Annual Report of Anusandhan Trust

(Period: 1st April 2017 to 31st March 2018)

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 2017 - 18

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

1. INTEGRATING GENDER IN MEDICAL EDUCATION

Collaborative initiative between DMER, MUHS and UNFPA

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

The strategies of the project are:
1. Build capacity of medical faculty on gender perspectives and women's health issues through the 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 the 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 2017 and 2018 involved expanding this initiative to medical educators, and including GME modules in Maharashtra's MBBS curriculum.

ACTIVITIES CONDUCTED

Presentation of GME in all deans' meeting
CEHAT presented the GME project at the Deans' meeting at DMER held on 27th April 2017. The presentation intended to create awareness about GME among the deans of all medical colleges. Another objective in conducting this meeting was to bring the deans of three medical colleges (GMC Aurangabad, GMC Ambejogai, GMC Miraj) on board to conduct further trainings of the faculty belonging to all five disciplines. In order to continue and scale up the activity, it was important to expand the pool of GME trained faculty. The deans agreed and committed to start the training after the summer vacations.

Academic Council's approval to inclusion of modules in medical curriculum
The Academic Council's meeting on October 26, 2017 took the decision to include Gender Integrated modules in medical curriculum for the upcoming academic year, beginning June 2018. The decision was also tabled in the minutes of the meeting.

Workshop on Evidence Based Clinical Practices
A preparatory meeting was held at CEHAT office regarding organization of Evidence Based Clinical Practice Workshop. UNFPA representatives, CEHAT staff, GME mentors and GME educators were present for this meeting. A plan was charted out to execute the 1.5 day workshop. It was decided to seek a formal collaboration with DMER and KEM hospital and to request for deputations of medical educators from all five disciplines from medical colleges across Maharashtra. The topic for 1.5 day's consultation, names of the speakers and

clinical checklists to ensure gender sensitive approach were finalised in this meeting. Initially the meeting was scheduled on September 22-23, 2017, which was rescheduled to November 24-25, 2017.

The 1.5 day workshop made an attempt to introduce the medical educators across Maharashtra with the initiative of gender sensitization of medical curriculum, and also to make them aware of formal inclusion of the GME modules. The workshop was attended by almost all the collaborators of GME project - DMER, UNFPA, KEM hospital, GME and CEHAT team and around 35-40 medical educators across Maharashtra.

This workshop provided a platform for the release of Gender Integrated Modules of five disciplines by Dr Shingare, Director of DMER. The GME educator Dr PriyaPrabhu briefly described GME project and presented the 'Action Research' that had been carried out at three government college of Maharashtra (Aurangabad, Ambejogai, Miraj). Other sessions facilitated discussion on consent, communication strategies, issues of privacy and confidentiality and violence against women. Participants' comments suggested that the topics discussed during the workshop were helpful to deal with day-to-day cases in the clinical settings. It succeeded in giving the participants insights on ethics in medical practice. The workshop also highlighted medical educators' need to undergo detailed training on concepts of 'gender' and 'patriarchy.'

Training on Gender Integrated Modules for medical educators

The Gender Integrated Modules will be included in the MBBS curriculum from upcoming academic year from June 2018. But with the approval of MUHS Academic Council, it has become mandatory to incorporate them in the syllabi. Efforts are being made to train the medical educators from 22 medical colleges of Maharashtra. It has been proposed to conduct these training sessions across Maharashtra after receiving permissions from DMER.

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. 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.

Legal Advocacy

The Government of Maharashtra passed a 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 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 department (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 govt 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 the steps taken by them. Despite progress made on different fronts, some contentious issues require the attention of the honourable 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 the 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 POCSCO 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 at the tune of 1 per state, but these are not adequate and such centres 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.
- The 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 Honourable 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 honourable Judges were provided with the Amicus brief and the same was shared with all the petitioners as well as with Additional solicitor General 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.

Capacity Building of Partner Organisations:

- 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 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 the POCSO on the Ground series anchored by Aarambh initiative in partnership with UNICEF.
- 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.

Study on impact of experiencing sexual violence on survivors and families:

The research study was built on a rigorous review of literature as this was a prospective study and we aim 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 process 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 have been developed for the study and we have commenced the study.

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.

Replication/ Guidance for Hospital-based Crisis Centres for Women Facing Violence in Other States

The centre follows the Dilaasa model, an evidence-based model functioning in a peripheral hospital of Mumbai for the past 16 years, established as collaboration between MCGM and CEHAT and later integrated as a department of the hospital. CEHAT'S collaboration with the Ministry of women and Child Development (Union of India) had led to the setting up of Dilaasa centre inAsilo Hospital, a district hospital of North Goa. The centre has now been recognised as a department of the hospital. This is a major hospital receiving all referrals from across tehsils and talukas. A training of RMNCHA counsellors from the state was held from June 30 – July 2, 2017. It was geared towards an understanding of the link between

violence and health and strengthening identification of survivors in their capacity of coming in contact with adolescents and young mothers.

The possibility to replicate OSCs in the state of **Telangana** was explored in collaboration with TISS. A study visit was initiated in Mumbai on May 2-3, 2017, with the Director and Joint Director of DWCD, Program Officer on Child Health under NHM, Program Officer on Maternal health under HFW, and two senior lady IPS officers.

A meeting was held on May 16 followed by a study visit in Mumbai on June 13-14, 2017, with the Deputy Director from DME, head of departments of OBGY, Paediatrics, Nursing and Assistant Director of Social Welfare from the state of **Tamil Nadu**.Discussions were also held with **Karnataka** state to replicate OSCs. It was decided to conduct trainings for healthcare providers in both the states.

Trainings were conducted in the state of **Haryana** as part of the state's initiative to replicate the Dilaasa model. Joint trainings were conducted for Yamuna Nagar District Hospital and Ambala hospital on August 2nd and 4th, 2017. Both hospitals currently follow the Dilaasa model under the name 'Sukoon'.

Due to CEHAT's engagement with the Delhi High Court and the Director of health services, a government order for implementation for MoHFW protocols was issued in November 2017 in **Delhi NCR**.

Madhya Pradesh has already set up Gauravi centre (by Action aid) as well as has a government order for implementation of MoHFW protocols.CEHAT participated in a 1.5 day workshop on June 19-20 in Bhopal, **Madhya Pradesh**, for 35 healthcare officials. Additionally, 18 OSC counsellors were trained at a 5 day course organized in collaboration with PSI from May 9-13, 2017.

A three-day training workshop was conducted in collaboration with the Gender Resource Centre of the state of **Gujarat** for participants from OSCs and helpline counsellors for a three day training held from September 14-16, 2017.

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

The report on Maharashtra's RGJAY scheme analyses two years of implementation, and raises several concerns as well as loopholes in the scheme. A mixed -methods approach was taken for a holistic understanding of the scheme implementation. Qualitative methods were 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.

The findings of the study revealed that despite such a large empanelment of the private sector, the scheme has not been able to reach rural population and remote districts which was a crucial goal of the scheme, to cover majority of the state population. The disparity in terms of the service availability across districts continues to exist, forcing patients to travel to other districts to avail health care. Besides lack of awareness about the scheme, the beneficiaries accessing the scheme faced barriers like problems with medical documentation, unavailability of services, etc. Out-of- pocket expenditure was one of the major grievances even as many times it went unreported. Many patients were satisfied even though they had incurred some out-of- pocket expenses. Poor accountability and overall lack of adequate

monitoring mechanisms prevent efficient execution of the scheme.

The new National Health Policy (NHP) was also introduced in 2017. A key objective of the NHP is to align the private sector towards public health goals. Its main strategy is to ensure free comprehensive primary care provision by the public sector, supplemented by strategic purchase of secondary care hospitalization and tertiary care services from both public and non-government sector to fill critical gaps. The key mechanism of strategic purchasing is insurance schemes. Thus in the larger context of ensuring Universal Health Coverage (UHC), government funded health insurance schemes seek to play a very large role.

In this context, critical questions need to be asked such as: What have been the various bottlenecks, successes and failures of the existing national and state level insurance schemes? What are the lessons learnt so far for these to be scaled up? What have been the experiences of the users? What has been the experience of for-profit private health sector? What are the pros and cons for adopting the insurance approach to realise the goal of Universal Health Care? What are the crucial gaps that need to be addressed for health systems strengthening for UHC and how?

With the objective in mind, and in the context of the findings of the study, we approached the Tata Institute of Social Sciences, Prof T. Sundararaman, Dean - School of Health Systems Studies and Dr.SoumitraGhosh, Assistant Professor, School of Health Systems Studies; for the purpose of collaboration for a national level conference. They readily agreed and extended full co-operation and support. A national level conference was thus organized in collaboration with Tata Institution of Social Sciences (TISS) on October 13-14, 2017.

Abstracts on the above themes were invited from research scholars, academicians, independent researchers and practitioners engaged in research on health insurance and allied fields of public health in India. All abstracts received were reviewed by a joint Technical Advisory Committee (TAC) of CEHAT and TISS. The members of the TAC included Dr Padma Prakash, Mr. Sunil Nandraj, Dr. Padma Bhate – Deosthali and Dr SoumitraGhosh. Shortlisted abstracts were sent comments by the TAC, with a request to review for presentation in the conference. Some senior experts in the field were also invited to share their experiences and evidence. These were Dr SakhtivelSelvaraj, Dr. V.R Muraleedharan, Ms.Sulakshna Nandi and Dr. Nishant Jain. Thus the conference had a fair balance of expert views as well as gave opportunity to young researchers to share their findings.

The last session comprised of a round table do discussions where in the core findings and recommendations emerging from the conference were discussed and eventually finalized over email. The core findings document is also uploaded on the CEHAT website and findings themselves have been shared across several forums, along with the findings of the CEHAT RGJAY study for the purpose of discussion and debate (The core findings can be read here: http://www.cehat.org/announcement/1518674992).

These forums / submissions include Call For Evidence UN Secretary-General's Independent Accountability Panel: 2018 Report On Private Sector Accountability, For Women's, Children's And Adolescents' Health; Submission to RajyaSabha MP, Shri. Jairam Ramesh (Jointly with others); article in the Wire Submission, to the EPW ; Presentation by CEHAT (Presentation made by Dr. Padma Deosthali and prepared jointly) For Redefining The "Public Good": Exploring The Conceptual Contours Of Public Good In The Context Of "Public-Private Partnerships" In The Delivery Of Public Services Co-Organized by: School of Habitat

Studies, Tata Institute of Social Sciences, Mumbai Zakir Husain Center for Educational Studies, Jawaharlal Nehru University, New Delhi (with EQUIPPPS network) and a training for community health workers of AIDWA, Maharashtra.

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)

Though studies on the topic use varying terms such as 'disrespect and abuse' and mistreatment during facility-based childbirth', the present report shall use the term 'obstetric violence', a commonly used term globally (Savage & Castro, 2017), to refer to maltreatment of women during childbirth. In 2007, Venezuela became the first country to formally define obstetric violence (through the Organic Law on the Right of Women to a Life Free of Violence, 2007) as: the appropriation of women's body and reproductive processes by health personnel, which is expressed by a dehumanising treatment, an abuse of medicalisation and pathologisation of natural processes, resulting in a loss of autonomy and ability to decide freely about their bodies and sexuality, negatively impacting their quality of life.

Bowser and Hill (2010) operationalized the term further so as to include one or more of the following aspects:

i. Physical abuse (e.g. pushing on a woman's abdomen to try to force the baby out)
ii. Non-consented care (e.g. performing a Caesarean section without the woman's consent)
iii. Non-confidential care and denial of privacy (e.g. being forced to deliver in public view)
iv. Non-dignified care (e.g. humiliating, blaming or scolding the woman in labour)
v. Discrimination based on specific attributes (e.g. being insulting towards teenage mothers)
vi. Abandonment and neglect and refusal to grant assistance (e.g. staff not attending to an emergency delivery)
vii. Detention in services (e.g. detaining the woman and her baby in the health facility owing to her inability to pay the fee)

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. As a first step, a compilation of annotated bibliographies on obstetric violence is being worked upon, which in the process of finalization. The findings and emerging gaps from the annotated bibliographies will feed into the primary study.

For compiling annotated bibliographies, a desk review of secondary literature was undertaken which comprised primary studies on obstetric violence. A list of studies on obstetric violence was populated through an internet search using the search terms obstetric violence', 'disrespect and abuse during childbirth', 'respectful care during childbirth', and 'labour room violence'. Titles of the studies thus obtained were screened for relevance. 52 studies were thus shortlisted. These studies were then subjected to the following inclusion criteria:

i. Must be primary studies
ii. Must be published in a peer-reviewed journal

25 of the 52 studies met the inclusion criteria. A final list of 25 studies (out of which 6 were conducted in India) was included in the present review of literature.

Following the compilation of the annotated bibliographies, a review was conducted of the studies selected, wherein trends in studies such as the time period of the studies, country locations, objectives of the studies, settings, and key findings were studied. The findings were organized according to themes, and thus presented.

A vast majority of the studies had been conducted in the years following the WHO statement on prevention and elimination of disrespect and abuse during facility-based childbirth in 2014. Studies were mainly exploratory in nature exploring perceptions of mistreatment during childbirth. Prevalence studies, largely undertaken in African countries, revealed varying rates of obstetric violence, ranging from 5% to 83% in some settings. Behaviours such as scolding or slapping women during childbirth were seen as normative or even necessary by both, healthcare providers as well as women, for the better outcome of the baby. Higher rates of obstetric violence were reported among women hailing from social minorities, lower socioeconomic strata, those having greater parity, or having HIV positive status. Interventions at health facility level to prevent and eliminate disrespectful practices during childbirth were seen to be hindered by excessive workload of healthcare providers and lack of basic infrastructural facilities. Hence, an urgent need for programs addressing obstetric violence through a comprehensive social-behavioural approach, working from the individual to the policy levels, and at both, the health provider and the client sides, was identified.

This compilation of annotated bibliographies and the analysis of studies were presented before the Programme Development Committee on April 6, 2018. The document is currently being worked upon based on the feedback received from the committee members, and is undergoing finalization following which it shall be sent for publication.

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

Collaboration between CEHAT, KEM and Maharashtra Association of Resident Doctors

Studies conducted globally have revealed the phenomenon of violence being inflicted on doctors, nurses and other healthcare providers. Studies have indicated that the factors leading up to this violence can be organizational, societal or individual; relatives of patients were most commonly found to be the perpetrators. Violence against healthcare providers impacts their physical and psychosocial health adversely; some studies even indicate signs of post-traumatic stress disorders in doctors who had faced violence.

Resident doctors form the backbone of the Indian public health system. Recently, there have been numerous cases of attacks on resident doctors in Maharashtra perpetuated mainly by caregivers of the patient, and the issue has gained national importance. CEHAT, in collaboration with KEM hospital and the Maharashtra Association of Resident Doctors (MARD), has initiated a study which explores resident doctors' perceptions of violence. The study uses the quantitative approach, and shall collect data using an online survey questionnaire. The study has been cleared by the IEC committee of CEHAT as well as KEM.

The survey comprises of questions for doctors who have not only faced violence, but also those who have witnessed violence or have neither faced nor witnessed violence, but have an opinion to share. The survey seeks information not only on perceptions of violence, but also on recommendations which resident doctors feel shall improve and make safer their working conditions.

The questionnaire is being administered online using Google forms (developed with the help of IKF Foundation). It was pilot tested and revised. It was then sent to various WhatsApp groups of resident doctors across hospitals in Maharashtra. WhatsApp plays an important role in connecting and mobilizing various Maharashtra Association of Resident Doctors (MARD) heads of hospitals, core group members and members. The questionnaire was first circulated on the night of March 22, 2018. It will remain open to response for two months.

6. PATIENTS' RIGHTS WEBSITE

CEHAT and Iris Knowledge Foundation have collaborated to create a website (http://www.patientsrights.in/pr/AboutPR/About_Us.aspx). It 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. A framework for the website has been created, wherein information shall be added under various tabs. The proposed tabs are:

i. About the website – relevance (why such a website), what information and help the users can get from it and so on.

ii. About Patients' Rights and Patient responsibilities - overview of what rights patients are entitled to and their responsibilities towards the hospital and physician.

iii. Resource material – includes relevant legislations and guidelines with brief covering note wherein the content is simplified for the website user. It will also include links to various other relevant websites and relevant CEHAT studies/papers.

iv. Filing a complaint - When can you file a complaint, procedure of filing a complaint, important considerations while filing a complaint

v. Discussion threads/Share your story and talk to experts (optional for users)

vi. Case examples – cases filed in courts along with a brief synthesis of information that can help users understand the cases better along with an overview / analysis of cases in India pertaining to violation of patients' rights.

vii. News – links to relevant articles – to be updated every week.

The process of developing the content which shall be added under each of the tabs is on- going. Some of the content shall have to be vetted by experts before final addition to the website.

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

This research project is aimedat 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.

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.The findings were as follows:

From the women whoparticipated in the study, 155 (68%) women sought support from counselors out of 229 who reported facing violence during thatparticular pregnancy. It was found that women did not cite pregnancy as the starting point of this violence. They reported the violence even before pregnancy. This demonstrates that the pregnancy doesn't act as a protective or triggering factor for women facing domestic violence. Majority of women who
didn't seek counseling were not able to make any subsequent visit in hospital.

Women came in contact	**Consented to participate**	**Women facing violence during pregnancy**	**Faced violence in past**	**Suspected**	**Non-realization**	**Sought services**
2778	2515 (90.5%)	229 (9.1%)	83 (3.3%)	113 (4.5%)	96 (3.8%)	155 (67.8%)

About 47% of the women were in the age group of 18 to 24 years and another 43% were in the age group 25 to 31 years. Further, about 70% of women were in their first five years of marriage. Almost 68 % of these women were educated up to secondary level, but were unemployed. About 27% of these women reported filing non-cognizable complaint against the abuser in the past. Nearly half of the women got registered in the hospital in second trimester and about half of these women reported violence as the reason for delay in seeking antenatal care. Interestingly, about one fourth of the women reported the present pregnancy as unwanted. Majority of the women reported facing violence since marriage and the emotional violence was the most common form of violence reported by women during pregnancy.

Physical and reproductive health problems due to violence in lifetime were reported by 41% and 21% of women respectively. The study also found a profound impact of violence on emotional well-being as almost all the women reported emotional health problems. Suicidal ideation during pregnancy was reported by about 29% of women. During the course of study, some unscientific and unlawful actions by the hospital staff also came to light. Two most common problems faced by women were access to abortion and abusive and rude behaviour of healthcare providers.

The findings from the study contributed towards filling a gap in the literature by providing detailed information about the phenomenon of violence during pregnancy in the Indian context and the impact of a screening and counseling intervention. Evidence on the issue of verbal abuse by HCPs with pregnant women has helped CEHAT in conceptualizing an intervention research in one of the study hospitals.

Research on violence during pregnancy enabled to present the importance of routine screening and it has been institutionalized in two study hospitals. Two refresher trainings of HCPs were carried out during data collection to inform doctors and nurses about the progress of the study, preliminary findings and the problems faced by women at the level of hospital in accessing the healthcare. Further, under National Urban Health Mission (NUHM), hospital- based crisis centres have been started in the 11 peripheral hospitals of Mumbai. CEHAT was involved in providing technical assistance in establishing these crisis centres. The training of healthcare providers in these hospitals emphasized on routine enquiry of violence during pregnancy and referring women to counselors for support services. Efforts are being made to institutionalize the process of screening and responding to violence during pregnancy.

Events:

- 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.

8. IMPLEMENTATION RESEARCH TO TEST APPROACHES TO ROLLING OUT WHO GUIDELINES AND TOOLS FOR THE HEALTH SECTOR RESPONSE TO VIOLENCE AGAINST WOMEN

In 2013, the World Health Organisation (WHO) developed clinical and policy guidelines on 'Responding to intimate partner violence and sexual violence against women,' for low and middle income countries. India had expressed commitment to the Global Plan of Action agreed upon at the 67th World Health Assembly to develop comprehensive mechanisms to respond to different forms of violence in 2014.

Through this study, CEHAT seeks to implement these guidelines, generate evidence on feasibility of implementation, and also the possibility of developing a model health care response in tertiary medical setup. This project is in collaboration with the WHO, which has undertaken similar initiatives in Afghanistan, Pakistan and some parts of Africa. Subsequently these guidelines were also developed into a handbook for health care providers for responding to intimate partner violence (IPV) and sexual violence.

This will be a two-phase project. Phase 1 will include formative research to bring in perspectives from women users of public health services as well as providers perspective on offering services. The needs of healthcare providers and barriers faced by them in providing care for survivors of violence will also be assessed. Phase 2 involves implementation of a package of activities such as training, hand holding etc. based on the clinical handbook and the manual for health managers. It will also assess improvements on health care provider performance. The project duration is from March 2018 to February 2020. At the end of this study, a report on implementation of the project and learning based on trainings will be released.

Collaboration has been established with the Directorate of Medical Education and Research (DMER). Two medical colleges in the state of Maharashtra (GMC Aurangabad and GMC Miraj) have been identified for the purpose of rolling out the guidelines. These colleges are already involved in the implementation of integrating Gender in Medical Education (GME) initiative of DMER and CEHAT.

A training of researchers was conducted where research principles, how to seek informed consent, how to conduct a focus group discussions and in-depth interviews, discussion over handling practical issues which might come while conducting research etc. were discussed. A two day stakeholder meeting was held on March 26-27, 2018 in Mumbai. The meeting was aimed at making participants aware of violence against women as a public health issue and efforts taken by CEHAT and WHO towards addressing it. The meeting included several interactive exercises and discussions. The two medical colleges are going to implement this project in their colleges from June 2018, when they are expected to train all the faculty, resident doctors, nurses and support staff on clinical handbook and managers' manual published by WHO and bringing it into the practices.

PUBLICATIONS APRIL 2017 TO MARCH 2018

Calendar:
Universal Health Care (UHC) Calendar 2018

Report:
RGJAY Report (Government Funded Health Insurance Scheme in Maharashtra: Study of Rajiv Gandhi JeevandayeeAarigyaYojana by SuchitraWagle&Nehal Shah, April 2017, xix, 135 p.
http://www.cehat.org/uploads/files/RGJAY%20Report.pdf

RGJAY Key Finding (Government Funded Health Insurance Scheme in Maharashtra: Study of Rajiv Gandhi JeevandayeeAarigyaYojana by SuchitraWagle&Nehal Shah, May 2017, 8 p.
http://www.cehat.org/uploads/files/KEY%20FINDING%2006-05-2017%20FINAL.pdf

Hinsecha Samana Karanarya Mahilanchya Samupadeshanakarita Margadarshaktatve by Rege, Sangeeta, **CEHAT** June, 2017, 48 p., ISBN: 978-81-89042-74-5
http://www.cehat.org/uploads/files/Gudelines%20for%20counselling%20Women%20facing%20Voilence%20Marathi.pdf

Integrating Gender in Medical Education: Psychiatry. Gender Integrated Modules for MBBS. A Guide for Medical Teachers. By CEHAT: Mumbai, 2017, 27 p.

Integrating Gender in Medical Education: Obstetrics & Gynaecology. Gender Integrated Modules for MBBS. A Guide for Medical Teachers. By CEHAT: Mumbai, 2017, 212 p.

Integrating Gender in Medical Education: Medicine. Gender Integrated Modules for MBBS. A Guide for Medical Teachers. By CEHAT: Mumbai, 2018, 100 p.

Integrating Gender in Medical Education: Forensic Medicine and Toxicology. Gender Integrated modules for MBBS. A Guide for Medical Teachers. By CEHAT Mumbai, 2017, 83 p.

Integrating Gender in Medical Education : Community Medicine. Gender Integrated Modules for MBBS. A Guide for Medical Teachers. By CEHAT : Mumbai, 2017, 324 p.

Posters / Pamphlets:
Poster on Health Care Providers (English) by CEHAT (05-02-2018)
Poster on Health Care Providers (Marathi) by CEHAT (14-03-2018)
Guidelines for Healthcare Providers (Hindi) (14-06-2017) Reprinted

Guidelines for Healthcare Providers (Marathi) (14-06-2017) Reprinted
Dilaasa Pamphlet (English) (14-06-2017)
Suicide Pamphlet (Hindi/English/Marathi) (14-06-2017) Reprinted
Basic Procedure (Hindi / Marathi) (14-06-2017) Reprinted

Papers and Articles:

Medico legal aspects of sexual violence: Impact on court judgments. By Rege, Sangeeta, Deosthali, Padma and Reddy, N. Jagadeesh, Journal of Forensic Research and Analysis, Vol. 1, No.1, 29 November 2017, pp. 1-7

Need for gender sensitive health system responses to violence against women and children. By Chandrasekhar,Aarthi, IJME, Vol. III, No.1, January - March, 2018, pp. 1-2

Integrating gender in medical education. By Bavadekar, Amruta, Deosthali, Padma and Rege, Sangeeta, Quest in Education, Vol. XXXXI, No. 2, April 2017, pp. 9-20

Media Coverage:

Kidney 'donor' fails to find guarantor, back in jail. Author(s): Iyer, Malathy; Narayan, V. | Date: 2017, April 15 | Source: The Times of India https://timesofindia.indiatimes.com/city/mumbai/kidney-donor-fails-to-find-guarantor-back-in-jail/articleshow/58189049.cms

Health scheme for poor misses its mark: StudyAuthor(s): Iyer, Malathy | Date: 2017, May 12 | Source: The Times of India http://epaperbeta.timesofindia.com/Article.aspx?eid=31804&articlexml=Health-scheme-for-poor-misses-its-mark-Study-12052017006029

Don't drag child into MTP Act for grownups. Author(s): Times of India | Date: 2017, July 29 | Source: Mumbai: Times of India, 29 July 2017 https://timesofindia.indiatimes.com/city/mumbai/dont-drag-child-into-mtp-act-for-grownups/articleshow/59826059.cms

Victim in the dock: Supreme Court order saying the law on cruelty against women is misused is based on erroneous conclusions drawn from NCRB figures that don't reveal the whole truth. It needs to be revisited. Author(s): Jaising, Indira | Date: 2017, August 2 | Source: Indian Express, August 2, 2017 http://indianexpress.com/article/opinion/columns/victim-in-the-dock-law-of-cruelty-against- women-supreme-court-judgment-rajesh-sharma-and-ors-v-state-of-up-and-anr-4777931/

Not a woman's choice: India's abortion limit puts women at risk, say campaigners Authors(s): Srivastava, Roli, Source: Reuters, 6 September 2017, https://in.reuters.com/article/india-women-abortion/not-a-womans-choice-indias-abortion- limit-puts-women-at-risk-say-campaigners-idINKCN1BH262

Health centres are still failing rape survivors, three years after guidelines on unbiased treatment Author(s): Rege, Sangeeta; Deosthali, Padma; Reddy, Jagdeesh | Date: 2017, September 25 | Source: Scroll.in, 25th September 2017 https://scroll.in/pulse/851783/health-centres-are-still-failing-rape-survivors-three-years-after-guidelines-on-unbiased-treatment

Rape Survivors' Right to Abortion: Are Doctors Listening? : Recent amendments to the rape

laws have made it mandatory for all hospitals to provide immediate treatment to survivors of rape. An abortion is an essential element of such care. Author(s): Deosthali, Padma; Rege, Sangeeta | Date: 2017, September 8 | Source: The Wire, Health/Law/Rights, 8th September 2017https://thewire.in/health/rape-survivors-right-to-abortion

Now, MBBS students will get lessons in gender sensitivity
Author(s): Iyer, Malathy | Date: 2017, November 26 | Source: Mumbai: Times of India, 26 November 2017, p. 5
https://timesofindia.indiatimes.com/city/mumbai/now-mbbs-students-will-get-lessons-in-gender-sensitivity/articleshow/61802178.cms

India's laws on organ transplants do little to protect rights of organ donors
Author(s): | Date: 2017, December 15 | Source: Scroll.in, December 15th 2017 https://scroll.in/pulse/861390/indias-laws-on-organ-transplants-to-little-to-protect-rights-of-organ-donors

Despite Government Ban Indian Doctors Continue to Subject Rape Survivors to Intrusive, Illegal Tests Author(s): Telesurtv.net | Date: 2018, January 11 | Source: Telesurtv.net, 11 January 2018 https://www.telesurtv.net/english/news/Despite-Government-%20%20Ban-Indian-Doctors- Continue-to-Subject-Rape-Survivors-to-%20%20Intrusive-Illegal-Tests-20180110-0022.html

Herstory 8 landmark judgements that changed the course for women in India
Author(s): George, Milan | Date: 2018, January 15 | Source: yourstory.com, 15th January 2018
https://yourstory.com/2018/01/8-landmark-judgements-that-changed-the-course-for-women-in-india/

Budget Breaks on Healthcare: More Cover Without Coverage
Author(s): Barai - Jaitly, Tejal; Godbole, Tanika | Date: 2018, February 8 | Source: The Wire, 8th February 2018. Online
https://thewire.in/economy/budget-breaks-healthcare-cover-without-coverage

Mahatma JyotibaPhule Jan ArogyaYojana: Even as state brings national health insurance scheme, it needs to tackle issues in MPJAY
Author(s): Barnagarwala, Tabassum | Date: 2018, March 7 | Source: Mumbai: Indian Express, March 7, 2018
http://indianexpress.com/article/india/mahatma-jyotiba-phule-jan-arogya-yojana-even-as-state-brings-national-health-insurance-scheme-it-needs-to-tackle-issues-in-mpjay-5088781/

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

I. ADVOCACY, ACTION AND RESEARCH PROJECTS

A. PROJECT TITLE: PROMOTING A COMPREHENSIVE AND RIGHTS BASED APPROACH TO ADDRESS MALNUTRITION IN MAHARASHTRA

Funder: Narotam Sekhsaria Foundation
Project period: February 2017 to January 2018 (further extended up to March 2018)

Background: The programme strives to make nutrition services accountable and responsive, through community-based monitoring and planning, generation of appropriate knowledge and reshaping relevant policies and programmes. The programme was implemented by a consortium of civil society organizations and SATHI was the nodal agency for the programme responsible overall coordination and monitoring

Activities conducted under Nutrition rights project during the period from 1st February, 2017 to December to March, 2018.

Advocacy and work related to institutionalization of CBMA-ICDS

- Discussion with newly appointed TDD Secretary, was held on 4th March 2017 to update her regarding proposed project proposal developments, this was followed by brainstorming discussion on project proposal.
- Field visit of Pornima Mehrotra of UNICEF to Pune, Gadchiroli and Nagpur CBMA-area during February and March 2017 to know about CBMA-ICDS process as part of institutionalization of CBMA-ICDS.
- Meeting with partner organizations of Thane, Palghar and Raigad regarding process of institutionalization of CBMA-ICDS which was held on 21st March 2017.
- On the basis of discussions held with Secretary Tribal Development Department (TDD) and officials of UNICEF, draft project proposal along with budget has been prepared and submitted to Tribal Development Department on 18th April 2017. Primary discussion regarding Community action for nutrition (CAN) proposal was held with Secretary Tribal development department on 26th April 2017.
- Participation and contribution in a meeting with Hon. Minister regarding meeting for institutionalization of CBMA- ICDS process in urban Area (Mumbai & Nagpur) and sharing positive impact of CBMA-ICDS process. Also discussed with her, key issues emerged through CBMA-ICDS process related to Mumbai project area. Meeting with Hon. Minister was organized on 28th July 2017.
- Revised proposal of 'Community action for nutrition' (including budget) was re-submitted to Dy. Secretary TDD on 14th July 2017. As per criteria and guidelines set by Secretary TDD, final revised proposal was submitted to Ms. Manisha Verma, Secretary TDD for approval on 25th July 2017. Approval regarding this project was received from Ministry of Tribal Development at National level under section 275 (1) of Indian Constitution on 28th July 2017.
- Advocacy regarding involvement of ASHA in Community action for nutrition (CAN) project was done with Mission Director, National Health Mission (MD-NHM) and he has given positive response for convergence between Health and Nutrition services through CAN intervention to tackle malnutrition with the help of ASHA. The meeting with MD-NHM was held on 5th Oct. 2017.

Advocacy related to key issues emerged through CBMA-ICDS process-

- Meeting with Dy. Secretary to Hon. Governor of Maharashtra (Development Board) at Rajbhavan Mumbai, which was held on 1st Feb. 2017 regarding advocacy related to policy level issues of nutrition services i.e. ICDS and Amrut Aahar Yojana.
- On behalf of NRC, a meeting was organized at state level with state level networks in Mumbai regarding advocacy related to social sector budget including ICDS budget which was held on 5th February, 2017.
- Participation in a workshop on social sector budget analysis, contribution in budget analysis of WCD for the year 2017-18. Workshop was held on 22nd March 2017 at Mumbai Marathi Patrakar Sangh, Mumbai.
- Issues emerged through fifth round of data collection and through regular field visits of karyakartas of partner organizations, have been raised in the block level dialogue conducted under CBMP-Health Jansunwai during Feb 2017 to March 2017.
- On behalf of NRC, participation in state level meeting on 21st July 2017, organized by NCAS regarding social sector budget advocacy and sharing of key issues related to budget of ICDS Scheme of WCD department.
- Quick survey regarding under reporting related to Malnutrition in selected tribal areas of Maharashtra has been conducted in July-Aug 2017.
- An important issue of institutionalization of CBMA-ICDS process including key systemic issues related to malnutrition was raised during two consecutive meetings of Gabha Samiti (Core committee on Malnutrition) at state level, which was held on 18th May 2017 and 5th August 2017 respectively. The decision of continuing Community based monitoring of ICDS services in tribal areas was taken by Chief Secretary of Maharashtra in Gabha Samiti meeting which was held on 5th August 2017.
  Important other key decisions were taken in Gabha samiti –
  1) Implementation of CBM-ICDS in tribal areas by WCD and TDD.
  2) Cognizance of issue related to problematic implementation of RUTF in VCDCs in tribal areas was taken seriously in Gabha samiti.
  3) The issue of overall under reporting related to malnutrition among children was seriously taken by Chief Secretary as well as Secretary Health department. It was decided that SATHI should provide list of such blocks to health department.
- As a result of advocacy at various levels including Ministry of WCD, Govt. has increased rent for Anganwadi from Rs. 750/- to Rs. 5000/- for metropolitan city and Rs. 3000/- for other cities GR regarding the same was issued on 15th May 2017.

Few instances of representing NRC at national as well as at state level

- Participation in State level meeting of Right to Food campaign and shared key policy issues related to Anganwadi services. Meeting was held on 8th June 2017 at TISS Mumbai.
- State level consultation on critical policy issues and community-based alternatives to tackle Malnutrition in Maharashtra was held on 19th August 2017 at YWCA, Mumbai.
- On behalf of NRC participation at national dissemination programme of PHRN and AAM team, 'Experiences and learning's from project 'Action Against Malnutrition' was organized by PHRN & AAM, shared experience of advocacy done at Maharashtra regarding RUTF, institutionalization of CBMA-ICDS. Sharing was held on 12th September 2017.

Routine follow up, re-orientation, 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 team members of Lok Seva Sangam regarding NRP project planning which was held on 1st Feb 2017.
- Re-orientation of block facilitators and coordinators of Lok Seva Sangam and Amhi Amchya Aarogyasathi organizations, about nutrition services was held on 17th Feb. 2017 and 2nd March 2017 respectively in Review and planning meetings.
- Completed 6th round of data collection in all areas of Nagpur and Mumbai city. (Nagpur-22 AW, Mumbai-17AW)
- Completed dialogue with Anganwadi worker in all areas (Nagpur-22 AW, Mumbai-17AW) regarding local level issues emerged through data collection and visits.
- To consolidate CBMA-ICDS existing process in Nandurbar, Gadchiroli and Pune, resource person in each area was appointed for the period from Sept 2017 to Jan 2018.
- Review and planning meeting with Lok Seva Sangam was held on 28th Aug. 2017 and 18th Sept 2017 respectively. Review and planning meeting with Amhi Amchya Arogyasathi was held on 6th and 7th Oct. 2017.
- A project level meeting of two project of Nagpur has been completed. Hanuman Nagar project level meeting was held on 29 June 2017 & Reshimbag project level meeting was held on 5 July 2017. Project level meeting of Mumbai has also been completed. Three meetings with Supervisor were held on 16th May 17, 28th August 17 and 28th Sept 17 respectively.
- Review meeting with Leni and Tarang regarding progress of Nutrition rights project was held on 15th May 2017 in Mumbai.
- 7th round of data collection of urban CBMA-ICDS area i.e. Mumbai and Nagpur has been completed in November 2017.

Workshops and orientations

- Organized state level capacity building workshop regarding health and nutrition with inputs from national experts such as Purnima Menon, Ganpathi (PHRN), Dr. Manisha Bonde, Mohan Deshpande which was held on 15th Dec. 2017 at BAIF, Pune. Orientation for capacity building was organized for partner organization and SATHI team members.

Development of an ICT system

- Meeting with ICT experts regarding developing mobile APP for data collection of nutrition services was organised on 16th March 2017.
- Preparation of questionnaire regarding nutrition services such as ICDS and AAY regarding Nutrition services to develop mobile APP. Developed mobile APP 'Kuposhan Chale Jao' regarding ICDS services as well as AAY services.
- Mobile APP development contract was finalized with Cyberedge and continuous follow up with Anurag Bhargav of Cyberedge regarding development of mobile APP has been done. Mobile APP is now finalized; work of linking it to web space is in progress.
- Visit to Junnar has been completed on 23rd June 2017 regarding Mobile app testing.

Assessment of AAY-

- AAY quick assessment was done in all tribal areas of our project in April 2017 & advocacy was done with district level officials.
- Quick assessment to cross check under reporting by taking anthropometric measurements of children under 6 in two anganwadi centres of Junnar block (tribal block of Pune) which was held on 23rd June 2017.

Other Activities

- Technical consultation with Dr. Rajesh Sinha of Ekjut regarding design of survey, preparatory work related to sampling was done. A short orientation regarding sampling and overall design of baseline was conducted by Dr. Rajesh Sinha on 19th Sept 2017.

Followed by discussion with TISS regarding baseline survey in presence of technical expert Dr. Rajesh Sinha, which was held on 20th Sept 2017.

- Preparatory work-related Baseline survey – As part of institutionalization of CBMA-ICDS project, necessary preparatory work related to baseline survey e.g. negotiations with TISS regarding baseline survey, discussion regarding survey design and sample size was done in Aug-Sept 2017.
- Attended series of meetings with TDD officials with regards to CAN Project proposal and prepared CAN proposal during the period January and February, 2018.
- Organized a Pre-Conference Workshop on Community Action for Nutrition Rights, preceding the International Conference on double burden of Malnutrition, on 28th March, 2018 at India International Centre, Delhi. Activists working in areas of Nutrition Health and Food security, Nutrition and Health Professional, Public Health Practitioners, researchers were participated in the pre-conference workshop.

B. PROJECT TITLE: INSTITUTIONALIZING DECENTRALIZED HEALTH PLANNING PROCESS IN MAHARASHTRA WITH DEVELOPED CAPACITIES OF VARIOUS STOCKHOLDERS TOWARDS EFFECTIVE MONITORING OF IMPLEMENTATION OF DISTRICT HEALTH PIP AND LOCAL HEALTH BUDGETS

Funder: International Budget Partnership (IBP)
Project period: October 2017 to March, 2018

Background:
As IBP's country strategy for India is mainly focused on improvement in service delivery with broader accountability ecosystem. SATHI is totally in congruence with the "Responsive and participatory district health planning in Maharashtra to ensure significantly improved primary health care service delivery with a broader framework of community accountability". Since last two years (2016-2018), SATHI along with grass-root level 20 CSOs has successfully attempted to develop different community based participatory accountability mechanisms/processes (DHP and PAP) for strengthening budget monitoring, transparency and effective planning of the existing resources. These community based accountability processes have not only impacted on delivery of services but also created institutionalized and generalized mechanisms for ensuring community participation in the existing framework and structure of Public Health System.
In 2017-18, with following objectives the attempts were made to conduct activities in Maharashtra

1. **Moving towards institutionalization of Decentralized Health Planning through developing institutional structures and processes and reorientation of district and state health officials from 14 CBMP districts of Maharashtra.**

a. A state level dissemination workshop was conducted on 15th July 2017 for sharing experiences of DHP process from 17 CBMP districts and discussing further plan of action for resolving emerged people's health demands.
In this workshop following stakeholders were participated-
a) National and state officials- From national level Senior Advisor, Public Health Planning, National Health System Resource Centre, New Delhi. b) State level key Health officials namely Addl. Director, State Family Welfare Bureau & In charge Executive Director, State Health System Resource Centre (SHSRC), Maharashtra and Joint Director, National Health Mission (NHM), Mumbai. Representatives from SHSRC and State NHM office. c) District level officials- District Program Managers (DPM); District Rogi Kalyan Samiti Coordinators from 17 CBMP districts of Maharashtra. d) Representatives of Civil Society Organizations - Representatives from district and block level CBMP implementing

Organizations from 17 districts of Maharashtra.

b. A regular follow up meeting at state level between various stakeholders to take review of resolved demands and to discuss further action plan- Two meetings were conducted with State NHM and SHSRC for discussion on preparing resource kit which have been disseminated to all 17 CBMP districts. Two rounds of follow up with CBMP partner organizations for reviewing status of resolved and unresolved issues which have been raised during 2016-17 DHP process. As a part of state level consortium, several rounds of telephonic conversations with SHSRC for coordinating various district and local level events under the DHP process.

As a result of this workshop following decisions and actions were taken-

- Note related to review of CBMP and Decentralized Health Planning Process Maharashtra by NHM- AGCA and NHSRC, prepared and presented in the review meeting where all state level decision makers as well as 3 NRHM-AGCA members were present.
- In 2016-17, out of 17 districts only from 11 districts (in Marathi) the data related to community demands were received and compiled.
- For the FY 2017-18, State NHM allocated around INR 43 lakhs (USD 67,000) under PIP for the FY 2017-18. This was a positive step towards institutionalization of DHP process in Maharashtra.

2. Capacity building of various key stakeholders for monitoring and effective implementation of approved community-based proposals in the district PIP 2017-18 in selected CBMP districts of Maharashtra.

In total 17 district level capacity building workshops on DHP process were conducted in all 17 existing CBMP districts. Out of total 17 districts, SATHI was involved in 13 CBMP districts as per mandate given by state NHM. Various stakeholders were participated such as Health Officials and staff from District to local level namely District level: Chief Executive Officer, District Health Officer, Civil Surgeon, NHM appointed officials, ANM etc. * Elected representatives (PRI)- District Council (Zilla Parishad) ZP health department chairman, Block level PRI members etc.* Representatives of CSOs- Block and District CBMP implementing organizations, Journalists, members of Monitoring and Planning Committee etc. As part of state level consortium, SATHI team members were centrally involved at each stage of capacity building process from preparation technical inputs at state and district level for the implementation of next round of DHP processes in 14 CBMP districts during FY 2017-18. SATHI team members were involved in developing various resource material in Marathi especial operational framework, tools, awareness material i.e. flex posters on DHP process etc.

3. Engaging RKS in the effective utilization of the non-salary component of the PHC budget on pilot basis in two districts of Maharashtra

Block level orientation workshops for multi-stakeholders on understanding non-salary component of PHC in 4 CBMP districts of Maharashtra namely Raigad, Osmanabad, Aurangabad and Beed. Members of Rogi Kalyan Samittee from all CBMP covered PHCs, Local elected PRI members, Monitoring and Planning Committee members and representatives of block level CBMP implementing organizations were participated in workshops.

During these workshops, various concerns raised by local health officials such as delay in fund flow, non-availability of bills in remote areas, lack of clarity and training on non-salary funds to officers were communicated to State NHM and Directorate of Health Services office. Hence state level orientation workshop was conducted for all District Health Officers, Civil Surgeons and accountants of Maharashtra by health finance department to

orient about overall administrative and financial protocols. In this workshop along with other component, the issues related to non-salary funds were discussed and state has agreed to issue detailed guidelines (for 2018-19) in the form of guide book on non-salary funds.

4. **Continuing engagement with social networks for raising policy level health and budget issues emerged from community-based accountability processes.**
   Various inputs of SATHI team members on different social fronts-
   - The SATHI team members were conducted training of around 120 women from 40 villages of Tehri district of Uttarakhand state, focusing on monitoring of health services, VHNSC and RKS funds.
   - The Government of Meghalaya has issued an act called "Community Participation and Public Services Social Audit Act, 2017". In order to develop operation framework and its pilot implementation, Government of Meghalaya has invited one of the SATHI members as a health expert.
   - SATHI team members were involved in providing inputs during pre-budget consultation organized by social networks. In which SATHI team members has taken responsibility of preparing notes on status of budget along with proposed demands on Health services and nutrition sector.
   - 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 around 40-50 public health facilities from 5 states of India (Telangana, Andhra Pradesh, Madhya Pradesh, Uttar Pradesh and Odisha).

C. PROJECT TITLE: STRENGTHENING CAPACITIES OF WATERAID INDIA NETWORK PARTNERS FOR IMPROVING WATER AND SANITATION FACILITIES IN HEALTH INSTITUTIONS THROUGH PARTICIPATORY PLANNING IN 4 STATES OF INDIA

Funder : WaterAid
Project period: October 2017 to March 2018

Background – the 'Healthy Start' campaign
It is estimated that one in five early newborn deaths in India could be prevented by ensuring access to clean water, and providing a clean environment for delivery and newborn care. However, even today most of India's healthcare institutions lack adequate WASH facilities, which significantly contributes to mortality among neonates and children under 5 years of age. In this context, WaterAid India (WAI) has recently initiated the 'Healthy Start' campaign, which aims at preventing a significant number of neonatal and maternal deaths through ensuring safe water, sanitation and hygiene in healthcare services. WaterAid's strategy for strengthening the health care delivery system, by ensuring adequate and safe WASH, includes strengthening policies, standards and systems. The campaign seeks to influence change in existing government training modules and programmes, to include the critical role of WASH in health institutions.
As a national resource group working for health rights, community accountability and people-oriented reform in the health sector since nearly two decades, SATHI had contributed for strengthening capacities of WaterAid network partners, towards participatory planning for improving WASH in health facilities. Following activities were conducted in 4 states of India i.e. ***Uttar Pradesh, Telangana, Madhya Pradesh and Odisha*** during the period from October 2017 to March 2018.

A. ***Developing key functional documents guidance and inputs to developed documents by WaterAid network partners***-

- Developed very simple tool for community groups (mostly SHGs and PRI member) to monitor basic WASH needs and facilities of health centres. Tools were disseminated to all field level Water Aid network partners.
- Facilitated Community report card on WASH in Health Care Facilities. This include designing the entire study, developing methodology, questionnaires, analysis etc. Based on this, actual data collection was conducted by the partner team members.

B. ***Capacity building and field based technical inputs to WaterAid network partners***-

- Conducted field visit to Madhya Pradesh and Odisha states where following activities conducted.

- **Madhya Pradesh visits-**

  First visit was done on 10th February 2018, team members from SATHI to Dindori block. For interaction with NIWCYD org as WaterAid partners. The following insights were highlighted-activities under WASH program with all team.
- First visit to Goura Kanheri PHC, where we interacted with female health staff. Unlike the PHC was equipped with 1 doctor and other staff except the fourth-grade staff.

  Second visit was done on 19th and 20th February 2018, team members from SATHI to the Sihor city of Madhya Pradesh with following focused objectives-

- Taking forward the work undertaken in the past particularly focusing on patient's experience of a WASH secured and un-secured HCFs in Sehore.
- To developed report card with partner organisation Water Aid called 'Samarthan' about Wash in HFC by patient views
- To discuss and finalize the next steps with regards to take forward campaign of plan of action
- To visit Public Health institutions for understanding status of RKS and also interact with field partner organization associated with Water Aid.

  In these field visits, the plan of action for Madhya Pradesh was finalized.

- **Odisha field visit-**

  On 15th and 16th February 2018, team members from SATHI (Nitin and Hemraj) visited the Bhubaneswar city of Odisha. For developing some activities under WASH program with WaterAid partners. We visited Water Aid's field office in Bhubaneswar and discussed with their field partners from 3 districts on intervention in WASH component.

  Visit to pother two states were not completed due to time constrain. However, the regular communication for taking forward activities with field partners from UP and Telangana was done by SATHI team members during intervention period.

D. PROJECT TITLE : STATE LEVEL INITIATIVE FOR CAPACITY BUILDING OF HEALTH RIGHTS ACTIVISTS TOWARDS GENERALIZING COMMUNITY ACTION FOR HEALTH IN MAHARASHTRA

Funder : Association for India's Development (AID)
Project period: 1st January, 2017 to 31st March, 2018

B**ackground-**
In addition to the existing 17 districts under Community Based Monitoring and Planning (CBMP), the process of building it up has begun in 6 more districts (Bhandara, Yavatmal, Washim, 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 2017-2018 the activities such as State level orientation workshop and meeting for activists at state level; in 20 intervention blocks Block level orientation workshop for stake holders on CBMP; an innovative process for collection of Health services related issues 'Public Opinion Poll' (POP); Block level Jan Samvads were carried out.

1. Review and Planning workshop- For the expansion of health-rights related work in Maharashtra, CBMP is being implemented through capacity building of health rights activists on community action. In order to review the activities done under generalized lower intensity CBMP process during the period 2016-17 and to plan for 2017-18, a state-level workshop was organized in Mumbai on 7th and 8th June, 2017. Representatives of 12 organisations out of 14 were present at the workshop.

2.Budget workshop for people's representatives- 6 February, 2018
A day long workshop on budgets was organized by SATHI at YMCA Mumbai, on 6th February 2018, for district and block level elected members of Panchayat Raj Institutions (PRIs) from 15 districts of Maharashtra. Most of the elected members are being associated with Community Based Monitoring and Planning (CBMP) process in their respective field areas. Along with elected members, the activists of the Civil Society Organizations, were also a part of this capacity building workshop.
The 'budget workshop' mostly focused on the funds disbursed through the 14th Finance Commission, funds disbursed in districts which are under PESA (Panchayats Extension to Scheduled Areas), how the District Planning and Development Committee (DPDC) and funds available at district level i.e. Zilla Parishad, could be utilized to achieve some crucial as well as innovative results. If the funds available at the local level are utilized in the proper manner, then health and other services can be improved. The workshop also reiterated the crucial role that people's representatives can play in achieving all this.

3.Jan Samvads conducted in February 2018
As a part of the CBMP process, like every year, this year too, block level Jan Samvads were organized by organizations active in the last 4 to 5 years, **in the eight blocks in Maharashtra namely Vengurla, Sawantwadi, Lakhani, Bhandara, Chamorshi, Dhanora, Morshi and Barshi.** As usual, the Jan Samvads witnessed the **active participation of villagers; Block level elected members (Panchayat Samiti Members), District level elected members (Zilla Parishad members); local elected members; district and block level officials; staff from the health department** i.e. ASHA, ANM, MPW; Self-help group members and the youth. The

CBMP process has provided to all of them, a rightful space where they can raise and resolve healthcare related issues from their respective areas. This has led to some positive changes at the local level, however, new issues continue to raise their head. **This rightful space benefits not just people but also enables the local staff and officials, who bear the weight of the public health system on their shoulders, as they can present their problems before the people and the Government.**

E. PROJECT TITLE: COMMUNITY BASED MONITORING AND PLANNING ON HEALTH SERVICES IN MAHARASHTRA (CBMP)

Funder : National Health Mission
Project Period : April 2017 to March 2018

Background:
SATHI has been reselected for State Nodal NGO for CBMP for the Period of 14th Nov 2017 to 13th Nov 2019. Before this period NHM was given the letter to SATHI as State Nodal NGO to working for the period 1st April 2017 to 31st Oct 2017. Meanwhile SATHI has submitted the proposal for State Nodal NGO in May 2017. SATHI team members have worked on this proposal almost one month during period of April and May 2017. After submission of the proposal NHM has sent letter to SATHI for presenting the CBMP work in front of selection committee in August 2017. JAT (Joint Appraisal Team) committee has visited to SATHI office in September 2017 where again SATHI presented its work on CBMP.

As the mandate was given by NHM to SATHI for the period 1st April 2017 to 31st Oct 2017 SATHI team member has continued the work of CBMP project. During the selection period SATHI team made consistent effort to follow up with MD, NHM regarding funds distribution to CBMP district level partners. After the continuous follow up NHM has transfer the funds during 31st August 2017. In this period SATHI has attempted two meetings with MD, NHM.

NHM has given the letter regarding SNN continuation of CBMP work on 17th May 2017. SATHI team members has been completed processes 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. After which planning of activities was started with partner's organisations about CBMP work. SATHI team members meet to MD, NHM on 20th April 2017 for the continuation of work and update him about the CBMP activities which was taken place in the field, also follow up with him for organising State mentoring committee meeting.
- **State mentoring committee meeting** – with the continuous follow up with State NHM, SMC was organised on 12th May 2017. SATHI team member has presented the CBMP state, district and block level work to the SMC. Key decisions was taken in the meeting like transition policy; new NGOs will be selected for existing and new districts; CBMP NGOs should decide their process indicators; SNN and other NGO give support to state NHM in remote and tribal area's where NHM need support; State NHM will do the process of establishing State monitoring and planning committee; Issues which was raised during the CBMP process will be discussed further and resolved at state level video conferences and VC will be organised by state NHM; As CBMP process has completed its 10 years, SATHI along with SHSRC organised state level convention on 9th June 2017.

- **State level convention on completing 10 years of CBMP**- SATHI as SNN has organised state level convention on 9th June 2017 in Arogya Bhavan, Mumbai. Detail report is attached as an annexure.
- **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 in the period of April to October 2017 and one meeting was organised in 8th March 2018 in Mumbai.
- **Coordination and follow up with CBMP partners** – SATHI were 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 almost all district level workshop and also in the block, PHC and village level activities as and when required. SATHI has developed the PRA technic and tools for health planning in DHP process. All material including guide book and tools where developed for the PRA done by SATHI.
- **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.

F. PROJECT TITLE : PATIENTS' RIGHTS AND PRIVATE MEDICAL SECTOR ACCOUNTABILITY

Funder : Centre for Health and Social Justice
Project Period : July 2017 to February, 2018

Background: Thematic hub on Private medical sector accountability would emerge, promoting policy discourse and networking regarding private health sector regulation and patient's rights, with focus on South Asian countries

Activities done during the above mentioned project period :

- Core group of Thematic Hub on 'Regulation of private medical sector and protection of patient's rights' was formed in July 2017 which includes participants from India, Uganda, Sri Lanka, Nepal, Bangladesh.
- The first conference meeting of the Core Group was held on October 7, 2017. The basic idea of the thematic hub and the proposed functions of the hub were discussed in this meeting.
- Organised a South Asia level Regional Consultation on 'Accountability of private medical sector and patients' rights' involving civil society activists from India, Pakistan, Bangladesh, Nepal and Sri Lanka, with special invitee from Kenya In January 2018 at YMCA, Mumbai.
- Report of the regional consultation was prepared and disseminated
- Thematic Working Paper on the theme developed as an outcome of the regional consultation
- Thematic Webinar was organised on the topic of 'Patient's Rights'
- Brief Report of the Webinar was prepared.

- Thematic Knowledge Policy Brief on 'Troubling realities of private hospitals in Key South Asian countries: Need for regulatory checks and balances to safeguard patient's interests' was prepared and disseminated widely.

G. BUILDING EVIDENCE FOR A SUSTAINABLE AND MODEL FOR COMMUNITY ACCOUNTABILITY OF HEALTH SYSTEMS IN MAHARASHTRA INDIA - MARCH 2018 TO NOVEMBER, 2018 (ARC)

Funder : American University
Project Period: 1st December 2017 t0 30th September, 2019

Background:
Accountability Research Center (ARC) under American University and SATHI had initiated a collaborative project with research and action components, and to support development of a large-scale model of community accountability of health and health related services and programs in Maharashtra, India. This project builds upon both the foundation of Community Based Monitoring and Planning (CBMP) in Maharashtra, facilitated by SATHI with support from the National Health Mission over the last decade, and ARC's substantial research and training expertise in the sphere of social accountability and participatory governance. The project has two, interlinked streams of work:

The project has two, interlinked streams of work:

- Promotion of innovative participatory action for community accountability of health-related services; and
- Action-oriented research, documentation and capacity building to help guide, substantiate and take forward the action components.

Following are the activities conducted during the period from October 2017 to May 2018-

1. Rounds of meetings within SATHI team for brainstorming on strategies for taking forward action related activities for Finalizing field area and potential field partners for implementation of action related activities. We have identified 3 districts and one block in each district i.e. Kurkheda block in Gadchiroli where organization called Amhi Amachya Arogyasthi is selected; Ambejogai block in Beed district where Manavlok organization is selected; Sangola block of Solapur district where Astitv organization is selected. In order to give better understanding of project, a background note (in Marathi) about project for selected field partners had prepared and disseminated.

2. State level meeting with potential partners in Pune city of Maharashtra on 4th and 5th April 2018- In the state level meeting, total 13 participants which includes 2 activists from each district of Maharashtra namely Gadchiroli, Beed and Amaravati and 7 staff members of SATHI were present.
   We have tried to build consensus among field partners on proposed project focusing on various aspects such as
   a. Brainstorming on achievements and limitations experienced from last 10 year's Community Based Monitoring and Planning (CBMP) process.
   b. Based on limitations of CBMP, discussion on proposed assumptions, Theory of Change and objectives of proposed project.
   c. Understanding the conceptual framework of Identifying potential spaces, forces, information and resources and identifying it in the field of partners.
   d. Developing broad strategies followed by next steps for taking forward the proposed project.

3. Field visits in the identified 3 districts i.e. Gadchiroli (Kurkheda block), Beed (Ambejogai block) and Solapur (Sangola) and a daylong meeting with potential partner organizations for developing in detailed understanding of SATHI team members on the work of 3 partners organizations; orientation of all staff of partner organizations on the proposed project; discussing and finalizing the strategies and next steps for intervention. Following points were discussed-
    - Shared overall plan of proposed project (discussed in state level meeting) with all staff of field partner organizations. In each meeting with field partners in an average 10 staff members were present.
    - Built consensuses among all staff of field organizations on objectives, strategies followed by exploring the potential social sectors for multi-sectoral monitoring; geographical area, scale etc.
      It is clearly emerged that the multi-sectoral monitoring process will be implemented on minimum 3social sectors (Nutrition, Education and Health services) which are cross cutting sectors in all proposed intervention districts.
    - Discussed and finalized next month's activity plan. In each field area, identification of intervention area i.e. block and villages; preparation of brief village profile of each identified village has been planned. Village profiles for 30 intervention villages (10 from each district, in the selected three districts) would include basic information relevant to the further intervention such as basic demographic data, information related to availability of Health care, Child nutrition Water supply and sanitation, and Education services.

4. Preparatory activities at the level of SATHI- Developed and disseminated tool for village profile to field partner organizations; Prepared monthly activity report format; Regular communication with partner organizations for getting updates about field level activities.
5. Bi-annual conference call between ARC and AT-SATHI- This call was planned for sharing the status of ongoing activities with ARC team and planned for next plan of action with regards to project activities and administrative issues.

6. Capacity building session via skype on "Impact evaluation" conducted on 4th April 2018 between ARC team (Suchi Pande and Adam Auerbach) and SATHI action-research team members- This session helped to SATHI team in understanding the concept of causality and counterfactuals as well as various concepts related to impact evaluation.

Activities conducted under research component are as follows

Pilot study on CBMP evaluation was conducted

- Rounds of meetings within SATHI team to enlist and collate available CBMP program data, previous data analysis reports, previous evaluation reports and Publications etc.
- Collated year wise data on initiation, expansion, closure and transition of CBMP Project sites viz. Districts, Blocks, PHCs and Villages
- Study the India Census 2011 data for identification and Extraction of required socio-demographic indicators data of the CBMP Project sites viz. Districts, Blocks, PHCs and Villages
- Compared the extracted socio-demographic indicators data for identification and selection of Non-CBMP matching blocks for the Pilot study

- Drafted a note on methodology for the Quantitative Pilot study to assess possible impact of CBMP processes in improving Health indicators of selected PHCs in State of Maharashtra
- Formulated indicators under broad themes of NHM program - Prepared report on this pilot study and circulated to the team.

H. JSA-PBI CAMPAIGN ON STRENGTHENING PUBLIC PROVISIONING OF HEALTH CARE IN INDIA AT NATIONAL LEVEL AND STRENGTHENING PUBLIC PROVISIONING OF HEALTH CARE IN MAHARASHTRA (NFI)

Funder : National Foundation for India

Background

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

For the period from April 2017to March 2018, the following activities has been conducted-

- Capacity building workshop was organised to enhance capacity of partner organisation on local and state level budgets. This activity was carried out with NCAS.
- The Resource Gap Analysis (RGA) exercise conducted in Maharashtra where more than – organizations associated with JSA, Maharashtra were engaged from 6 districts and 11 blocks of Maharashtra. These efforts contributed in developing more than – health activists in Maharashtra. A workshop was organized in order to inform the grassroots-level activists of the plans for the phase, particularly concerning the RGA. This workshop helped dispel any clarifications regarding the RGA exercise and trained them to conduct the analysis in their respective blocks.
- Two publications have been published by SATHI for Jan Arogya Abhiyan (JAA). One was on Resource Gap Analysis was conducted in 34 PHC and 11 CHC in six districts of Maharashtra. We have prepared policy brief of this report in Marathi for dissemination to JAA partners and also to policy makers for further action.
- Second publication was on study of facility costing exercise, which was done in one PHC of Pune district. The purpose of the study was to bring out unit cost of one PHC for larger budgeting exercise.
- Policy brief on NHM fund flow was prepared in Marathi for dissemination to the networks in Maharashtra.
- SATHI has also published a Booklet on Anemia as an awareness material for addressing health issues related campaigning among the people in Maharashtra. Due to severe drought problem in Maharashtra, health issues related to women was more common during this reporting period. So as a network, Booklet on Anemia was disseminated among the women in drought prone area of Maharashtra.
- So, total three publications were prepared in the JSA-PBI project for the reaching out budget issues to the policy makers, media persons and one awareness material was prepared for it.

I. PRACTICES, REGULATION AND ACCOUNTABILITY IN THE EVOLVING PRIVATE HEALTH CARE SECTOR IN MAHARASHTRA: A CASE STUDY"

Funder: King's College, London
Project period: July 2017-March 2018 and June 2019

Background:
A two-year collaborative study (July 2017-June 2019) on 'Practices, regulation and accountability in the evolving private healthcare sector: lessons from Maharashtra State, India',

Following activities have been conducted during this span

1. **Initial consultation for project-** As a part of this project, before initiating various activities for the project, an initial consultation was organised on 12th August 2017, involving likely end users of the results of this research study, to highlight and discuss plans for project activities. This consultation was convened to bring together medical practitioners, health officials, industry persons, health researchers and health activists to share details on the research project, and to have discussions on the evolving private healthcare sector in India and LMICs, and invite suggestions that may contribute to improving this study. Report of this consultation was also prepared and circulated
2. **IEC approval**- The study proposal was submitted for IEC approval in September 2017 and approval certificate received in November 2017
3. **Mapping of private health sector in Pune-Mumbai-** It was completed during this period obtaining data from respective municipalities with RTIs, from Registrar of companies etc.
4. **Conducting in depth interviews of doctors, administrators** etc- 40 interviews have been completed, transcribed, translated (if required) and coded

J. PROMOTING ACCOUNTABILITY OF THE PRIVATE HEALTHCARE SECTOR AND PATIENT'S RIGHTS IN INDIA

Funder : Azim Premji Philanthropic Initiatives (APPI)
Project Period : August 2017 To July 2018

Background:
The main aim of the project is promoting accountability and patient-oriented responsiveness of the private healthcare sector in India, through a combination of networking of ethical doctors to push within the profession for social regulation of the sector, capacity building of civil society activists in city of Pune to enable them to promote patients' rights while using available regulatory mechanisms, legal groundwork for promoting patients' rights, social media based campaigns, and action oriented research for evidence generation to support social action on accountability and regulation.

Following activities have been completed during the period August 2017 to March 2018

A: Building and spreading Alliance of Doctors for Ethical Healthcare (ADEH): A unique network of doctors across India who are for ethical healthcare has been emerged strongly.
Mobilization of doctors for ADEH – Dr Arun Gadre visited many cities in India like Chennai, Bangalore, Mumbai, Delhi, Kolkata, Guwahati, Dimapur, Vellore to mobilise doctors and institutions for joining ADEH and participating in the National Conference.
Six meetings of Pune chapter of ADEH conducted with presence of 10 to 15 members. Discussions ranged from problems faced by ethical doctors to coming out with Position papers.

Proposed visit to Kerala state ADEH meeting on 21st and 22nd July 2018

Advocacy by ADEH:

- ADEH intervened in the debate on price-regulation of cardiac stents in favour of such price-regulation and has advocated price regulation for all medical devices and all medicines.
- ADEH made a submission to the Standing Parliamentary Committee on the issue of the draft National Medical Commission Bill. It contained a critique of this Bill which was different from that of IMA and was from the perspective of Universal Health Care.
- Maharashtra chapter of ADEH made a submission to the Committee for drafting the Maharashtra Bill for Prevention of Cut Practice.
- Its members have **been** active in media advocacy, press conferences, TV live shows which were related to various issues of commercialization of healthcare in India

B: Establishment of Pune Citizen Doctors Forum: A novel again first of its own kind innovative collective initiative has been established in Pune.
Mission: Poona-Citizen-Doctors-Forum seeks to bring together sane voices from within the community of doctors and patients to begin to overcome the trust deficit between rational doctors and a section of citizens. We also see our mission as developing public opinion in favour of a system of Universal Health Care in India and for this purpose, to contribute to the movement for 'Health and Health care for all'.
PCDF has conducted every two months public programs for interaction between the doctors and citizen, awareness program for ethical healthcare.
It has prepared a data base webs site of doctors perceived as rational by patients/ citizen based on some criteria given for use of Pune citizen. This unique website will be now popularised in near future. http://mypcdf.org/

C: Study on "Promotional and Marketing Practices of the Pharmaceutical Industry in India and Implementation of Related Regulatory Processes" is on. Till date nearly 45 in depth interviews of Medical Representatives, regional managers and doctors have been taken from Pune, Hyderabad, Mumbai, Lucknow and Kolkata. The analysis will start soon. Many interesting findings are coming which show the unethical practices of pharma companies in the field.
We will complete analysis in the first quarter of the next year and have a dissemination workshop.

D: Patients' diary: as a part of patients' rights campaign we perceived need of some information reference source where poor patients would get the names of the centers doing sonography, MRI etc. at cheaper rates. Taking this ahead we thought of this innovative idea of coming out with a "Patients' diary" that contains information at finger tips for needy patient at that hour of need. 1000 copies got distributed within a month and we published 2000 more copies. We have received invitations from many organizations, forums for awareness meetings. This is going to be a key lever to engage urban poor in Pune with patients' rights campaign. We need to use this tool to spread the movement in city of Pune.

In addition to continue the activities as per this year three new areas of sub-activities have emerged through the first year. They are

- **To promote the joint international communique emerged out of the National Conference of doctors on ethical healthcare: Rationale**: We need to continue collaboration with international players like Right Care Movement, Slow medicine, to promote Joint critique – so international travel provision is made.

- **To finalize the rate calculator for determination of rates of any procedure: Rationale:** The government has come out in a big way for Ayushman Bharat scheme. ADEH has a niche and a role for engaging in the framework of rational optimum charges for the procedure. Dr Arun Gadre was a member of Jan Swasthya Abhiyan in the subcommittee of central Clinical Establishments Act and was given a mandate for coming out with a methodology for determination of charges for the procedures. He has prepared a excel based rate calculator. We will finalize the draft of rate calculator and spread it through ADEH members. We may also use it for advocacy.
- **Documentation of cases of denial of patients' rights: Rationale:** SATHI had a big success for the book coauthored by Dr Arun Gadre and Dr Abhay Shukla – Dissenting diagnosis. It created Alliance of doctors for ethical healthcare. We need to come out with ***a penetrating collection of patients' sufferings.*** Such a document is missing in public discourse. We need to collect such stories at least in city of Pune and Mumbai using our network in patients and Civil society organizations**.**

K. PROJECT TITLE: NEW EXECUTIVE FUND

Funder : Foundation for Open Societies

Project Period (Reporting period): April 2017 To October 2017

1) **Pune and Mumbai Doctors – patients Forum:** As part of the project activity many meetings took place voluntarily. Volunteerism is clearly driving force. The forum is in process of getting registered as society. A website has been developed voluntarily and will provide data base of doctors practicing ethically to the patients through interactive website. Mumbai Citizen Doctors Forum has begun.
2) Arun visited 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 doctor's forum.

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- 3430
7. Bound Volumes- 200
8. Reference Books- 130

The publications brought out during April 2017 to March 2018 are as follows

No	Particulars of Publication	Date of Publication
1.	Magova Su-Kuposhnacha- Kuposhit Balkanchya Pathpuravyanchi Yashkatha	May, 2017
2.	11 Vya Varshat Padarpan.. 10 Varshachi Yashsavi Vatchal! 2016-17 ya Varshatil Ghadamodincha Magova...	June, 2017
3.	Sarvajanik Arogya Sevanche Vikendrit Loksahbhagi Niyogen-Margdarshika Pustika (Guide book of Decentralised Health planning process) 1st and 2nd edition	September, 2017
4.	Badal Ghadtoya, Badal Ghadvu Yat! Hamichya Aarogyasevansathi Dekhrekh Karu Ya!!	October, 2017
5.	Cheer up Doctor- Arogyasevanvar Lokadharit Dekhrekh Prakriyechya Bhetlelya Hatke, Sarkari Doctoranchya Mulakhatiche Sankalan	October, 2017
6.	Paule Chalati Badlachi Vat	October, 2017
7.	Lokadharit Dekhrekhichi Navinyapurna Rujuvat Brochure	October, 2017
8.	Thematic Hub on Accountability of Private Medical Sector Associated with COPASAH	December, 2017
9.	To find a way out of the deepening health care crisis in Maharashtra - we need a system for Universal Health Care (UHC_ English Brochure)	January, 2018
10.	Alliance of Doctors for Ethical Halthcare - Brochure	January, 2018
11.	Nivadnuk Jinkali, Ata Pudhe Kay? (PRI booklet)	February, 2018
12.	Rugna Kalyan Nidhi 'Rugna Kalyanasathi' Kasa Kharch Karava? (RKS booklet)	February, 2018
13.	Padgham Aarogy Sevanmadhil Badlanche	February, 2018
14.	Twenty Questions and Answers about A System for Universal Health Care : What is it? And how can we hope to achieve it?	February, 2018
15.	Aarogya Sevancha Hakka 5 types posters	March, 2018
16.	CBMP I-Card - Gaon Aarogya, Poshan, Panipurvatha va Swachhata Samiti, Pouch with lace	March, 2018
17.	0Magova Anubhavancha, Shodh pudhil dishecha-Update CBM – Brochure	March, 2018
18.	When people act together for nutrition – Brochure	March, 2018

STAFF DETAILS AS ON 31ST MARCH 2018

Sr No.	Employee Name	Designation	Gross salary	Name of institute/Centre
1	Saramma Mathew	Chief Finance & Admin Officer	1,13,195.00	AT
2	Arun Gadre	Coordinator-SATHI	77,506.00	AT
3	Sangeeta Rege	Coordinator-CEHAT	97,812.00	AT
4	Priyanka Kashte	Executive Secretary/Assistant	9,858.00	AT
5	Abhijit More	Senior Project Coordinator	34,810.00	SATHI
6	Archana Diwate	Research Officer	38,283.00	SATHI
7	Jessy Jacob	Administrative Officer	39,383.00	SATHI
8	Meena Indapurkar	Office Assistant	11,101.00	SATHI
9	Ravindra Mandekar	Office Secretary	30,242.00	SATHI
10	Shweta Marathe	Senior Research Officer	44,493.00	SATHI

11	Tushar Khaire	Office Secretary	30,242.00	SATHI
12	Urmila Dikhale	Senior Administrative Officer	45,133.00	SATHI
13	Vinod Shende	Project Officer	39,933.00	SATHI
14	Abhay Shukla	Senior Programme Coordinator	84,286.00	SATHI
15	Bhausaheb Aher	Senior Project Officer	42,573.00	SATHI
16	Deepali Yakkundi	Research Officer	39,383.00	SATHI
17	Hemraj Patil	Project Officer	38,283.00	SATHI
18	Nitin Jadhav	Senior Project Coordinator	48,514.00	SATHI
19	Ramdas Shinde	Administrative Assistant	33,123.00	SATHI
20	Shailesh Dikhale	Project Officer	39,933.00	SATHI
21	Shakuntala Bhalerao	Project Officer	39,933.00	SATHI
22	Sharda Mahalle	Administrative Officer	38,283.00	SATHI
23	Trupti Moreshwar Malti	Project Officer	39,933.00	SATHI
24	Yogesh Suryawanshi	Office Secretary	27,722.00	SATHI
25	Prachi Avalaskar	Senior Research Associate	44,670.00	CEHAT
26	Shobha Kamble	Office Assistant	22,847.00	CEHAT
27	Pramila Naik	Administrative officer	58,015.00	CEHAT
28	Vijay Sawant	Secretary	30,274.00	CEHAT
29	Rajeeta G. Chavan	Research Associate	35,943.00	CEHAT
30	Radha Pandey	Secretary	29,749.00	CEHAT
31	Sudhakar Manjrekar	Office Assistant	22,847.00	CEHAT
32	Dilip Jadhav	Secretary	29,224.00	CEHAT
33	Aarthi Chandrasekhar	Research Officer	58,015.00	CEHAT
34	Anupriya Singh	Research Associate	37,068.00	CEHAT
35	Sarika S. Salunkhe	Research Associate	37,293.00	CEHAT
36	Sujata S. Ayarkar	Senior Research Associate	43,845.00	CEHAT
37	Sanjida Arora	Research Officer	57,365.00	CEHAT
38	Olinda D'souza	Secretary	29,924.00	CEHAT
39	Swati S. Pereira	Administrative Assistant	36,393.00	CEHAT
40	Tejal Jaitly	Senior Research Officer	70,669.00	CEHAT
41	Durga Vernekar	Research Associate	36,843.00	CEHAT
42	Nihali Bhoir	Research Associate	22,106.00	CEHAT
43	Tanika Godbole	Senior Research Associate	44,395.00	CEHAT
44	Apurva Joshi	Research Associate	37,293.00	CEHAT

Slabs of gross monthly salary including benefits	**Female**	**Male**	**Total Staff**
<5000	0	0	0
5001-10000	1	0	1
10001-25000	3	1	4
25001-50000	19	12	31
50001-100000	5	2	7
>100000	1	0	1
Total	29	15	44

Sr.No.	Name of the Board Members	Position on the Board	Remuneration
1	Dhruv Mankad	Managing Trustee	---
2	Jaya Sagade	Trustee	---
3	Mohan Deshpande	Trustee	---
4	Padma Prakash	Trustee	54,500.00
5	Padmini Swaminathan	Trustee	25,000.00
6	Raghav Rajagopalan	Trustee	9,800.00
7	Rakhal Gaitonde	Trustee	---
8	Ravinder Singh Duggal	Trustee	---
9	Vibhuti Patel	Trustee	5,000.00

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

Name of the Public Trust: ANUSANDHAN TRUST — **Regn. NO.E-13480, dt.30-08-91(Mumbai)**

ABRIDGED BALANCE SHEET AS AT: 31st MARCH, 2018

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		37,73,044.73	as on 31st March 2018		15,38,550.73
Research & Education Fund		40,41,386.67	**Moveable Properties**		
			Book value of moveable property		
Maintainence & Overheads Fund		19,78,186.35	as on 31st March 2018		16,12,390.69
Building Fund		1,13,65,933.39	Advances		
			Tax deducted at source	14,34,690.00	
Earnest Money Deposit		5,00,000.00	Deposits	**1,58,983.00**	
			Employees	**40,000.00**	
Liabilities for sundry credit balances		5,00,940.00	Contractors	**10,56,296.00**	
			Advance for purchase of immoveable assets	**52,64,647.00**	79,54,616.00
Earmarked Grants					
Income & Expenditure Account			**Outstanding Income (Accrued Interest)**		61,061.97
Balance as per last balance sheet	4,77,24,850.57				
Add: Surplus as per Income & Expenditure Account	1,41,86,738.77	6,19,11,589.34	**Cash & Bank Balances**		
			Bank balances	5,45,99,455.33	
			Fixed Deposits with Banks	1,83,29,290.01	
			Cash & Cheque in hand	5,770.00	7,29,34,515.34
TOTAL		**8,41,01,135.48**	**TOTAL**		**8,41,01,135.48**

Place: Mumbai
Dated: 16th September 2018

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 2018**

EXPENDITURE	RS	RS.	INCOME	RS.	RS.
To Expenditure in respect of properties		3,37,984.00	**By Interest earned**		31,58,042.00
To Establishment expenses		32,275.00	**By Grants**		6,97,98,592.00
To Depreciation		6,30,977.01	**By Donation**		42,000.00
To Amount written off		16,752.00	**By Grants administration income**		6,96,737.00
To Amount transferred to reserve or Specific funds		15,57,788.65	**By Income from other sources** Contribution to publication & database Consultancy Fees	1,480.00 28,36,750.00	
To Expenses towards objects of the Trust		5,97,72,535.57	Insurance claims	1,450.00	28,39,680.00
Surplus carried to Balance Sheet		1,41,86,738.77			
TOTAL		**7,65,35,051.00**	**TOTAL**		**7,65,35,051.00**

Place: Mumbai
Dated: 16th September 2018