of Health, Women and Child Development, Panchayats, Forensic department which is located in Goa Medical College and District Legal Services Authorities. The centre has developed working relationships with local NGOs providing services including shelter and vocational services to women and children to build a network for referral and mutual support.

The core group plays an active role in increasing the visibility of the centre and sensitizing the hospital staff towards violence against women and children, equipping them with skills to identify and respond to survivors.

Reaching out to survivors of violence

Since April 2015 to March 2016, the crisis centre at Asilo Hospital, Goa has reached out to 155 women and children. Additionally, the counsellor has also followed up with survivors to enquire after their safety and encourage them to return to the centre for long term support.

Survivors of violence reach the centre through various ways. Healthcare providers are

sensitized to identify survivors of violence based on health complaints. Women of all ages have been accessing the centre. Through discussion in the meeting of the Advisory Committee, efforts have been made by the centre and core group to engage with the PHCs and create awareness among them to refer survivors to the centre. IEC material have also been displayed at the hospital and disseminated through meetings and workshops to create awareness on the issue and increase visibility of the centre. While the centre is located at the hospital, the centre makes all effort to engage with various agencies such as the police, lawyers, protection officers, ensuring a coordinated inter-sectoral response.

VI. Documentation and Publication (CEHAT)

Articles:

García-Moreno, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., ... & Watts, C. (2015). Addressing violence against women: a call to action. *The Lancet*, 385(9978), 1685-1695.

Rege, S. (2016). Violence against women & role of health professionals. *Health Action*, 29(1), 10-12.

Publications:

John, P., Bavadekar, A., Hasnain, A. & Karandikar, A. (2015). *Gender in medical education: Perceptions of medical educators*. Mumbai: CEHAT.

Hartmann, Betsy. (2016). *Rethinking population education: Challenging the gender and structural violence of prevailing norms*. Mumbai: CEHAT.

Rege, S. (2016). *Guidelines for counselling women facing violence*. Mumbai: CEHAT (Revised edition)

CEHAT (2015). *Ethical guidelines for counseling women facing domestic violence*. Mumbai: CEHAT (Revised edition)

Press coverage 2015-16:

<http://www.hindustantimes.com/columns/aruna-shanbaug-also-the-face-of-brutal-sexual-assault-in-workplace/story-KwJ9ohbES0ZpkiMB80MCIO.html>

<http://www.dnaindia.com/india/report-what-makes-the-two-finger-test-so-controversial-2093734>

<http://www.livemint.com/Companies/boSuroFjWnoZq4yvly0itO/Can-CSR-funds-make-a-difference-in-healthcare.html>

<http://timesofindia.indiatimes.com/city/nagpur/Nagpur-Focus-on-domestic-violence-as-public-health-issue/articleshow/49435372.cms>

<http://timesofindia.indiatimes.com/city/nagpur/Gender-prejudice-affects-even-medical-books/articleshow/49511225.cms>

<http://www.dnaindia.com/india/report-activists-not-sure-castration-will-deter-child-rape-cases-2138924>

<http://www.thehindu.com/news/cities/mumbai/news/us-doc-faults-studies-on-cervical-cancer/article8191389.ece> (8th KR lecture press coverage)

<http://indianexpress.com/article/cities/mumbai/cervical-cancer-us-expert-raises-doubts-over-clinical-trial-on-2-24-lakh-women/> (8th KR lecture press coverage)

<http://indianexpress.com/article/explained/sex-determination-an-old-law-a-new-debate/>

<http://timesofindia.indiatimes.com/city/bengaluru/Docs-uneasy-about-rape-Pocso-cases/articleshow/51435511.cms>

Collection of Books and Resources

Circulation Books	8694
Reference Books	1258
Journals and Magazines (Subscribed)	12
Data and Documentary CD's	390
Bound Volumes	103
Posters	192
E-documents	1328
Journal / Periodicals	120
Reprints	1728
Organizational Repositories	
Books and Reports	94
Papers	344

VII. DOCUMENTATION AND PUBLICATION (SATHI)

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

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

1. Audio Visual Health Awareness Material -155
2. TV News & interviews- 18
3. Documentation of Jansunwais- 15
4. CBM Film (English & Marathi)
5. Periodicals- Marathi-7, English-8 = 15
6. Books- 3384
7. Bound Volumes- 200
8. Reference Books- 130

The publications brought out during April 2015 to March 2016 are as follows:

No	Particulars of Publication	Date of Publication
1.	'Dawandi'- News Letter published quarterly	September, 2015 to March, 2016
2.	Rugna Kalyan Nidhiche Lokadharit Ankeshan va Niyogen - Policy brief	July, 2015
3.	Growth Chart (Boys & girls)	September, 2015
4.	Ashi Ghya Aplya Balachi Kalji (Poshan Hakka Sticker)	September, 2015
5.	Balachya Changlya va Aarogyadai Vadhisathi Apan He Karu Ya! (Poshan Hakka Poster)	September, 2015
6.	Poshan Hakka Gat _ Karyakarta Diary (A4) (booklet)	September, 2015
7.	Poshan Hakka Gat _ Karyakarta Diary (A3) (booklet)	September, 2015
8.	Rugna Kalyan Nidhiche Lokadharit Ankeshan va Niyogen (Policy brief)	October, 2015
9.	Envelop, Voucher, Letter head	October, 2015
10.	Major Gaps in Programmes for Tackling Malnutrition among children below three years of age (Policy brief)	October, 2015
11.	Kuposhan Dur Karnyasathi Sarvajanic Yantrana Kuchkami (Policy brief)	October, 2015
12.	Samajik Ankeshanachya Dhartivar Rugna Kalyan Samiti Nidhiche Lokshai Ankeshan va Niyogen Karnyasathichi Guide Book (PAP Booklet)	January, 2016
13.	Rugna Doctor Sambhadatail Hakka va Jababdarya (Booklet)	January, 2016
14.	Charter of Patient Rights & responsibilities (Booklet)	January, 2016
15.	Rajya Sarkarchya Tijoriti Aarogya Nidhiche Hotoy Kay? Budget Magani Va Vitran (Policy on State Budget Distribution System) (Policy brief)	January, 2016
16.	Sach Kahe To... (Hindi Booklet) (Voices of Conscience from the Medical Profession)	
17.	Yes Decentralized Health Planning is Possible! (Policy brief)	January, 2016
18.	Ekatmaik Balvikas Sevavar Lokadharit Dekhrehk va Krurti Guide Book	February, 2016
19.	Maharashtrat Kasa Tayar Hoto Aarogya Niyogen Aarakhada? PIP Study Flyer	February, 2016
20.	Chala Aarogyasevanvar Dekhrehk Karu Ya! Aaple Arogya Hakka Milvu Ya!! (Poster)	February, 2016
21.	Davakhanyabaddal Takrar Ahe Ka? (Takrar Poster)	February, 2016
22.	Chala Aplai Gaon Aarogya Samiti Balkat Karu ya! (VHSC Booklet)	February, 2016
23.	Badal Ghatyoy Badal Ghadvu yat (CBM Marathi Flyer)	February, 2016
24.	Prathamik Aarogya Kendra Dekhrehk va Niyogen Samiti (Samitbaddal Mahiti Denari Pustika- PHC booklet)	February, 2016
25.	Hoy, Maharashtra Aarogyasevanche Vikendrit Niyogen Shakya Ahe... (Policy brief)	February, 2016
26.	Nivadnuk Jinkali, Ata Pudhe kaY?	February, 2016
27.	Aarogya seva Hakka Poster (5 types) (Poster)	March, 2016
28.	Asa Vapru ya Aaplya Sarkari Davakhanyacha "Rugna Kalyan Nidhi" (RKS Poster)	March, 2016

No	Particulars of Publication	Date of Publication
29.	Adhikari va karmchari uyanche interview book	March, 2016
30.	Re-energising the Anganwadi (Success stories in ICDS)	March, 2016
31.	The Proess for preparing health sector PIP's is Maharashtra: How is it being done? Is it genuinely participatory (PIP Study Flyer English)	March, 2016
32.	Mahavathce toll free no. 102,104,108 (Sticker)	March, 2016
33.	Participatory Audit and Planning of Rogi Kalyan Samiti (RKS) funds - A tool for monitoring and ensuring 'Decentralized planning' in the utilization of RKS committee funds in Maharashtra, India (RKS Flyer)	March, 2016
34.	Lokadharit Dekhrehk va Niyogen Prakriyesathi Sambhandhit Avashyak Shasan Nirnaya, Paripatrake (G R book)	March, 2016

STAFF DETAILS AS ON 31st MARCH 2016

Sr. No	Name of the Staff	Designation	Gross salary	Centre
1.	Abhijit More	Senior Project Officer	18,557.00	SATHI
2.	Ashwini Devane	Research Officer	23,555.00	SATHI
3.	Bhausahab Aher	Project Officer	33,327.00	SATHI
4.	Deepali Yakundi	Research Officer	31,487.00	SATHI
5.	Gajanan Londhe	Office Secretary	24,532.00	SATHI
6.	Hemraj Patil	Project Officer	30,567.00	SATHI
7.	Jessy Jacob	Administrative Officer	31,487.00	SATHI
8.	Kiran Mandekar	Senior Administrative Officer	17,762.00	SATHI
9.	Meena Indapurkar	Office Assistant	9,261.00	SATHI
10.	Nitin Jadhav	Senior Project Officer	38,704.00	SATHI
11.	Ramdas Shinde	Administrative Assistant	26,437.00	SATHI
12.	Ravindra Mandekar	Office Secretary	25,232.00	SATHI
13.	Shailesh Dikhale	Project Officer	33,327.00	SATHI
14.	Shakuntala Bhalerao	Project Officer	33,327.00	SATHI
15.	Sharada Mahalle	Administrative Officer	30,567.00	SATHI
16.	Shweta Marathe	Senior Research Officer	35,524.00	SATHI
17.	Trupti Joshi	Project Officer	33,327.00	SATHI
18.	Tushar Khaire	Office Secretary	24,182.00	SATHI
19.	Urmila Dikhale	Senior Administrative Officer	36,054.00	SATHI
20.	Vinod Shende	Project Officer	30,567.00	SATHI
21.	Abhay Shukla	Senior Programme Coordinator	70,307.00	SATHI
22.	Vijay Sawant	Secretary	25,202.00	CEHAT
23.	Shobha Kamble	Office Assistant	19,090.00	CEHAT
24.	Pramila Naik	Administrative Officer	47,734.00	CEHAT
25.	Dilip Jadhav	Office Assistant	19,090.00	CEHAT
26.	Anjali Kadam	Secretary	25,202.00	CEHAT
27.	Sangeeta Rege	Senior Research Officer	59,347.00	CEHAT
28.	Suchitra Wagle	Research Officer	48,059.00	CEHAT
29.	Sanjida Arora	Senior Research Associate	36,331.00	CEHAT
30.	Nehal Shah	Senior Research Associate	36,056.00	CEHAT
31.	Olinda D'souza	Secretary	24,502.00	CEHAT
32.	Sumeet Pokharankar	Senior Research Associate	37,156.00	CEHAT
33.	Asilata Karandikar	Research Associate	31,094.00	CEHAT
34.	Sonal Vasanthan	Administrative Assistant	30,194.00	CEHAT
35.	Shreya Sen	Senior Research Associate	35,781.00	CEHAT
36.	Swati Pereira	Administrative Assistant	29,744.00	CEHAT
37.	Ameerah Hasnain	Research Associate	30,419.00	CEHAT
38.	Amruta Bavadekar	Research Officer	47,409.00	CEHAT
39.	Priya John	Senior Research Officer	58,297.00	CEHAT
40.	Sudhakar Manjrekar	Office Assistant	19,090.00	CEHAT
41.	Radha Pandey	Secretary	24,327.00	CEHAT

42.	Sujata Ayarkar	Senior Research Associate	35,781.00	CEHAT
43.	Aarthi Chandrasekhar	Research Officer	47,409.00	CEHAT
44.	Nilam Khare	Research Associate	30,869.00	CEHAT
45.	Lakshmi Priya Menon	Senior Research Associate	36,331.00	CEHAT
46.	Jasmin Chembiparambil	Research Associate	30,869.00	CEHAT
47.	Padma Deosthali	Coordinator	84,105.00	AT
48.	Arun Gadre	Coordinator	62,787.00	AT
49.	Saramma Mathew	Chief Finance & Admin Officer	74,386.00	AT
50.	Richa Honavar	Accounts & Admin Officer	43,099.00	AT

Slabs of gross monthly salary including benefits	Female	Male	Total Staff
< 5000	0	0	0
5001 - 10000	1	0	1
10001 - 25000	4	6	10
25001 - 50000	24	9	33
50001 - 100000	4	2	6
> 100000	0	0	0
Total	33	17	50

Sr. No,	Name of the Board Members	Position on the Board	Remuneration
1	Dhruv Mankad	Managing Trustee	0.00
2	Padma Prakash	Trustee	4500.00
3	Amar Jesani	Trustee	0.00
4	Ravinder Singh Duggal	Trustee	0.00
5	Vibhuti Patel	Trustee	4500.00
6	Mohan Deshpande	Trustee	0.00
7	Nobhojit Roy	Trustee	0.00
8	Padmini Swaminathan	Trustee	4500.00

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

Name of the Public Trust:

ANUSANDHAN TRUST
ABRIDGED INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2016

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

EXPENDITURE	RS.	INCOME	RS.	RS.
To Establishment expenses		By Grants administration income		
To Bank Interest Debited		By Interest (not allocated to any project or specific fund)		9,83,956.00
To Depreciation		By Donation		8,89,639.97
To Expenses towards objects of the Trust (Expenses over and above those booked under the Earmarked Funds)		By Income from other sources		51,93,570.77
		Contribution to publication & database	46,019.50	
		Miscellaneous Receipts	7,901.09	
		Royalty	31,571.00	
Surplus carried to Balance Sheet				85,491.59
TOTAL		TOTAL	71,52,658.33	71,52,658.33

Place: Mumbai

Dated: 14th August 2016

THE BOMBAY PUBLIC TRUST ACT, 1950

SCHEDULE : VII [Vide Rule 17(1)]

ANUSANDHAN TRUST

31st MARCH, 2016

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

Name of the Public Trust:

ABRIDGED BALANCE SHEET AS AT:

FUNDS & LIABILITIES		RS.	RS.	PROPERTIES & ASSETS	RS.	RS.
Trust Fund or Corpus			30,055.00			
Reserve Fund			-			
Employee Social Security and Welfare Fund			29,88,022.73	Immov. Properties Book value of immovable property as on 31st March 2015		18,99,445.20
Research & Education Fund			30,06,894.67	Moveable Properties Book value of moveable property as on 31st March 2015		16,27,804.12
Maintenance & Overheads Fund			17,93,848.35			
Building Fund			1,01,76,971.74			
Earnest Money Deposit			5,00,000.00	Tax deducted at source	7,59,653.00	
Liabilities for expenses			3,68,518.00	Deposits	1,71,845.00	
				Income tax paid but not deducted	4,240.00	
				Advance for purchase of immovable assets	52,64,647.00	62,00,385.00
Earmarked Grants (Refer Note c in Notes to Accounts)				Outstanding Income (Accrued Interest)		2,15,928.55
Opening balance as per last balance sheet		2,05,04,682.72				
Add: Opening balance of Grants to be disbursed		1,46,700.00				
Add: Grants received during the year		6,18,77,466.86				
Add: Transfers during the year		-				
Add: Interest earned during the year		8,10,685.03				
Less: Grants disbursed during the year		1,55,25,767.00				
Less: Transfers to various funds		10,37,000.00				
Less: Expenses incurred during the year		3,79,72,046.33				
			2,88,04,721.28			
Income & Expenditure Account				Cash & Bank Balances		
Balance as per last balance sheet		1,30,08,036.18		Bank balances	2,46,79,089.22	
Add: Surplus as per Income & Expenditure Account		67,87,644.68		Fixed Deposits with Banks	3,28,29,290.01	
			1,97,95,680.86	Cash & Cheque in hand	12,770.00	5,75,21,149.23
TOTAL			6,74,64,712.63	TOTAL		6,74,64,712.63

Place: Mumbai

Dated: 14th August 2016