# Annual Report of Anusandhan Trust

## (Period: 1st April 2016 to 31st March 2017)

## 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 nine 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 2016 - 17**

# CEHAT: Centre for Enquiry into Health and Allied Themes: Research Centre of Anusanhdan Trust

## 1. INTEGRATING GENDER IN MEDICAL EDUCATION

**Collaborative initiative between CEHAT, DMER, MUHS and UNFPA**

'Integration of Gender in Medical Education' was initiated in Maharashtra in the year 2013. CEHAT initiated this project, with the support UNFPA, DMER and MUHS. The strategies of the project are:

1. Build capacity of medical faculty on gender perspectives and women's health issues through a training of trainers' [TOT] programme.
2. Facilitate teaching of gender perspectives to MBBS students by trained medical faculty.
3. Advocate for policy inclusion of modules integrating gender perspectives in MBBS curriculum by assessing impact of this programme.

The project aims to integrate a perspective on gender in medical curriculum and teaching through five disciplines of medicine – Preventive and Social Medicine, Internal Medicine, Obstetrics and Gynaecology, Forensic Medicine and Toxicology and Psychiatry. The activities undertaken in the year 2016 and 2017 involved strengthening and expanding this initiative.

### ACTIVITIES CONDUCTED IN REPORTING PERIOD:

**Review and Implementation of gender-sensitive modules in teaching**

The action research phase or intervention phase of GME was the actual implementation of the gender-sensitive modules by trained educators in a classroom setting among MBBS students. The intervention was undertaken in early 2016 with the semester six batches of MBBS students in three medical colleges viz. Government Medical College, Aurangabad, Government Medical College, Miraj, and Swami Ramanand Teerth Government Medical College, Ambejogai.

An action research study was carried out to assess the shift in knowledge, attitudes and skills of medical students owing to the gender training imparted to their educators and the use of gender-integrated modules by trained teachers. For this phase, the Preventive and Social Medicine (PSM) and Obstetrics and Gynaecology (OBGYN) intervention modules with gender-sensitive content were used. Sixth semester and eighth semester MBBS students were chosen for as the intervention group and control group respectively. Results showed that gender-sensitive attitudes among the intervention group had significantly improved, more so among female students. Another important observation from this study was that gender sensitivity significantly declined among control group students, who were unexposed to the GME content. Moreover, attendance had gone up for the intervention group as students found the interactive sessions interesting. Thus the gender sensitive modules not only facilitated a change in perspective and attitudes, but it also proved to be of interest to the students.

Six external reviewers were identified for the review of modules, two of them social scientists; and modules of all disciplines were sent to them for review. Subject specific modules were sent medical doctors specialised in the respective discipline.

Medical educators were oriented with the action research and process documentation plans through a two-day workshop was organised at the DMER office in January 2016.

Intervention modules were shared with them, and they provided their own inputs. This was incorporated into the modules.

Before final printing and the release, the modules were sent to the internal and external reviewers. The modules were also sent for further content review and language editing. Comments and feedback by the reviewers were incorporated in the modules and then submitted to DMER.

On August 5-6, 2016, a two day consultation meeting for discussing the Gender modules of five subjects namely Preventive and Social Medicine, Obstetrics & Gynaecology, Psychiatry, Medicine and Forensic Medicine and Toxicology of the undergraduate MBBS Course. The meeting was held in Mumbai and had mentors from all the five disciplines in attendance along with GME Faculty from the intervention Colleges and also educators who participated in GME phase-1 from the seven colleges.

**Representation of GME panel at AMCCON conference**

CEHAT presented a GME panel at a two day AMCCON conference at Trivandrum, Kerala on January 6-7, 2017. The conference was hosted by the Achutha Menon Centre for the Health System Studies of the Sri Chitra Tirunal Institute. The panel consisted of four members – Dr Pravin Shingare (Director, DMER Maharashtra), Dr Shrinivas Gadappa (Head of Department, OBGYN, Government Medical College Aurangabad), Dr Priya Prabhu (Associate Professor, PSM, Government Medical College, Miraj) and Dr Rishikesh Wadke (Associate Professor, PSM, Mahatma Gandhi Missions Medical College, Navi Mumbai). Dr Shingare spoke on role of DMER in the entire endeavour of implementing GME. Dr Gadappa and Dr Priya Prabhu presented their experiences of implementing gender-integrated modules in their lectures for sixth semester MBBS students, as a part of 'action research.' Dr Wadke presented the review of PM textbooks with a gender lens. The panel was received very well at the conference.

## 2. RESPONDING TO VIOLENCE AGAINST WOMEN THROUGH ENGAGING THE HEALTH SECTOR

**Advancing health sector response to Violence against Women:**

The Dilaasa Crisis intervention centre for women and children was set up jointly by CEHAT and Municipal Corporation of Greater Mumbai (MCGM) in 2000. In 2005 CEHAT ensured that the crisis intervention services became an integral part of the health Service. CEHAT retained the role of technical advisors to the MCGM for training, research and monitoring support. From March 2016, Dilaasa began functioning in 11 MCGM hospitals under NUHM. The commitment by the Ministry for Women and Child Development (MWCD) for setting up 100 public hospital based crisis centres was revised and the GoI (Government of India) decided to instead one- stop crisis centres (OSCC) one per state. In 2014, the MoHFW (Ministry of health and Family Welfare) issued guidelines for medico legal care to sexual violence survivors. These guidelines and the protocol are based on the comprehensive health care model developed by CEHAT in collaboration with the Municipal Corporation of Greater Mumbai.

**Replication of Dilaasa crisis centres under NUH:**

CEHAT partnered with the MCGM to provide technical support for the replication of Dilaasa crisis centres at 11 Mumbai hospitals. Every Dilaasa centre is run by two counsellors, two health workers and one data entry officer. Keeping in mind that the counsellors will be handling the centres in their respective hospitals independently; 5-day course along with

incremental training was designed in such a way that there will be more scope for interaction and practical sessions. A seven-day training session was organized, Mumbai for newly appointed counsellors, ANM (Auxiliary Nurse Midwifery), nurses and data entry operators under Dilaasa. Training of trainers was also conducted for hospital staff such as doctors, nurses and administrators to orient them with the issues of gender discrimination and violence against women and children an equip them to train their peers on identifying signs and symptoms of violence , and providing basic support along with appropriate referrals to Dilaasa centres.

**On-going monitoring of crisis intervention services:**
Dilaasa crisis intervention service involves direct engagement with survivors of violence offering counselling, helping them with medical care, providing legal counselling, assisting with filing police complaints and referral to other networks based on their requirement. While carrying out interventions, the 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.

**Upscaling Dilaasa in collaboration with different state health and women and child departments:**

- The Ministry for Women and Child Development (MWCD) forayed in to the setting up of the one-stop centres to respond to violence against women and children. The guidelines and protocols developed by CEHAT over the years for running of the OSCs have been now recognised as a protocol for running of OSC. CEHAT was part of the steering committee for the rollout of these guidelines. Out of a total of 150 OSCs in the country, 51 OSCs have been allocated to the 9 states that CEHAT has decided to work in.
- An important opportunity for CEHAT to foray in to a national level presence was through its own evidence based work on comprehensive health care response to sexual violence. The experience of having presented at Justice Verma Committee (JVC) and having served as an expert organisation for advising MoHFW on its development of medico legal care guidelines for sexual violence , CEHAT decided to collaborate with different states for implementation of these guidelines .The interface included technical training on implementation of these protocols , providing support to examining doctors and also advocacy in states where there was non-implementation of medico legal guidelines issued by ministry .
- Jammu and Kashmir was not listed as a possible intervention site, but CEHAT was approached by the government for engaging with the health sector on VAW. A rigorous two-day workshop was conducted with the state medical colleges on implementation of medico legal care guidelines for rape.
- UNFPA sought a technical partnership with CEHAT to carry out a series of capacity building workshops with civil surgeons across 23 districts Maharashtra on the implementation of MOHFW protocols for medico legal care.
- CEHAT initiated dialogue with key stakeholders involving Govt of India (MOHFW) as well as experts from fields of law, medicine, human rights, women's rights and health activists towards developing medico legal examination protocol for suspect in cases of sexual violence.
- A one day workshop was held in collaboration with Aarambh initiative of Prerana (a Mumbai based organisation) on the role of health sector in responding to sexual violence. The workshop aimed at clarifying queries around navigating the health

system, understanding the scope and limitations of medical evidence, pushing for therapeutic care in hospitals and ensuring respectful and sensitive communication with survivors. CEHAT is part of a working group towards ensuring uniformity in health systems response to children facing sexual violence in 'POCSO on the Ground' series anchored by Aarambh initiative in partnership with UNICEF.

**Replication of a Hospital-based Crisis Centre for Women Facing Violence:**
In order to respond to survivors of violence against women and children in Goa, the crisis intervention centre for women, Asilo Hospital, North Goa was set up in December 2014 under the National Mission for Empowerment of Women, in collaboration with CEHAT. In the reporting year, efforts were made to integrate these services within the hospital itself.

Efforts were made to locate an RMNCHA counsellor and equip her to provide such services to survivors of VAW. The Crisis Intervention Centre for Women, Asilo Hospital set up a core group of healthcare providers continue to train their peers to provide comprehensive healthcare response to survivors of violence.

Similarly the Sukkon centres Haryana under the Gender health resource centre also are modelled on the Dilaasa crisis centres. CEHAT continues to provide technical support in terms of training healthcare providers and counsellors as well as enabling them to deal with challenging issues related to violence against women.

MSF, a well-known organisation collaborated with CEHAT, in order to set up a hospital based crisis centre in North Delhi in one of the poorest suburb of Delhi, Jahangirpuri. The health centre caters to all forms of violence against women and girls and also provides medical help to them. A series of trainings, monitoring of services, data analysis was carried out jointly. The centre has also been recognised by Delhi commission for women as rape crisis centre for Delhi.

**Study to assess impact of experiencing sexual violence on survivors and families:**
Taking forward CEHAT's work in the field of healthcare response to violence against women, a study to assess impact of rape on survivors and their families was initiated in 2016. The project seeks to understand and document the interface of rape survivors with formal agencies such as the health, police, courts, lawyers and informal such as family, community, and also explore perceived enabling factors and barriers/obstacles through the entire pathways since the disclosure of sexual violence. It also intends to enquire into the impact of rape on the survivor's different aspects of life such as physical and mental health, work, relationships, education and housing/ shelter. The research study was built on a rigorous review of literature as this was a prospective study and CEHAT aimed to contact all those rape survivors who had accessed our services over 9 years.

The scientific review helped to finalise the study objectives and interview guide. After revisions, the study had to be reviewed by the IEC (institutional ethics committee). A lot of effort was made to convince the IEC for the need to carry out the study and finally the study was certified. This entire process of literature review and clearance for the study went on for almost six months. The study required internal capacity building of even existing staff, as the research and intervention role could not be mixed yet both were required in the interviews. Consent forms and interview tool guides are being developed for the study and we have commenced the study.

Another important initiative taken up by CEHAT was to present guidelines and protocol for medico legal examination of accused in sexual violence. It is a known fact that the examination of accused continues to be archaic in India with a focus on potency tests amongst others. Therefore in order to remove these forensic biases a draft guideline and proforma was presented to government officials such as medico-legal experts, forensic specialists, ethicists, lawyers, and human rights activists. The draft was approved finalised and is with the MoHFW for a final clearance.

## 3. GOVERNMENT FUNDED HEALTH INSURANCE SCHEME IN MAHARASHTRA: RAJIV GANDHI JEEVANDAYEE AAROGYA YOJANA

The initiatives for improving health service provisioning have been dominated with several government funded health insurance schemes across the country. Apart from the Rashtriya Swasthya Bima Yojana (RSBY), many states have introduced their own schemes. As precious public funds are diverted to these schemes, an assessment of their effectiveness is necessary. This report analyses two years of implementation of RGJAY scheme and raises several concerns as well as loopholes in the scheme. The study is grounded in literature review on various insurance schemes in India with a special focus on state level insurance schemes. A mixed -methods approach was taken for a holistic understanding of the scheme implementation. Qualitative method was used to study one empanelled public hospital study and one empanelled private hospital and the RGJAY staff, TPA doctors, patients to get a multiple stakeholder perspective on the scheme functioning. Quantitative analysis of secondary data obtained from the RGJAY society database was used to understand the scheme utilization. Content and language editing of the report is underway and advocacy beyond the report has been planned. The study is to be published by May 2017.

## 4. PERCEPTIONS OF BEHAVIOUR: HEALTH CARE PROVIDERS AND VIOLENCE IN LABOUR ROOMS

**Collaborative Initiative: CEHAT, Aurangabad Medical College and Dilaasa, KB Bhabha hospital, Bandra (west)**

Women are particularly vulnerable during childbirth and post-partum period, as compared to the period of pregnancy, owing to the physically and psychologically strenuous process they undergo (WHO, 2014). A growing body of evidence suggests that many women receive deplorable standards of care during childbirth, which includes abuse, disrespect and neglect (Bohren et al., 2015). Through its work at Dilaasa, women have confided to counsellors about mistreatment they have suffered at the hands of healthcare providers during childbirth. CEHAT has embarked upon a study to explore this phenomenon. CEHAT has proposed a qualitative study on the occurrence of violence during childbirth. Qualitative in-depth interviews shall be held with healthcare providers viz. doctors, nurses, and class four employees to understand their perceptions of violence occurring in the labour room. Additionally, prior to the primary qualitative study, a compilation of annotated bibliographies of studies on obstetric violence shall be worked upon. The findings emerging from literature thus shall feed into the primary study.

## 5. PATIENTS' RIGHTS WEBSITE

In our country, patients' rights are not a widely recognized concept. Patients are entitled to respectful and dignified care, emergency healthcare services, information pertaining to their medical condition, and the right to make decisions about the same among others. However, patients' rights, which are closely tied to human rights, are often ignored in the realm of medical care, especially in facilities which cater to patients hailing from the lower

socioeconomic strata of the society. Patients are not aware of their rights, and when they do recognize that their rights have been violated, the path to seeking redressal is a difficult one. CEHAT and Iris Knowledge Foundation will collaborate to create a website (http://www.patientsrights.in/pr/AboutPR/About_Us.aspx). This portal aims to equip patients with information that make them aware of their rights as patients, asking for these rights when they are denied the same, and making informed decisions.

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

This research project is aimed at assessing the effectiveness of a counselling intervention in antenatal care setting for pregnant women facing domestic violence. Another goal was to train healthcare providers (HCPs) and equip them with skills to routinely screen pregnant women for violence.

**Research**

The period from April 2016 to March 2017 was primarily dedicated to data collection of research study accompanied by activities ensuring review, verification and validation.Data collection was carried out during the period of February – November 2016. Counselling and other support services were provided to the women even after the assessment at 6 weeks after delivery. The progress of the study and the preliminary findings were shared with scientific review committee in the month of September and with institutional Ethics Committee in the month of October.

2515 women consented to participate in the study. The commencement of data collection process was immediately followed up by the creation of Statistical Package for Social Sciences (SPSS) sheet for entering of data. Variables pertaining to demographic, socio-economic profile, history of violence, health consequences and the coping mechanisms and the safety measures adopted by women were created. The data will be analyzed for trends and findings in late 2017.

**Events:**

- A lecture on 'Humanization of Child Birth' was organized on December 1, 2016 in Mumbai by CEHAT and The Coalition for Maternal-Neonatal Health and Safe Abortion. Dr. Simone G. Diniz from University of Sao Paulo, Brazil was the main speaker for the lecture.
- CEHAT was one of the collaborators for the sixth National Bio Ethics Conference organized in January 2017. The theme was response of the health system to intimate partner violence within marriage as well as out of wedlock. The coordinator of CEHAT was invited as the chairperson for this theme and shared the experience of working in this field and addressing this issue by building capacity of health system.

## 7. VIOLENCE FACED BY RESIDENT DOCTORS IN PUBLIC HOSPITALS OF MAHARASHTRA BY PATIENT/S AND/OR RELATIVE/S AND/OR ESCORT/S

Resident doctors are the backbone of the Indian public health system. They are the first point of contact between the patients and the hospitals, often in times of emergency. Their actions and inputs can critically determine the outcomes for patients and their families. In March 2017, incidents of violence against a resident doctor by the families and relatives of a patient resulted into a widespread mass leave by resident doctors that affected patient services throughout Maharashtra. The Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage of Property) Act, 2010 referred as Doctor's

Protection Act (DPA) states that any attack on doctor shall attract a fine of Rs. 50,000 and imprisonment. In total 64 cases registered between 2010 and 2015 of which 19 had occurred in 2015 that may either indicate an actual increase in attacks taking place or increase in number of resident doctors invoking the act. Yet there is not much comprehensive information available on the phenomenon of violence against doctors.

The present study by CEHAT, in collaboration with King Edward Memorial Hospital (KEM, Mumbai) and Maharashtra Association of Resident Doctors (MARD) has been planned through a survey of resident doctors. The study seeks to understand, from the resident doctors' perspective, the nature of attacks, factors leading to such attacks, existing measures for prevention and addressing of such incidents and seeking recommendations on what would be needed. It also examines the perspective of resident doctors on the present nature of doctor-patient relationship.

The study will go a long way in facilitating establishing systems and efforts that need to be put in by various stakeholders to ensure not just a better handling of such incidents, but also its prevention.

## PUBLICATIONS

### Posters / Pamphlets:

Sexual Violence Poster by CEHAT (for Goa Printed on 18-4-2016)
Sexual Violence Poster by CEHAT (for Dilaasa Printed on 18-4-2016)
Dilaasa Brochure (New Updated version) by CEHAT (23-11-2016)
Suicide Pamphlets by CEHAT (for Goa Printed on 27-4-2016)
GME Desk Calendar 2017 by CEHAT (30-12-2016)

### Reports:

Guidelines for counselling: Women facing violence. By Sangeeta Rege, CEHAT, April 2016, 48 p. (Reprinted)
http://www.cehat.org/cehat/uploads/files/Guidelines%20for%20counselling%281%29.pdf

कौटुंबिक हिंसेचा सामना करणाऱ्या महिलांचे समुपदेशन करण्याकरिता नैतिक मार्गदर्शक तत्त्वे by CEHAT, December 2016, 40 p.

### Papers and Articles:

Gendered pattern of burn injuries in India: a neglected health issue by Bhate-Deosthali, Padma;
Lingam, Lakshmi, Reproductive Health Matters, 04 May 2016, 24(47), pp. 96 – 103
http://www.cehat.org/uploads/files/E01330%20Gendered%20pattern%20of%20burn%20injuries%20in%20India.pdf

Who decides the best interest of the child? By Aarthi Chandrasekhar; Sujata Ayarkar, Indian Journal of Medical Ethics, I(3), July-September 2016 pp. 184-185
http://www.cehat.org/cehat/uploads/files/A323%20Who%20decides%20the%20best%20interest%20of%20the%20child%20IJME%281%29.pdf

Evidence on formal support sought by women facing domestic violence from Dilaasa case records. By CEHAT, 2017, pp.2
http://www.cehat.org/uploads/files/Emerging%20Evidence%20from%20Dilaasa%20hosiptal%20based%20centre%281%29.pdf

Illegal kidney transplants: Where lies the problem? By Nehal Sah, CEHAT, 2017, pp. 3
http://www.cehat.org/uploads/files/Kidney%20racket.pdf

### Media Coverage:

In Brazil, we have caesarean section parties: How doctors push high-profit surgical deliveries
Author(s): Vora, Priyanka | Date: 2016, December 7 | Source: Scroll.in, 2016
https://scroll.in/pulse/823129/in-brazil-we-have-caesarean-section-parties-how-doctors-push-high-profit-surgical-deliveries

Campaign to end abuse of women during childbirth
Author(s): Iyer, Malathy | Date: 2016, December 2 | Source: The Times of India
http://epaperbeta.timesofindia.com/Article.aspx?eid=31804&articlexml=Campaign-to-end-abuse-of-women-during-childbirth-02122016008043

A Female Child Is Entitled To Enjoy Equal Right Of A Male Child: SC Issues Directions To Curb Female Foeticide.
Author(s): | Date: 2016, November 8 | Source: LiveLaw.in
http://www.livelaw.in/female-child-entitled-enjoy-equal-right-male-child-sc-issues-directions-curb-female-foeticide/

वास्तव अवयव प्रत्यारोपणाचं
Author(s): | Date: 2016, August 14 | Source: Sakal
http://www.esakal.com/Tiny.aspx?K=xAGOMc

सरासरी पाच टक्के महिलांवर 'वैवाहिक बलात्कार
Author(s): | Date: 2016, August 28 | Source: Maharashtra Times
http://epaperbeta.timesofindia.com/Article.aspx?eid=31837&articlexml=28082016501019

In rape-induced pregnancies, abortion should be seen as treatment: activists
Author(s): Srivastava, Roli | Date: 2016, August 20 | Source: The Hindu
http://www.thehindu.com/news/cities/mumbai/news/In-rape-induced-pregnancies-abortion-should-be-seen-as-treatment-activists/article14578884.ece

A question of human rights
Author(s): | Date: 2016, August 11 | Source: The Hindu
http://www.thehindu.com/opinion/op-ed/A-question-of-human-rights/article14562582.ece

Life after rape
Author(s): Rebello, Joeanna | Date: 2016, August 7 | Source: Times of India
https://timesofindia.indiatimes.com/india/Life-after-rape/articleshow/53578652.cms

Medical course to go gender-sensitive
Author(s): Srivastava, Roli | Date: 2016, August 7 | Source: The Hindu
http://www.thehindu.com/todays-paper/tp-national/Medical-course-to-go-gender-sensitive/article14556422.ece

Making one stop centres for violence against women work
Author(s): Srivastava, Roli | Date: 2016, July 1 | Source: The Hindu
http://www.thehindu.com/news/cities/mumbai/Making-one-stop-centres-for-violence-against-women-work/article14465235.ece

More children are being married off than before
Author(s): Srivastava, Roli | Date: 2016, June 2 | Source: The Hindu
http://www.thehindu.com/news/cities/mumbai/news/More-children-are-being-married-off-than-before/article14380384.ece

Marital rape: the statistics show how real it is
Author(s): Srivastava, Roli | Date: 2016, June 30 | Source: The Hindu
http://www.thehindu.com/news/cities/mumbai/Marital-rape-the-statistics-show-how-real-it-is/article14410173.ece

A Patch Adams prescription
Author(s): Srivastava, Roli | Date: 2016, June 5 | Source: The Hindu
http://www.thehindu.com/opinion/op-ed/A-Patch-Adams-prescription/article14384653.ece

Burns patients should get disability benefits
Author(s): Iyer, Malathy | Date: 2017, February 28 | Source: The Times of India
https://timesofindia.indiatimes.com/city/mumbai/burns-patients-should-get-disability-benefits/articleshow/57389092.cms

Shocking statistics of women burn victims in India and steps to rehabilitate them in society
Author(s): Shinoli, Jyoti | Date: 2017, February 25 | Source: My Medical Mantra.com
http://www.mymedicalmantra.com/shocking-statistics-of-women-burn-victims-in-india-and-steps-to-rehabilitate-them-in-society/

Round-table meet discusses support system for burn survivors
Author(s): The Hindu | Date: 2017, February 25 | Source: The Hindu
http://www.thehindu.com/news/cities/mumbai/roundtable-meet-discusses-support-system-for-burn-surivors/article17368646.ece

Twenty-week abortion deadline adds more pain to rape victims
Author(s): The Hindu | Date: 2017, February 24 | Source: The Hindu
http://www.thehindu.com/news/national/twentyweek-abortion-deadline-add-more-pain-to-rape-victims/article17361244.ece

FEATURE-Victims of sex crime race strict Indian abortion deadline
Author(s): Srivastava, Roli | Date: 2017, February 23 | Source: DNA
http://www.dnaindia.com/india/report-feature-victims-of-sex-crime-race-strict-indian-abortion-deadline-2332984

Victims of sex crime race strict Indian abortion deadline
Author(s): Srivastava, Roli | Date: 2017, February 23 | Source: Reuters.in
https://www.reuters.com/article/us-india-abortion-trafficking-idUSKBN162213

Muslim women face discrimination in government-run healthcare institutions
Author(s): Barnagarwala, Tabassum | Date: 2017, January 9 | Source: The Indian Express
http://indianexpress.com/article/india/muslim-women-face-discrimination-in-government-run-healthcare-institutions/

# SATHI: Support for Advocacy and Training in Health Initiatives: Action Centre of Anusandhan Trust

## I. ADVOCACY, ACTION AND RESEARCH PROJECTS

### A. Promoting a comprehensive and rights based approach to address malnutrition in Maharashtra (Nutrition rights project).

**1. Activities conducted as part of Institutionalization of CBMA-ICDS**

- Advocacy related to institutionalization of CBMA-ICDS process - A meeting was conducted with Secretary of Tribal development department, Maharashtra on 1st Sept 2016 in Mumbai.
- As part of Institutionalization of CBMA ICDS process, a short study was conducted on ground level situation of Dr. APJ Abdul Kalam Amrut Aahar Yojana in Thane, Palghar, Amravati, Nandurbar & Gadchiroli districts. The study findings were presented in the State level consultation organized by Tribal Development Department, UNICEF and NRC during September –October 2016.
- *State level brainstorming consultation was organized at Yashada, Pune during 30th September and 1st Oct. 2016,* with the involvement of various organizations across state. (After the State level brainstorming consultation at Yashada, Pune in Sept-Oct 2016 with the presence of Mr. Rajgopal Devera, Secretary, TDD, several rounds of discussion took place with TDD and UNICEF to develop this process further. As a result of these discussions, Tribal Development Department and UNICEF have asked to develop a robust project proposal on 'Community action for Nutrition' which would include institutionalization of CBMA-ICDS process.)
- Discussion with newly appointed TDD Secretary, Ms. Manisha Verma was held on 4th March 2017 to update her regarding proposed project proposal developments followed by brainstorming discussion on project proposal.
- Organized visit of Pornima Mehrotra of UNICEF to Velhe field area on 4th February 2017, Nagpur field area during 3rd to 4th March, Gadchiroli 5th and 6th March 2017 to know about CBMA-ICDS as part of institutionalization of CBMA-ICDS.
- Meeting with partners of Thane, Palghar and Raigad regarding developing process of institutionalization of CBMA-ICDS and CAN which was organized on 21st March 2017.

**2. Advocacy about key policy issues related to Nutrition rights**

- Shared state level key issues related to ICDS services emerged through the process of CBMA-ICDS during State Mentoring Committee meeting which was held on 24th June 2016 with the presence of state level higher officials of WCD department, Mantralaya Mumbai.
- Participated and contributed during district mentoring committee meeting of Raigad district held at Alibagh district head quarter and shared possible solutions regarding Malnutrition such as Community action for nutrition. District mentoring committee meeting was held on 7th Nov. 2016 with the presence of CEO of Raigad.
- Participated in budget related consultation and shared key issues related to budget such as huge budget cut regarding WCD budget, closure of VCDCs, CTCs at village level, PHC and RH level respectively. Advocacy event was held on 16th November, 2016 at Mumbai.

- Done advocacy with Hon. Governor of Maharashtra regarding key policy level issues related to malnutrition. A meeting was initiated by non-official members of Gabha Samiti including Rest of Maharashtra development board committee members and presented key policy issues in front of Hon. Governor. Meeting was held on 19 November, 2016 at Rajbhavan, Mumbai.
- Review and planning meeting regarding Nutrition rights project was organized with LSS for half day on 1st Feb. 2017 followed by meeting with Mr. Parimal Singh, Dy. Secretary to Hon. Governor of Maharashtra (Development Board) at Rajbhavan Mumbai, which was held on 1st Feb. 2017 at 4.30 pm.

**3. Advocacy related to key issues emerged through CBMA-ICDS process-**

- On behalf of NRC organized meeting with 'Shoshit Jan Andolan' to discuss key policy issues and proposed nutrition policy which was held on 1st Feb. 2017.
- On behalf of NRC organized meeting with Mr. Parimal Singh, Joint Secretary to Governor of Maharashtra regarding advocacy related to THR issue which was held on 1st February 2017.
- Organized a meeting at state level with Kamgar Sayukt Kriti Samiti leaders in Mumbai regarding advocacy related to social sector budget including ICDS budget which was held on 5th February, 2017.
- Participation in workshop on social sector budget analysis, contribution in current year budget analysis of WCD. This workshop was held on 22nd March 2017 at Mumbai Marathi Patrakar Sangh.
- Issues emerged through field visits of karyakartas from fifth round of data collection, have been raised in the block level dialogue conducted under CBMP-Health Jansunwai during Feb 2017 to March 2017.

**4. National consultation and few instances of representing NRC at national as well as at state level**

- Participation in National level convention organized by Right to food campaign during 23rd to 25th Sept. 2016. During the parallel session on Child nutrition, presentation was made about CBMA-ICDS process in front of various participants form different states of India. Also sharing has been done regarding key challenges to address malnutrition in Maharashtra during same session.
- Participation and contribution during State Level Convention of Right to food campaign which was held on 13th August 2016. Also sharing of key policy issues to address Malnutrition in Maharashtra has been done during convention organized by Right to food campaign Maharashtra.
- Anna Adhikar Abhiyan has organized state level planning meeting on 20th May 2016 at TISS Mumbai. During this meeting sharing of key findings related to situation of social services such as health and nutrition has been done.

**5. Routine follow up, re-orientation and review planning meeting with partner organizations and meeting with NSF-**

- Routine follow up has been done regarding CBMA-ICDS process in urban areas.
- Half day meeting was organized with LSS regarding NRP project planning on 1st Feb 2017.
- Re-orientation of block facilitators and coordinators regarding nutrition services followed by planning meeting of Lok Seva Sangam was held on 17th Feb. 2017.

- Re-orientation of block facilitators and coordinators regarding nutrition services was done, followed by review and planning meeting of Amhi Amchya Aarogya Sathi, which was held on 2nd March 2017.
- Completed 6th round of data collection in all areas of Nagpur and Mumbai. (Nagpur-22 AW, Mumbai-17AW)
- Completed dialogue with Anganwadi worker in all areas (Nagpur-22 AW, Mumbai-17AW) regarding local level issues.

**6. Workshops and orientations**

7. To develop overall capacities including technical capacities related to nutrition, participation in Nutrition Workshop, which was organized by Public Health Resource Network (PHRN) New Delhi during 23rd to 25th August 2016.
8. To develop capacities of field level Karykartas of Amhi Amchya Aarogyasathi organization, day long re-orientation related to ICDS services was organized on 12th Dec. 2016, followed by advocacy with people's representatives regarding proposed nutrition policy by WCD. Advocacy meetings with representative was held on 13th Dec. and participated in press conference proposed nutrition policy which was held on 14th Dec. 2016.

**7. Development of an ICT system**

9. Meeting with ICT experts regarding developing mobile APP for data collection of nutrition services was organised on 16th March 2017.
10. Preparation of questionnaire regarding nutrition services such as ICDS and AAY regarding Nutrition services to develop mobile APP. Developed mobile APP 'Kuposhan Chale Jao' with complete 2 sections of questionnaire regarding ICDS services as well as AAY service.
11. Mobile APP development contract was finalized with Cyberedge and follow up with Anurag Bhargav of Cyberedge regarding development of mobile APP has been done. Mobile APP development is in final process.

**8. Other Activities**

- To assess the current situation of ICDS and Health services related situation, a survey has been conducted in drought prone area of Maharashtra (Beed, Latur, Solapur etc.) As part of these survey visits of team members has been done to these districts to assess drought situation, whether it affect the health and nutrition services. This survey was conducted during the period from 12th May to 13th May 2016.
- Participation in state level consultation which was organized by JHA and facilitation of sharing of local karyakartas Ranjit and Baliram from Latur and Beed districts regarding key survey findings of situation of social services during the period of draught. A Press briefing at Mumbai Marathi Patrakar Sangh was held on 26th May 2016.

12. Participation in the State level meeting of KSSKS regarding advocacy related to social sector budget which was held on 5th February, 2017 in Mumbai
13. Participation in a workshop regarding social sector budget analysis at Mumbai Marathi Patrakar Sangh programme on 22nd March 2017.

**9. Activities conducted to develop 'Community action for nutrition project proposal' for Tribal Development Department (TDD) & UNICEF**

- After State level brainstorming consultation at Yashada, Pune during Sept-Oct 2016 in presence of previous TDD Secretary, Mr. Rajgopal Devera, several rounds of discussion took place with TDD and UNICEF to further develop this process. As a result of these discussions, Tribal Development Department and UNICEF has asked NRC to develop a robust project proposal on 'Community action for Nutrition' which would include institutionalization of CBMA-ICDS process. (To further develop the process of preparation of project proposal, Rajmata Jijau Mission and UNICEF supported for pre-project activities to prepare project proposal on 'Developing Community Action to improve Child nutrition services and practices in Tribal areas of Maharashtra' for the period from 15th December, 2016 to 15th March, 2017 with a extension upto 30th April 2017.)

**10. Activities conducted under pre-project proposal supported by Rajmata Jijau Mission and UNICEF to develop robust project proposal for the period from 15th Dec. 2016 to 15th March 2017**

- National level technical consultation was organized in Mumbai on 24th January 2017 to refine strategies for the proposed project, in keeping with lessons from key initiatives to address child malnutrition in various Indian states.
- Participation in village and block level consultation held at Dharni and Chikhaldara block on 23rd and 24th Feb 2017.
- Participation in block level consultation at Tokavde on 8th March 2017
- To make project proposal robust, village and block level consultations were organized at Nandurbar, Amravati, Gadchiroli, Pune, Thane, Palghar and Raigad districts.
- As a part of project proposal preparation activity, documentation of positive case stories in the tribal field areas like Nandurbar, Amravati, Gadchiroli has been completed.
- For the purpose of expansion in new areas, visits were conducted to other CSOs from new blocks i.e. Thane, Palghar, Raigad.
- Visit of UNICEF representative Ms. Purnima was conducted in Velhe block of Pune, Gadchiroli, Nagpur field area during Feb to March 2017 to understand in detail the process of CBMA-ICDS of Nutrition Rights Coalition.
- Meeting with Indavi Tulpule, Brian Lobo and Ashok Jangle regarding project area finalization of CAN project. Meeting was held on 21st March 2017 at Thane.
- Visit to Nandurbar (Dhadgaon) regarding area finalization of CAN project and for the purpose of documentation. It was held on 28th and 29th March 2017.

## B. Promoting participatory action on local Health budgets and medicine distribution in Maharashtra (IBP)

**1. Expansion and move towards generalization of decentralized health planning process in some of the CBMP districts of Maharashtra.**

State level capacity building workshop on Decentralized Health Planning was conducted on 16th November 2016. More than 90 participants including representatives of National Health System Resource Centre; Mission Director, National Health Mission, Maharashtra; Other state NHM officials; representatives of SHSRC; concern health officials all 14 CBMP districts and representatives of CBMP implementing organizations participated. All participants especially health officials from districts were sensitized

about Decentralized Health Planning process. The detailed 10 steps plan of action for conduction of DHP in 14 CBMP districts of Maharashtra was presented and discussed among officials and CBMP implementing organizations. Through this workshop the conduction of DHP process in 14 CBMP districts was initiated.

2. **Capacity building of various key stakeholders regarding decentralized Health Planning process for preparation of district PIP in selected districts of Maharashtra, ensuring effective implementation of the process.**

After state level workshop, 9 District level de-briefing meetings followed by 15 block level capacity building workshops conducted in 14 CBMP districts before initiation of community level DHP process i.e. identification of people's health demands. In these workshops, district level officials; Medical officers; local frontline workers; local elected members; RKS members and representatives of CSOs were participated. In these meetings and workshops along with orientation, action plan of DHP process has been shared and finalized.

At village level, the process of identification of people's health demands was carried out in total 205 villages from 26 blocks of 14 CBMP districts. Averagely two meetings in each village have been conducted where VHNSC Members; frontline health workers like ASHA, Anganwadi Worker, ANM & MPW; representatives of Self Help Group; Medical Officers. The meetings have been facilitated by CBMP organizations. The collected demands were compiled, categorized and analyzed by SATHI and SHSRC followed by district and block wise templates were developed for further action.

District level consultations were planned and conducted for discussing and taking decisions to resolve people's health demands. In this consultation a state level team includes representatives of SHSRC and SATHI visited each CBMP district and conducted a meeting with district level Health officials; district level NHM officials such as District Program Manager, District Administrative Manager, RKS coordinator; representatives of CBMP implementing organizations. Till date total 11 district level consultations were conducted in CBMP districts and remaining would be completed till 31st March 2017. These de-briefing meetings and workshops helped in orienting the local level stakeholders and also helped in ensuring the participation of various stakeholders in community level DHP processes.

Total 1860 health demands were identified through community process from 205 villages from 26 blocks of 14 CBMP districts. These demands were categorized based on various facilities and services. During these village level meetings, one round of dialogue was done between community and local health providers which led to resolve local level issues related to delivery of health services. For example- there was issue of delay in receiving Janani Suraksha Yojana (JSY) benefits to the mothers as procedural delay in opening of bank accounts or no bank accounts of JSY beneficiaries, Medical officer has been taken responsibility and initiated a dialogue with local bank manager which helped in smoothen the process of opening bank account. The collected demands were categorized level wise and also analyzed in 5 categories based on probable resolution.

The issues which need to be resolved through PIP budget those issues were discussed and in total 161 issues were identified from 14 CBMP districts which can be included in the next FY 2017-18. And at last total 10 proposals from 7 CBMP districts were included in district PIP and submitted to the state NHM for the FY 2017-18. Other than PIP budget

related demands, the issues which can be resolved at local level through dialogue that have been discussed in district level consultation in detailed with concrete decisions and district health officers have given commitment to take actions in stipulated time.

The Decentralized Health Planning process has been appreciated at national level by NHSRC and AGCA where SATHI and SHSRC has been invited by AGCA secretariat in two regional level workshops on Community Action for Health organized by Ministry of Health and Family Welfare (MHoFW), GoI and AGCA. Key state level NHM officials including Mission Director, nodal officer appointed for CAH etc. were invited for these workshops. One regional workshop was organized in Guwahati fortotal 10 North-east states of India whereas another workshop was organized in Mumbai for total 8 western region states of India. In these workshops joint presentation was done by SATHI and SHSRC where concept and intervention related to DHP was shared. Most of the states were expressed their interest in DHP process which would be followed up by AGCA secretariat.

Based on experience of engagement and intervention in RKS committee and funds especially in the form of Participatory Audit and Planning (PAP) of RKS funds, a global network called WaterAid, focusing on WASH related issues in India approached SATHI and collaborated for joint venture for addressing WASH issues in public health facilities in 5 states of India (Telangana, Andhra Pradesh, Madhya Pradesh, Uttar Pradesh and Odisha). SATHI is providing technical inputs in designing the intervention for addressing WASH related issues in public health facilities.

The list of publications published during FY 2016-17-

| Sr. No. | Name of publication | Month and year of published |
|---|---|---|
| 1. | **सार्वजनिक आरोग्य सेवांचे विकेंद्रित-लोक सहभागी नियोजन..! मार्गदर्शक पुस्तिका**<br>Guidebook on Decentralized Health Planning for various stakeholders especially health providers and CSOs (in Marathi) - | December 2016 |
| 2. | **'How to spend Rogi Kalyan Samiti funds for the 'welfare of patients'?' Drafted guidebook on Participatory Audit and Planning process of RKS funds (in English)** | November 2016 |
| 3. | **Poster on 'how RKS funds can be utilized effectively?' in English.** | October 2016 |
| 4. | **Guidebook including tools on Decentralized Health Planning for various stakeholders especially health providers and CSOs (in English)** | October 2016 |
| 5. | **Short photo documentary on Participatory Audit and Planning process of RKS funds** | October 2016 |

## C. Strengthening capacities of WaterAid India network partners for improving Water and sanitation facilities in health institutions through participatory planning in 4 States of India (WaterAid)

Based on collaboration between WaterAid and SATHI for 'strengthening capacities of WaterAid India network partners for improving Water and sanitation facilities in health institutions through participatory planning' following activities were conducted in 4 states of India i.e. ***Uttar Pradesh, Telangana, Madhya Pradesh and Odisha*** during the period from November 2016 to March 2017.

1. ***Developing key functional documents such as checklist for RKS, approach framework / short manual, and toolkit on participatory planning to promote WASH in health facilities–***
   As part of the preparation for conduction of national and state level capacity building workshops with partners of WaterAid network from selected states, the following documents were developed and disseminated to India country office and filed partners of WaterAid-
   - The concept note has been prepared and sent to WaterAid country office on 17th October 2016.
   - Draft of broad outline of proposed framework for intervention to address WASH related issues in health facilities through community based planning.
   - Short note on Kayakalp program
   - Poster on Rogi Kalyan Samiti
   - Draft tool for data collection related to RKS.
   - Note on context Setting and Citizen's Charter on Rogi Kalyan Samiti.
   - Frequently Asked Questions (FAQ) and their answers on Rogi Kalyan Samiti (RKS) in Public Health Facilities.

2. ***A National level consultation*** by WaterAid India and SATHI for developing the national action plan for proposed intervention and finalizing key documents - A national level consultation was conducted on 10th and 11th November 2016 in Delhi. From SATHI, Dr. Abhay Shukla, Dr. Nitin Jadhav and Mr. Hemraj Patil were participated in this consultation. The workshop aimed at planning campaign strategies to engage with and strengthen various ongoing initiatives under the National Health Mission, such as the Kayakalp health facility improvement processes, Rogi Kalyan Samitis/ Hospital Management Committees, in order to get the WASH agenda included and mainstreamed in these processes. The representatives of key partners of the WaterAid network and partners from each implementation state, along with relevant WaterAid state offices, country office representatives, and SATHI team members were participated in the consultation.

3. ***State level orientation and planning workshops*** - Based on discussions in the national level consultation, the state level plans and strategies have been discussed in detail and finalized in the State level workshops. As a part of preparation of state level workshop, SATHI team (Mr. Hemraj, Dr. Nitin and Dr. Abhay) had conducted visit to 4 intervention states (Uttar Pradesh, Madhya Pradesh, Telangana/Andhra Pradesh, Odisha).

   The objectives of these visits were- 1. To understand context of state and take updates about ongoing interventions. 2. To visit Public Health institutions for understanding status of RKS and also interact with field partner organization associated with WaterAid. 3. To discuss and finalize the next steps with regards to take forward campaign's plan of action where discussion with WaterAid's regional office team regarding WASH program.

4. ***Technical support provided to partner organisations during the intervention phase, enabling them to overcome bottlenecks of a technical nature-*** In order to plan and conduct state level workshop in Telangana state (conducted on 24th March 2017),

SATHI team members were regularly in contact with regional team members of WaterAid.

**Key lessons-**

- **Most of the regional team members have developed a good rapport with state Public Health department** especially state NHM office focusing on Kayakalp program. However there is further scope for systematic and continuous engagement between them.
- **Most of the partner organizations of WaterAid are having rapport with district level health officials.** However there is **limited understanding of Public Health System** especially in the context of structures, services and monitoring system.
- There is need to do **systematic and regular capacity building of some of the partner organizations** focusing on Health Rights, Public Health System and community accountability processes.
- ***For each regional team of WaterAid and also at partner organization level, there is need to give priority and time for this campaign.***
- **Visits of SATHI team** to each intervention state are important, as **due to such visits rapport has been developed** between regional teams and partner organizations of WaterAid.
- There is **definite scope for building a campaign on WASH in public health facilities** which can be built through the **strategy of developing synergy between Rogi Kalyan Samiti/ Hospital Development Committee and Kayakalp program**.
- **SATHI team congratulate Southern region WaterAid team for successfully organization and conduction of first state level workshop among other states** with the participation of Mission Director of National Health Mission, Telangana state and other diverse group of stakeholders.

**Based on these learning and constructive initiation of this campaign, SATHI would like to continue collaboration with WaterAid and also would like to contribute in the form of providing inputs to the interventions states in the next phase.**

## D. Developing accountability of the private healthcare sector in India (OSF)

Alliance of doctors for ethical healthcare, (ADEH) the network we are building across India of doctors, mostly private for advocacy of ethical practice; reached number 150.

- On 3rd Jan 2017, ADEH submitted its demands for regulation of cardiac stents to National Pharmaceutical Pricing Authority.
- Alliance of doctors for ethical healthcare Brochure is published and is being widely circulated.
- Meeting of some key members of ADEH with Dr Vikas Saini at YMCA HOSTEL. 28 February 17
  Participated by Dr Arun Mitra Dr Grewal, Dr Ludhiyana, 3 medical students from Safdurjung medical college, Dr Arun Gadre, Dr Abhay Shukla and Dr Abhijit More.

  Dr Vikas Saini narrated how Right care movement began in Boston. Dr Bernard Lown the topmost cardiologist in Harvard presented a study where he found that in more than 200 patients which included a cardiac surgeon coming to him after getting advised to go for angioplasty done; nearly 85 % did not require that. Though he is top cardiologist he was ridiculed when he presented his findings in a conference. Motivated to arrest this overuse Dr Lown founded Lown institute to start something to address issue of overuse and underuse in medicine.

Initially and even today Dr vikas and his team has been clueless about how to go ahead. The problem is complex. Initially they could get few doctors and citizen. His colleague had written book on drug overuse. Dr Sainy insisted that she should start awareness drive but she was confused. Dr Saini assisted her. First year passed with discussion among few of the growing group. Later the LOWN institute started to organize campaign where doctors with stethoscope would invite people on the Street to listen what people have to say about healthcare. He also organized conference on the subject of overuse and underuse with involving as many as stakeholders as possible. His right care campaign is restricted to some cities. Using social media is one of the strategies. Involving medical students is another.

Answering query he stated that he too faced opposition and resistance. Doctors are few in numbers who have joined his moment. He observed that internationally a new narrative a new story has to emerge where ADEH has some significant role along with Right Care Movement.

About possible collaborations of Lown with ADEH he said that may be in coming national consultation for ethical healthcare Lown could participate in one of the sessions.

ADEH team discussed about the proposed consultation/ National conference for ethical healthcare. Dr Grewal, Dr Mitra, Dr Saini emphasized for organizing it in Delhi. AIIMS and PUBLIC health DEPARTMENT OF JNU could be possible hosts. Dr Vikas suggested PHFI and Dr Srinath Reddi. Delhi is better because health ministry could be involved.

After lunch Abhay Grewal and Dr Vikas gave TV interview. Dr Mitra and Arun went with Malini to meet Mr Bhuvaneswar Sinha President NPPA. ADEH congratulated NPPA for capping stent prizes. Bhuvaneshwar Sinh had following takes. NPPA cannot function unless department of pharmaceutical passes mandate. NPPA has started studying 14 more implants. NPPA is aware of the fact that there is huge difference in retail MRP in pharmaceutical products but as far as drug prices are concerned it cannot direct companies for reducing this difference. At the most it can average prices of all brands selling more than one percent in market.

It has not applied same formula in stents and hence that could be challenged in court, we told him. NPPA can address complaints only related to overcharging of stents and not total prices.

NPPA has examined CEA and conclude that there is no will by government so a rate regulation is not in the preamble of the act. The provision of rate regulation is in rules and it can be challenged. He is worried about misconceptions doctors and hospitals are spreading regarding capping of stent prices. He said that unless implementation is properly monitored the step of capping stent prices will have no use.

Press conference was organized by ADEH Regarding various issues related to stent capping and way head. Dr Abhay spoke about need to include other implants. Dr Grewal said that hospitals and doctors are counting loss in crores. He suggested that unless standard treatment guidelines are implemented the number of angioplasty will go up to make up the

costs. Dr Mitra told that ADEH and LOWN institute would facilitate standard treatment guidelines. Arun opined that after capping cardiologists and hospitals are spreading panic. He suggested that Dr Saini a cardiologist himself shall elaborate. Dr Vikas explained that even in US un- indicated angioplasties happen to the range of 85%. He said that bio re absorbable stents are not proved to be superior. He cautioned that every new intervention in medicine comes with side effects and complications. So patients must understand that as less intervention better.

- The study of commission practice (Kickbacks) among private pathologists and radiologists in city of Pune (depending branches and hence the commission practice is a norm) has culminated in to a research paper. It was an exciting journey as there was a stiff resistance from the doctors initially. But we managed to convince few senior doctors and later the doctors opened up. Nearly 40 doctors participated, average time doctors spoke was about 50 minutes.
- Doctor patient forums are being formed in Pune, Mumbai. Spurred by the publicity to a unique book by Dr Arun Gadre and Dr Abhay Shukla (Both from SATHI and founder members of ADEH) published by Penguin India – Dissenting diagnosis, that has exposed the malpractices in private healthcare sector in India; we are getting invited all across India. We were invited for a lecture by Indian Electrical & Electronics Manufacturers' Association (IEEMA) on 16th December 2016. When we appealed for starting City wise Citizen Doctor Forums – the forum has been now in formation at Jaipur.
- Getting involved with pharmaceutical industry: ADEH founder member Dr Arun Gadre was invited for CEO Conclave organized by the Academy of Pharmaceutical Leadership [APL] on Jan 6th on "Ethics in Pharma Marketing & bringing in good marketing practices". Nearly twenty five CEOs, Marketing heads of pharmaceutical companies participated in a candid honest introspection on corrupt marketing tactics used commonly.
- Policy brief on Overhaul of Regulation of Medical Education and Medical Ethics in India is published and would be used appropriately.

## E. New Executive Funds (NEF)

- **Pune Doctors – patients Forum meetings** were organized voluntarily. The forum is in process of getting registered as society. Carried out Pune Doctors – Citizen Forum' on the merging issues and challenges in the health sector.
- **A website** has been developed voluntarily and created data base of doctors practicing ethically to the patients through interactive website.
- **Mumbai Citizen Doctor forum** was organized
- Attended meeting of Association of medical consultants at Mangalore to promote Alliance of doctors for ethical healthcare and Citizen Doctors Forum. Nearly 100 plus consultants attended the session. Good interaction. Idea was well taken to start citizen doctors forum.
- Formal capacity building activities of the emerging leadership team of SATHI - Organized meetings for strategic planning with SATHI staff on 8th and 9th May 2017 and with trustees on 18th and 19th 19 May 2017. Staff meeting was organized on 30th and 30th May, 2017.

## F. State level initiative for capacity building of health rights activists towards generalizing community action for health in Maharashtra (AID)

In addition to the 14 districts under Community Based Monitoring and Planning (CBMP), the process of building it up has begun in 8 more districts (Sangli, Bhandara, Yavatmal, Washim, Ahmednagar, Ratnagiri, Sindhudurg and Nanded) since 2014. This has not only been a geographical but also qualitative expansion of the program. The active participation of elected representatives, officials and workers within the health system, the effort to strengthen the CBMP process with limited resources and the proactive attempts made by organisations involved in CBMP at problem-solving are major testimonies to its success. The CBMP is also a good example of how people can come together to take issues of public services in their own hands and work with the government to make them effective.

It was against this background, in Jan 2014, a rigorous process was conducted at state level for appointing CSOs/CBOs who were interested in the implementation of CBMP of health services on voluntary basis. From the response received, 33 organisations were selected to carry implement CBMP activities in their blocks. At present total 21 organisations out of these are working in 20 blocks to implement CBMP with limited resources. In 2016-17, in these 20 blocks an innovative process for collection of Health services related issues 'Public Opinion Poll' (POP) was carried out.

**How the Opinion Poll was conducted?**

The main objective of POP was to understand the public opinion on guaranteed health services declared by NHM. Total 4888 people within 63 PHCs of 10 districts and 16 blocks expressed their assessment of health related services. 300 people in every PHC documented their opinion in the polling, and it was also ensured that each of these citizens fell within the PHC area. In order to take the issue of health-related rights of citizens and to make sure that the exercise becomes truly representative, the polling was conducted in crowded places like bus stands, markets, and village squares etc.

**People's perception on health service-**

Within the districts that have implemented CBMP on voluntary basis, the POP took place in 11 blocks in 7 districts including Ahmednagar, Yavatmal, Sangli, Washim, Sindhudurg, Ratnagiri, Bhandara while 5 new Blocks in addition to the blocks where implementing regular CBMP in 3 districts of Gadchiroli, Amravati, Solapur also witnessed polling. The following is an analysis of the data gathered during these polls.

**The state of health related services in villages according to the public opinion**

| Health services available at village level | Number of people who polled | Availability of services | Districts where there is maximum unavailability of services |
|---|---|---|---|
| Multi Purpose worker (MPW) visits the village once every 15 days | 4723 | 96% | Solapur 14% |
| Health worker (ANM) visits the village once in every 15 days | 4731 | 94% | Solapur 24%, Gadchiroli 12%, Ahmednagar 10% |
| **Health services available at village level** | **Number of people who polled** | **Availability of services** | **Districts where there is maximum unavailability of services** |
| Availability of referral services, ambulances for pregnant women at the time of delivery | 4629 | 85% | Ahmednagar 31%, Solapur 24%, Sangli 24%, Yavatmal 23% |
| Regular medicine supply for common diseases in the village by ASHA | 3916 | 62% | Washim 66%, Solapur 62%, Amravati 52%, Yavatmal 42%, Sangli 42% |

According to the poll, AMM and MPW visit the village on a regular basis. People opined that village-level immunization service, regular treatment of common diseases by ASHA and state of referral services in Sangli and Solapur districts needed to be improved.

**Block level Public Hearing (Jan Sunwai)**

As building evidence before Public Hearing, information about the present status of healthcare services was collected from 51 PHCs. This helped in putting forward issues that can be addressed at block level Public Hearing Towards this end, patients denied healthcare services were interviewed and their problems were presented at the Block level Public Hearing. Inadequate supply of medicines, non-availability of vaccine needles, irregular supply of medicine kit to ASHAs, infant mortality, inadequate availability of basic facilities, officials' and employees' unavailability at the centre were some of the many issues that were voiced at the meeting. During these Public Hearings, it was observed that in an average 50-300 people were participated. Along with people, various levels elected members such as Zilla Parishad members, Panchayat Samiti President, Sarpanch, Gram Panchayat members as well as representatives of Public Health system like Block medical officer, PHC medical officer and staff were present for these Public Hearings.

## G. Community Based Monitoring and Planning on Health Services in Maharashtra (CBMP)

**Background** - SATHI has been reselected for State Nodal NGO for CBMP for the Period of 1st Nov 2016 to 31st March 2017. SATHI has submitted the proposal for State Nodal NGO in May 2016. SATHI team members have worked on this proposal almost one month during period of April and May 2016. After submission of the proposal NHM has sent letter to SATHI for presenting the CBMP work in front of selection committee in July 2016. JAT

(Joint Appraisal Team) committee has visited to SATHI office in September 2016 where again SATHI presented its work on CBMP.

During the selection period SATHI team made consistent effort to follow up with MD, NHM regarding funds distribution to CBMP district level partners. But it was not worked out. During this period SATHI has attempted two meetings with MD, NHM.

SATHI got a reselection letter of State Nodal NGO for CBMP in October 2016. After the SNN selection process completed activities at state, districts and block level has been started.

**State level CBMP carried out by SATHI –**

- **Correspondence with NHM-** Correspondence with NHM for continuation letter of CBMP activities was done for reselection of SATHI as State Nodal NGO. After which planning of activities was started with partner's organisations about CBMP work.

- **Meeting with MD-** CBMP partner organization and SATHI members along taken follow up for reselection process will be complete within timeframe. Second meeting was held on 20th June 2016 for giving update of CBMP work at grass route level and taking forward the selection process.

- **Follow up for receiving funds-** SATHI was continuously following up with NHM, Maharashtra regarding funds. After getting reselection letter, SATHI has followed up with MD, NHM and finance department of NHM for funds.

- **State level review and planning meeting for CBMP partners** – SATHI has organized two meetings for reviewing the program and planning of activities.

- **Coordination and follow up with CBMP partners** – SATHI was involved in regular coordination with CBMP partners for routine implementation of program activities.

- **Decentralised Health Planning process** – SATHI along with SHSRC taken lead in the process of DHP in 14 districts and 26 blocks. SATHI team members were presented in the block and district level workshop.

- **Regional level activities in 21 block level organization** – SATHI was taken a lead in regional activities 20 blocks of 8 districts. SATHI team members along with regional resource person coordinated with 21 regional NGO's to carried out the CBMP activities in 20 blocks. Opinion Poll was conducted in 20 blocks, data was analyzed and report was prepared. SATHI action and admin team was involved in conduction of 17 Jansamvad in this area.

## II. LIBRARY AND PUBLICATIONS

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- 3398
7. Bound Volumes- 200
8. Reference Books- 130

**The publications brought out in Marathi & English during April 2016 to March 2017 are as follows:**

| No | Particulars of Publication | Date of Publication |
|---|---|---|
| 1. | CBMP Update _ May.2016 (Digital Printing) | June, 2016 |
| 2. | Hoy, Maharashtrat Aarogyasevanche Vikendrit Niyogen Shakya Ahe... | November, 2016 |
| 3. | Rugn Kalyan Nidhiche Lokadharit Ankekshan v Niyojan (Nov 2016) | November, 2016 |
| 4. | From bureaucratic to democratic health systems | November, 2016 |
| 5. | Rugna Hakka He Manvi Hakka - Patrak | December, 2016 |
| 6. | Yes Decentralised Health Planning is Possible...! | December, 2016 |
| 7. | Sarvajanik Arogya Sevanche Vikendrit Loksahbhagi Niyogen-Margdarshika Pustika | January, 2017 |
| 8. | Alliance of Doctors for Ethical Healthcare' Brochure | January, 2017 |
| 9. | Janmat Chachni | January, 2017 |
| 10. | Badal Ghadtoya, Badal Ghadvu Yat! Hamichya Aarogyasevansathi Dekhrekh Karu Ya!! | January, 2017 |
| 11. | Community Action for Health in Maharashtra supported by National Health Mission-Table Calender.2017' | January, 2017 |
| 12. | RKS and VHSC Social Audit (Participatory Audit and planning of Rogi Kalyan Smaiti (RKS) funds) | February, 2017 |
| 13. | PHC booklet - Prathmik Aarogya Kendra Dekhrekh va Niyogen Samitbaddal Mahiti Denari Pustika | March, 2017 |
| 14. | VHSC Booklet (Chala Aplai Gaon Aarogya Samiti Balkat Karu ya!) | March, 2017 |
| 15. | Feedback survey Brochure- Lokadharit Dekhrekh Prakriyebaddal Sahbhagi Ghatkanche Mat | March, 2017 |
| 16. | Policy brief on Overhaul of Regulation of Medical Education and Medical Ethics in India | March, 2017 |

| No | Particulars of Publication | Date of Publication |
|---|---|---|
| 17. | THR Brochure - Maratihi (Anganwaditun Lahangyana Milnari THR chi Pakite Kiti Upyogi?Kiti Poshak?) | March, 2017 |
| 18. | THR Brochure - English (Anganwaditun Lahangyana Milnari THR chi Pakite Kiti Upyogi?Kiti Poshak?) | March, 2017 |
| 19. | Davakhanyabaddal Takrar Ahe? Mag Phone Kara (takrar Poster) | March, 2017 |
| 20. | Mahatvache Toll Free No. 102, 104, 108 (Stickers) | March, 2017 |

**STAFF DETAILS AS ON 31st MARCH 2017:**

| Sr. No. | Name of the employee | Designation | Gross salary | Centre |
|---|---|---|---|---|
| 1 | Aarthi Chandrasekhar | Research Officer | 52,475.00 | CEHAT |
| 2 | Abhay Shukla | Senior Programme Coordinator | 75,263.00 | SATHI |
| 3 | Abhijit More | Senior Project Officer | 20,146.00 | SATHI |
| 4 | Amruta Bavadekar | Research Officer | 52,475.00 | CEHAT |
| 5 | Arun Gadre | Coordinator - SATHI | 89,943.00 | AT |
| 6 | Ashwini Chougule | Senior Research Associate | 38,081.00 | CEHAT |
| 7 | Bhausaheb Aher | Project Officer | 35,647.00 | SATHI |
| 8 | Deepali Yakkundi | Research Officer | 34,177.00 | SATHI |
| 9 | Dilip Jadhav | Office Assistant | 20,879.00 | CEHAT |
| 10 | Hemraj Patil | Project Officer | 33,197.00 | SATHI |
| 11 | Jessy Jacob | Administrative Officer | 34,667.00 | SATHI |
| 12 | Kiran Mandekar | Senior Administrative & Accounts Officer | 16,076.00 | SATHI |
| 13 | Lakshmi Priya Menon | Senior Research Associate | 39,909.00 | CEHAT |
| 14 | Meena Indapurkar | Office Assistant | 9,920.00 | SATHI |
| 15 | Nehal Shah | Senior Research Associate | 39,909.00 | CEHAT |
| 16 | Nitin Jadhav | Senior Project Officer | 41,431.00 | SATHI |
| 17 | Olinda D'souza | Office Secretary | 27,092.00 | CEHAT |

| | | | | |
|---|---|---|---|---|
| 18 | Pramila Naik | Administrative & Accounts Officer | 52,475.00 | CEHAT |
| 19 | Radha Pandey | Office Secretary | 26,917.00 | CEHAT |
| 20 | Rajeeta G. Chavan | Research Associate | 32,471.00 | CEHAT |
| 21 | Ramdas Shinde | Administrative Assistant | 29,127.00 | SATHI |
| 22 | Ravindra Mandekar | Office Secretary | 26,971.00 | SATHI |
| 23 | Richa Honavar | Accounts & Admin Officer | 17,492.00 | AT |
| 24 | Sangeeta Rege | Coordinator - CEHAT | 1,10,306.00 | AT |
| 25 | Sanjida Arora | Senior Research Associate | 40,184.00 | CEHAT |
| 26 | Saramma Mathew | Chief Finance & Admin Officer | 1,13,195.00 | AT |
| 27 | Satish Shambharkar | Senior Research Associate | 40,184.00 | CEHAT |
| 28 | Shailesh Dikhale | Project Officer | 35,647.00 | SATHI |
| 29 | Shankuntala Bhalerao | Project Officer | 35,647.00 | SATHI |
| 30 | Sharda Mahalle | Administrative Officer | 33,197.00 | SATHI |
| 31 | Shobha Kamble | Office Assistant | 20,879.00 | CEHAT |
| 32 | Shweta Marathe | Senior Research Officer | 38,581.00 | SATHI |
| 33 | Sudhakar Manjrekar | Office Assistant | 20,879.00 | CEHAT |
| 34 | Sujata Ayarkar | Senior Research Associate | 39,634.00 | CEHAT |
| 35 | Swati Pereira | Administrative Assistant | 32,921.00 | CEHAT |
| 36 | Trupti Joshi | Project Officer | 35,647.00 | SATHI |
| 37 | Tushar Khaire | Office Secretary | 26,601.00 | SATHI |
| 38 | Urmila Dikhale | Senior Administrative & Accounts Officer | 42,001.00 | SATHI |
| 39 | Vijay Sawant | Office Secretary | 27,617.00 | CEHAT |
| 40 | Vinod Shende | Project Officer | 32,707.00 | SATHI |

| Slabs of gross monthly salary including benefits | Female | Male | Total Staff |
|---|---|---|---|
| | | | |
| < 5000 | 0 | 0 | 0 |
| 5001 – 10000 | 1 | 0 | 1 |
| 10001 – 25000 | 2 | 4 | 6 |
| 25001 – 50000 | 16 | 10 | 26 |
| 50001 – 100000 | 3 | 2 | 5 |
| > 100000 | 2 | 0 | 2 |
| Total | 24 | 16 | 40 |

| Sr. No, | Name of the Board Members | Position on the Board | Remuneration |
|---|---|---|---|
| 1 | Dhruv Mankad | Managing Trustee | 0.00 |
| 2 | Jaya Sagade | Trustee | 0.00 |
| 3 | Mohan Deshpande | Trustee | 4400.00 |
| 4 | Padma Prakash | Trustee | 5000.00 |
| 5 | Padmini Swaminathan | Trustee | 80000.00 |
| 6 | Raghav Rajagopalan | Trustee | 0.00 |
| 7 | Rakhal Gaitonde | Trustee | 35000.00 |
| 8 | Ravinder Singh Duggal | Trustee | 0.00 |
| 9 | Vibhuti Patel | | 5000.00 |

THE BOMBAY PUBLIC TRUST ACT, 1950

SCHEDULE : VII [Vide Rule 17(1)]

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

**Name of the Public Trust:** ANUSANDHAN TRUST

**ABRIDGED BALANCE SHEET AS AT:** 31st MARCH, 2017

| FUNDS & LIABLITIES | RS. | RS. | PROPERTIES & ASSETS | RS. | RS. |
|---|---|---|---|---|---|
| **Trust Fund or Corpus** | | 30,055.00 | | | |
| **Reserve Fund** | | - | **Immov. Properties** | | |
| | | | Book value of immoveable property | | |
| **Employee Social Security and Welfare Fund** | | 33,84,368.73 | as on 31st March 2017 | | 17,09,500.68 |
| **Research & Education Fund** | | 37,94,729.67 | **Moveable Properties** | | |
| | | | Book value of moveable property | | |
| **Maintainence & Overheads Fund** | | 18,92,518.35 | as on 31st March 2017 | | 15,55,024.50 |
| **Building Fund** | | 1,07,36,706.74 | | | |
| | | | Tax deducted at source | 10,05,237.00 | |
| **Earnest Money Deposit** | | 5,00,000.00 | Deposits | 1,75,735.00 | |
| | | | Advance for purchase of immoveable assets | 52,64,647.00 | 64,45,619.00 |
| **Income & Expenditure Account** | | | **Outstanding Income (Accrued Interest)** | | 63,771.97 |
| Balance as per last balance sheet | 1,97,95,680.86 | | | | |
| Add: Op. balance of Earmarked funds transferred | 2,88,04,721.28 | | **Cash & Bank Balances** | | |
| Add: Surplus as per Income & Expenditure Account | (8,75,551.57) | 4,77,24,850.57 | Bank balances | 3,99,53,252.90 | |
| | | | Fixed Deposits with Banks | 1,83,29,290.01 | |
| | | | Cash & Cheque in hand | 6,770.00 | 5,82,89,312.91 |
| **TOTAL** | | **6,80,63,229.06** | **TOTAL** | | **6,80,63,229.06** |

Place: Mumbai
Dated: 17th September 2017

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

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

**Name of the Public Trust:** **ANUSANDHAN TRUST**
**ABRIDGED INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED** **31ST MARCH 2017**

| EXPENDITURE | RS | RS. | INCOME | RS. | RS. |
|---|---|---|---|---|---|
| **To Expenditure in respect of properties** | | 3,08,871.00 | **By Grants administration income** | | 12,35,631.83 |
| **To Establishment expenses** | | 11,866.00 | **By Interest (not allocated to any project or specific fund** | | 31,98,352.42 |
| **To Bank Interest Debited** | | - | | | |
| | | | **By Donation** | | 36,196.00 |
| **To Depreciation** | | 5,26,994.99 | | | |
| | | | **By Grants** | | 4,36,75,127.51 |
| **To Expenses towards objects of the Trust** | | 4,63,65,915.86 | | | |
| | | | **By Income from other sources** | | |
| **To Amount transferred to reserve or specific funds** | | 27,32,780.00 | Contribution to publication & database | 22,561.00 | |
| | | | Miscellaneous Receipts | 78.52 | |
| | | | Consultancy Fees | 9,01,250.00 | |
| | | | Insurance claims | 1,679.00 | 9,25,568.52 |
| **Surplus carried to Balance Sheet** | | - | **By Deficit carried over to the Balance sheet** | | 8,75,551.57 |
| **TOTAL** | | **4,99,46,427.85** | **TOTAL** | | **4,99,46,427.85** |

Place: Mumbai
Dated: 17th September 2017

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