ANNUAL REPORT

PERIOD 1ST APRIL 2020 TO 31ST MARCH 2021

ANUSANDHAN TRUST

SUMMARY OF FUNCTIONING AND WORK OF ANUSANDHAN TRUST

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

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

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

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

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

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

DETAILED REPORT FOR THE FINANCIAL YEAR 2020-21

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

I. RESEARCH

1. Upscaling evidence-based health systems response to violence against women and children in eleven public hospitals in Mumbai: review of its implementation

This project is being funded by Sexual Violence Research Initiative (SVRI). The SVRI World Bank Group Development Marketplace for Innovation on Gender-Based Violence Prevention and Response received over 260 proposals from all regions of the world in 2019. A rigorous selection process involving several rounds of reviews conducted by world-renowned experts in the field of gender-based violence (GBV) narrowed the proposals to a small group of 10 winners. CEHAT's proposal to study upscaling of Dilaasa crisis centres was on of the proposal which got selected for grant award.

Dilaasa Crisis centres are integrated into the government's National Urban Health Mission (NUHM 2015 - 2016) in Maharashtra and scaled up in 11 public hospitals in Mumbai by the Municipal Corporation of Greater Mumbai (MCGM). The study attempts to contribute to building evidence for health systems response to violence against women (VAW) by –

i. Assessing the extent to which various components of the Dilaasa model have been replicated in 11 peripheral Municipal hospitals of Mumbai.

ii. Documenting the problems (if any), encountered by 11 hospitals in establishing a health sector response; the strategies adopted by them in overcoming problems and the processes adopted to make the model functional on a day-to-day basis.

iii. Identifying the strategies that played a role in scaling up of the Dilaasa model in 11 Municipal hospitals.

Given the dearth of knowledge on evidence-based models in the health sector to respond to VAW in LMIC settings, this study will fill an important gap on factors and indicators that lead to the successful scaling up of a health sector model to respond to VAW. The research findings will help advocate for the integration of such centres into other health settings across different states in India. It will assist to understand how to reach as many survivors as possible hence the urgent need to know what we can scale up, and how, and when we do, does it remain effective

ACTIVITIES CONDUCTED

- **Capacity building and preparation for data collection**: Two Research associates appointed for the project were oriented about the concept of Dilaasa and the research study. The researchers spent considerable time in Dilaasa to understand the routine functioning and interface with hospital system. Mock interviews with CEHAT staff were carried out before the roll out of data collection. The mock interviews were instrumental in developing the probes for the interview questions and hone skills of the researchers. Meeting and visits to Dilaasa centre were conducted to consult with Dilaasa staff on plans to roll out data collection. Since the project has a mixed-methods approach, efforts were made to identify the sampling frame and

sample size for each method. Researcher first interviewed counselors, followed by HCPs, Key informants, and survivors. KAP survey (pre-test, post-test, 3 months post-test) to asses training component of HCPs to be administered while conducting interviews.

Appointment for the interview was taken as per availability of the respondents. Some interviews had to be carried out on-line due to Covid-19 pandemic and lock down. Reflection exercise with research team was carried out regularly after each interview.

- **In-depth interviews with 11 Dilaasa counsellors**: The sampling frame consisted of 1 counsellor at each of the 11 facilities to understand the day-to-day functioning of the centre in the context of problems faced and strategies developed to overcome them. We identified the sample of counsellors (1 from each facility), based on the higher number of years of experience. In-depth interviews with 11 Dilaasa counsellors were completed, followed by transcription and coding. The preliminary findings indicate that the counsellors follow a women centric approach to provide services to survivors. Emotional support to ameliorate fear of the survivor and never to blame the victim are the primary focus of the counselors. Coordination with other sectors like police, CWC, Protection officer, legal justice system, and shelter homes are integral part of Dilaasa's routine activity.

  In-depth interviews with HCPs: The sampling frame consisted of 13-15 providers at each of the 11 facilities to understand facilities response to VAW. Since providers are not always available to participate, we over-sampled to accommodate non-response from some of the HCPs. In-depth interviews with 11 HCPs (Nodal Officers) were completed, followed by transcription and coding. The preliminary findings of interviews with nodal officers indicate the importance of playing leadership role by nodal officer in spearheading effective health systems' response to violence against women. The nodal officer were found to play an important role in supervising the work of Dilaasa staff, assisting them in routine functioning of Dilaasa, carry out capacity building activities for the staff of the staff and monitoring the hospital's response to VAW.

- **Key Informant Interviews**: Interviews of 10 key officials from public health and NUHM were conducted to identify strategies that played a role in scaling up of the Dilaasa model. These informants were identified based on their association in initiating the first Dilaasa centre in Mumbai and involvement later in replicating Dilaasa centres in 11 peripheral hospitals in Mumbai. The identified respondents were approached telephonically or through email to explain about the study and seek appointment for interview. Accordingly, interviews were conducted based on their convenience.

  Preparations for conducting in-depth interviews with survivors: In-depth interviews with survivors receiving services from 11 Dilaasa centers will be conducted. This is essential to document the acceptability and effectiveness of the health system's response among survivors of violence. The interview with survivors will attempt to

document the experience of survivors in seeking support from Dilaasa, their interface with health and recommendations to improve services. In order to prepare the sampling frame, the counsellors from Dilaasa centres were requested to identify survivors which are in their touch. Counsellors were given criteria to identify cases. The criteria was developed in order to bring representativeness in sample across age, relationship with abuser, forms of violence, vulnerabilities and so on. All the 11 centres provided details of four to eight survivors. The selected survivor's intake form was studied in detail by the interviewers; a semi structured interview guide was prepared for each survivor based on the case details.

- **Survey to capture knowledge, attitudes and practices (KAP) of training HCPs on response to VAW**: To be mindful of the fact that resident medical officers are transferred every 6 months, hence the design of the survey and a post-survey at 3 months' follow-up had to be developed to capture their knowledge, attitudes and practices (KAP) related to VAW response. The survey was administered by researchers in 5 hospitals which included pre- test and post test of the training. It has been a challenge to carry out this component especially post-survey at 3 months' follow-up as HCPs were occupied with COVID duties, and thus trainings were not been held frequently.

- **11 Centres MIS data analysis**: Retrieving, cleaning and analysis of Medical Information System (MIS) primary data of 2018-2020 from 11 Dilaasa centres were conducted to understand beneficiary profile, pathways of care and support services provided at the centre. During analysis of MIS data, gaps in data entry were identified owing to which a new data entry template was created to simplify the process. Data entry operators from all 11 Dilaasa centres were trained on using these new templates. Data from 2018-2020 was entered in these new templates and are current being cleaned and analysed for the study.

- **Focus Group Discussion with ANMs:** A focus group discussion consisting of seven ANMs from Dilaasa centres was done to understand their role in functioning of Dilaasa.

- **Additional interviews:** Additional interviews were conducted with four health care providers, and matrons from eight hospitals. Four health care providers included two Gynecologist from the same hospital, a resident medical officer and an senior medical officer to understand barriers in identifying survivors of domestic violence by healthcare providers in their routine clinical practice. Other two health care providers were senior hospital administrators, one was an actively involved with Dilaasa in two hospitals, while the other hospital administrator was interviewed since the Nodal officer had denied for the interview. Matrons from eight hospitals were interviewed to understand role of nursing department in Dilaasa. Data Entry Operator from one hospital was interviewed to understand the respondents' role in the hospital.

- **Understanding the Budget of Dilaasa:** Data on budgetary allocation for Dilaasa was obtained from NHM, Maharashtra and BMC's Budget website. The data was analysed by the research team to understand budgetary allocation and its expenditure pattern. An informal discussion was held with accounts personnel from NHM to gain insight.

- **Development of blog post for SVRI blog:** To meet the requirement of a blog post, CEHAT team developed a piece around the new set of guidelines devised by CEHAT-*Dilaasa* for providers of crisis-intervention services to survivors of VAW during COVID-19. These are based on *Dilaasa's* experience of functioning in all 11 hospitals during the pandemic and continuing to support survivors while also staying safe from the infection. It also takes into account the drastic mental health impact of living under lockdown with perpetrators of violence as well as the effect on the mental health of counsellors.

Challenges that affected research activities

- **COVID-19 Lockdown and impact on the research project -** The data collection was to be initiated by March 2020 but given the COVID situation and the subsequent nation-wide lockdown, data collection could not be initiated. Public hospitals were already overburdened with COVID, so there was no possibility of any trainings which were critical to the project for us – as an important activity was the KAP survey across different cadres of HCPs. We realised that given the COVID situation, HCPs - doctors and nurses - would continue to remain unavailable for the foreseeable future. We realised that research to be undertaken at the level of public hospitals may have to be postponed. We have quickly adapted to the context and are prioritising other elements of the research study – qualitive aspects such as interviews of One Stop Crisis (OSC) centre teams, documenting and analysing the role they played in COVID vis-a-vis VAW and analysis of the aggregated data of these centres.

FUTURE PLANS

Our timeline to complete data collection was extended to August 2021 due to Covid situation and state level lockdown. In-depth interviews with survivors receiving services from 11 Dilaasa centers will be conducted. Based on in-depth interviews with counsellors and Nodal officers a blog on scaling up of Dilaasa centres in 11 public hospitals in Mumbai will be published. A study report, manual on facility response to VAW, and research papers are part of the future plans.

2. The role of medical evidence in rape: A Review of Judgments at Session Court

This study was undertaken to understand the role of medical evidence in rape trials and assess its role in rape adjudication process. The objective of the study is to examine the role of medico legal examination in trials of session court. As well as to understand factors affecting court outcomes resulting in convictions or acquittals in rape trials based on analysis of the judgments.

Out of 728 sexual violence survivors reached three hospitals Municipal hospitals of Mumbai between 2008 to 2015 only 96 complete judgements were available online for analysis. Out of 96 judgments, in 41 cases there were conviction and in 55 cases accused got acquitted.

The most number of convictions were seen in the youngest age group 0-12 years, followed by adolescents. 3 years is the average time taken to complete the trail though the POCSO and CLA speak about speedy trail. It is seen that when there is less delay in filing FIR conviction is more in those cases. The Prosecution was able to secure the presence of doctors in 61 cases out of 96.

The report indicates courts dependence on the presence of injuries, though changes in law related to sexual violence talk about non penetrative sexual violence and health consequences other than injuries. A bulk of questions to healthcare providers were on aspects of injuries and status of hymen. The language of judgements points towards victim blaming attitude towards adolescent girls and young women. The findings recommend a need to foster dialogue between judicial officers, public prosecution and other stakeholders to provide support to survivors during trail period this will help in reducing cases where victim turns hostile. The need for a witness protection scheme/program that continues to provide assistance to survivors and their families even outside court is highlighted by the study.

3. Strengthening health system's response to violence against women – An implementation research project in Aurangabad and Miraj- Sangli tertiary hospitals

The aim of this collaborative project (2018 – 2020) between CEHAT and World Health Organization (WHO), Geneva was to implement clinical and policy guidelines developed by WHO in 2013 for responding to intimate partner violence and sexual violence against women. WHO has undertaken similar initiatives in low and middle income countries like Afghanistan, Pakistan and some parts of Africa. In India, WHO approached CEHAT to test approaches to roll out these guidelines and tools for HCP's response to violence against women. Considering our work of more than 2 decades on violence against women, we collaborated with WHO to implement the project in 2 medical colleges of Maharashtra. The project focused on establishing how systems approach can be translated by addressing barriers faced by HCPs, building capacity of HCPs, establishing protocols, and design models of care. Also, the project provided crucial evidence on design, implementation and impact of interventions aiming at improving health systems response to VAW in LMICs.

Based on our learnings of implementing interventions under this project, a manuscript on *Intervention and innovative strategies for strengthening health system response to Violence Against Women* was developed. A description of the approaches used in this project were described in the form of a manuscript to generate much required evidence on the processes that are required to enable health system to respond to women facing violence in low-middle income country settings. The development of this manuscript was primary lead by healthcare providers who actively took part in implementation of various interventions designed under this project. The manuscript has been submitted to an International peer reviewed journal.

A total of 8 trainings of HCPs, 4 at each site were conducted by core group of trainers who were trained by 5-day training. The HCPs trained at each site by trainers were from OBGY, casualty and internal medicine department. A pre and post training assessment of change in knowledge, attitude and preparedness of HCPs was carried out. A descriptive data analysis

to examine and summarise socio- demographic details of participants: age, number of years of clinical experience, department and role within the health facility, i.e. doctor, nurse, social worker was carried out. As number of items in KAP domains were varied and also the range of responses was different, we normalised the domains included in analysis to a scale of 0 to 10. Further, we used non- parametric tests as data was not normally distributed. Wilcoxon signed rank test was used to compare the mean scores of various domains as well as constructs for pre and post training, pre and post- 6 months training and post- training and post- 6 months training. McNemar test was used to examine the changes in the services provided by healthcare provides to women after intervention. The overall effect of training was assessed using multivariable Generalised estimating equation (GEE) as this model takes into account the correlation of repeated observations over different time points. Sex, age, site and department were included in the GEE model.

Findings indicate a significant change in knowledge, attitude and preparedness post – training. However, a significant decline was observed in attitude of providers at 6- months post- training. This showed that attitude change requires long term engagement and repeated trainings. Further, young providers were found to be more open to change in attitude as compared to older providers. This emphasised on integrating the training on VAW in medical education.

The research aspect of the project also included qualitative data collection from trained providers and women who received services from the providers. The purpose of the interviews with providers was to assess their perception about the intervention strategies. A total of 21 interviews and 2 focus group discussions with providers (doctors and nurses) from both sites were undertaken. The team worked on the analysis of the qualitative data and has worked on developing two manuscripts.

The team also analysed the cases of VAW identified and provided support by trained healthcare providers. A total of 531 such cases were documented by providers from both sites in 9 months. In 60% of these cases, the provider suspected violence based on presenting health complaints of women, and identified and asked women about abuse due to these presenting health complaints. All five steps of first line support (LIVES- Listen, Inquire, Validate, Enhanced Safety, Support services) were seen to have been completed for only 27% of the women. A higher proportion of cases were documented as having offered three steps of first line support (i.e. listening with empathy, inquiring about needs and offering validation). Safety assessments and planning and referrals for other support services were less frequently listed, suggesting the need for more skill building of providers or a dedicated cadre of health providers (e.g. counsellors, social workers) for elements of first-line support that require more time.

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

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

their data can be recorded even after the tenure of the following project, and their research capacities are self-sustaining. In this project, CEHAT is working with three organisations- AALI, Jan Sahas and Stree Mukti Sanghatana. CEHAT also worked on strengthening its own MIS and analysis based on domestic and sexual violence records.

The analysis of the sexual violence case records under this project helped CEHAT in developing a paper on criminalisation of marital rape. The paper has been submitted to Sexual and Reproductive Health Matters journal and is under review. The paper presents much- needed evidence on how marital rape is normalised in Indian context, affects the women in same way as rape by strangers. It presents a case in favour of recognising marital rape as a crime in India.

The capacity building of Stree Mukti Sanghathana (SMS) team by CEHAT enabled them to conduct a prospective study on understanding experiences of adolescents (11 to 17 years) in facing and/or witnessing domestic violence. This was a needs assessment study to identify kind of support services required by the adolescents and for development of an intervention. CEHAT assisted SMS team to write an article in Marathi based on findings of study. The article was published in Marathi Wire newspaper https://m.marathi.thewire.in/article/the-effects-of-domestic-violence-on-children/15272

Further, with CEHAT's support Stree Mukti Sanghathana conducted a telephonic survey to understand the availability of smart phone and internet use among young girls and women. The survey was conducted in context of lockdown imposed during COVID- 19 pandemic. It aimed to assess the feasibility of reaching out to young girls and women facing domestic violence through digital technology if locked down re-imposed in the future. The findings of the survey conducted by Stree Mukti Sanghathana provide useful insights on ways to reach out to survivors of violence during situations like pandemic. The findings showed that majority of survivors had access to personal smart phones and internet. Survivors reported familiarity with Apps like Zoom and Meet because of their use by children for attending online classes. Majority of survivors reported that feasibility and comfort in accessing crisis intervention services through audio- video communication Apps.

The capacity building of AALI team on developing management system, data cleaning and analysis helped them in conducting a rapid survey to document the status and increased vulnerabilities of women at the grassroots during nation-wide lock down during COVID. The survey attempted to reflect on lived experiences of 890 women who endure a disproportionate impact. The AALI team carried out the analysis of the data to develop fact sheets and is planning to carry out s series of webinars to disseminate findings of the survey.

AALI also analysed their service records to understand the challenges faced by survivors of gender-based violence in accessing support from various stakeholders including formal and informal systems. The analysis also looks at the response received by survivors from family, police and other formal systems. The analysis showed how family members normalises violence as mediation between survivor and abuser was the most common response by natal family. The response of police showed discrimination based on caste of survivor.

5. Lifeline of the Suburbs: Functionality of Mumbai's Peripheral Hospitals during the first wave of COVID-19 pandemic

Centre for Enquiry into Health and Allied Themes (CEHAT) which has had a long association with public hospitals in Mumbai carried out an inquiry into preparedness, functionality, experiences of public hospitals, good practices and the problems faced while providing services during the first wave of the pandemic in Mumbai. CEHAT has been providing technical support to peripheral hospitals through capacity building for responding to VAW for running Dilaasa centres. Healthcare providers (HCPs) from both peripheral and tertiary hospitals were contacted for a rapid assessment. However, HCPs from tertiary hospitals were not available due to the burden of care in specialised hospitals. Thus, assessment through telephonic interviews was carried out with 21 staff members (10 doctors, 5 sister-in charge, 3 staff nurses and 3 community development officers) from 13 out of a total of 18 peripheral hospitals between May- June 2020.

The findings highlighted public hospitals with limited resources and amid challenges were at forefront of providing healthcare during the first wave and continue to do so in the second wave. Outsourcing of diagnostic services has been a Public-Private Partnership (PPP) model followed by the MCGM for several years and this survey highlighted how these were not available during the pandemic. The lack of regulation of the private sector has emerged as a major concern with most of them closing down their services as well as the ones that they were providing through a PPP with the government.

II. TRAINING AND EDUCATION

1. Training Health care Providers on Responding to VAW in hospitals

This activity was impacted severely because hospitals and health care providers were busy with COVID related duties. However, during lockdown, CEHAT counsellors remained in regular telephonic contact with the nodal officers and core group members mostly to ensure the hospital's support to Dilaasa teams in provision of care during the difficult times. Core group members in some of the hospitals extended great support to survivors during the lockdown. For example, when a survivor of domestic violence approached Dilaasa during lockdown for treatment of injuries from recent episode of physical violence and informed the counsellor that her husband and his family had left for their native village and left her alone to fend for herself, and she needed a place to stay. The core group member at the hospital negotiated with the system to have her tested for COVID 19 (when tests were being provided only to those with clinical indications) and admitted her to the hospital to ensure emergency shelter.

Trainings of HCPs could be initiated from September 2020. A total of 14 trainings were conducted at 11 hospitals. Out of these, 3 were orientation to documentation of medicolegal examination of rape survivors and remaining 11 were orientation to comprehensive health response to survivors of violence for new doctors and nurses. Around 325 health care providers participated in the trainings.

Additionally, a two-day training on was conducted for newly appointed resident doctors and nurses in 5 hospitals. First day of training on domestic violence included orientation on role of health care providers in identifying woman facing violence based on signs and symptoms,

questioning technique on enquiring experience of violence, using LIVES approach and responding to woman visiting public hospital with experience of violence. Second day of training focused on sexual violence like history taking, documentation and examination of survivors of sexual violence both woman and children. The training was attended by 109 participants including resident doctors, nurses, pharmacist, and medical records personnel.

2. Capacity building of grassroots organisations on doing mixed methods research

A 2- day virtual training was organised by CEHAT for building capacity of three organisations on conducting mixed-methods research studies design. The training was conducted by a resource person having more than two decades of experience in conducting several similar studies. The capacity building on mixed methods research design is very relevant in context of work of three organisations. The training helped team members of three organisations to build their understanding and skills on analysing service records along with prospective qualitative data collection. The participants learnt about various qualitative methods of data collection like FGDs, pile sorting, etc.

3. Building capacity of counsellors on responding to VAW during COVID- 19

Given the unprecedented times, Dilaasa team also required to be equipped with skills related to dealing with VAW in lockdown as well as ensuring their own safety and coordination with authorities to ensure they have the basic gear for self-protection. CEHAT developed guidelines and carried out training of counsellors to enable them to continue their response to VAW.

The first virtual training was organised in Sep 2020. This was 5 days virtual training of Dilaasa staff on – response to VAW and children during COVID-19. 25 participants from 11 Dilaasa centres participated in this training.

Considering drop in number of survivors normally visiting Dilaasa due to the situation and rise of violence against women and children it was necessary to bring change in usual working strategy. Shifting from in person counselling to telephonic counselling was quite challenging. Knowing this, one-to-one telephonic training was conducted with all the counsellors of Dilaasa centres on 'Telephonic counselling of survivors of violence' in April 2020.

4. Ongoing capacity building of Dilaasa team through case presentations

Monthly case presentation meetings with counsellors and ANMs provide a platform for regular training. Issues emerging from cases that they deal with are discussed and emerging training needs are addressed. During the lockdown meetings could not be held for two months. Later on case presentation meetings were held online. In the initial phases when Dilaasa team members had to take turns to report for duty, the attendance for meetings increased. However, counsellors and ANMs who had problems with internet access or had to share their smart phones with their school / college going children for attending online classes could not participate in the discussions. In the first meeting held after the lockdown (and Dilaasa being declared part of essential services), group shared about their experiences of provision of care during the pandemic – challenges they overcame at the individual,

family and workplace levels.

7 Case presentation meetings and input sessions were conducted virtually from June 2020 to December 2020 (every month). These case presentation meetings were organised in two batches separately for Eastern and Western line Dilaasa centres so that each centre gets enough time to share their cases. 3 Case presentations were conducted in person from January to March 2021 by following physical distancing norms are per government guidelines.

5. Building capacity to prevent and respond to new forms of violence against women

A two days Training on Cybercrime was organised by CEHAT on 10th and 11th Dec 2020. It was highlighted from the discussions with Dilaasa team that they need more inputs on cybercrime. Dilaasa teams are receiving increasing number of cases which has FIR being registered also on cybercrimes as well with sexual violence or physical violence.

As there is a growing concern of cyber-crime against women, CEHAT found it essential to orient its staff and more so Dilaasa counsellors to range of digital violence and cyber crime cases along with discussion on identifying harm. Resource persons for two days webinar were; Bishakha Datta co-founder and executive director of Point of View a non-profit organisation working in the area of gender, sexuality and women rights with her colleagues Debarathi and Arpita; Nappinai N. S. founder of Cyber Saathi, practicing advocate at Supreme Court, advisor to Tamil Nadu Governance Agency and Maharashtra Cyber-Police, author of books on cyber laws; and Noveli Park practicing advocate at Bombay High Court. Awareness about cyber-crime and laws will help address issue of VAW and online crimes, and people have become more aware during lockdown period due to increase use of technology.

6. Building leadership in health system to respond to VAW

Meeting of nodal officers regarding Standard Operating Procedure (SOP) of Dilaasa was conducted in two batches virtually. This was to brief nodal officers about SOP and hold discussion on their queries regarding functioning of Dilaasa during COVID- 19.

As stated earlier, Dilaasa departments were declared by the authorities to be part of essential services and teams were ordered to report for work as per the rules of the hospital they worked at. Several nodal officers were baffled by this order. Some had already told Dilaasa teams to not report for work as they were not essential care providers. In this situation, CEHAT contacted all the nodal officers and explained the rationale behind declaration of Dilaasa as an essential service. The global evidence was discussed and queries regarding functioning of Dilaasa were addressed.

7. Monitoring health system's response to VAW

Members of monitoring committees were tied up with COVID 19 related duties hence they were unavailable for meetings. It was also observed that several members of the monitoring committees – doctors from the hospitals were posted / deputed to COVID centres hence were unavailable for any discussions. Also, in some of the hospitals monitoring committees were needed to be re-formed as old members have been transferred to other hospitals.

During the lockdown acquiring papers was difficult as hospitals followed stricter protocols about entry to non-medical, non-patient persons in the hospitals. 7 monitoring committee

meetings took place in following hospitals in the period from April 2020 to March 2021.

8. Building health systems' response to VAW in other states

CEHAT is engaged in furthering a sensitive health care approach to VAW in 7 states. We are closely working with district hospitals in the states of Haryana, Goa, Meghalaya and Maharashtra to enable them to integrate a health care response to VAW. As a result a series of capacity building workshops were carried out with Health care providers (HCPs) of these states. The core contents of the trainings focused on explaining health consequences of violence, steps to identify signs and symptoms of violence, provision of psychological first aid, importance of documentation which can assist the survivor of VAW with legal proceedings if she seeks to pursue it. Besides these technical aspects the thrust of the training was to understand concepts such as gender and sex, gender based discrimination, patriarchy and its forms which perpetuate VAW. Post these trainings, HCPs were encouraged to actively identify VAW survivors and make a referral to the existing hospital counsellors. District hospitals usually have counsellors allocated to different activities under NHM such as RMCNHA, HIV, Breast feeding counselling amongst others. CEHAT developed a training module for these counsellors which would enable them to provide basic first line care and then make referrals to agencies if women and girls required additional assistance.
Similarly, efforts were underway in Tamil Nadu and Karnataka to bring the health department on board and initiate the process of health sector response to VAW. After several months of follow ups and meetings, CEHAT got in to an agreement with the national health mission (NHM) Karnataka for the implementation of a comprehensive health care response to VAW in 5 hospitals. NHM director was also keen that all counsellors under NHM program be oriented to an understanding of VAW. The department deputed key medical and nursing providers of these 5 hospitals to participate in Training of Trainers (ToT) program so that post their training, they could also carry out orientation and awareness programs in their respective hospitals.

These efforts were made with states despite the raging pandemic and it was commendable that Haryana besides Mumbai declared the hospital based counselling centres as essential services. These centres continued to operate in the pandemic period too.

CEHAT realised that One stop centres (OSC) were expected to cater to VAW survivors in the pandemic. However, many of them were afraid of COVID and there were no clear protocols established and how exactly they should respond to VAW, besides many of them were new recruits too. CEHAT therefore thought that it would be useful to also build capacities of the new OSCs in the same states where engagement with the health sector was also underway. Besides this would also foster an intersectoral approach amongst OSCs and Hospitals. A virtual training series was carried out for OSC teams in Meghalaya, Maharashtra, Madhya Pradesh for 125 counsellors across these states. CEHAT also conducted a virtual training for OSCs in Assam where 50 counsellors were trained. Post trainings we instituted bi-monthly meetings to assess the effectiveness of these trainings and extent to which they could implement perspective and methods in their response to VAW.

9. Training workshop for data entry operators of 11 Dilaasa centres

A training workshop for data entry operators on maintaining Management Information System (MIS) of Dilaasa centre was conducted at CEHAT office. Data entry operators from 11

Dilaasa centres participated in the training session. The analysis of the MIS data pointed out gaps in data entry. The MIS data is crucial in generating evidence like beneficiary profile, pathways of care, beneficiary expectation and support services provided at the centre. CEHAT worked out to identify the cause of these gaps and it was found that the existing template was tedious and complicated for data entry operators. In order to address this issue CEHAT creating a new simplified data entry template. Hence a one-day training workshop was scheduled and each participant was provided hands on training on data entry in the new template. They were briefed about the Dilaasa model, services being provided, documentation process and MIS. They did a practice session to understand the MIS in better way. After this, one-on-one handholding was done over phone to address the queries of data entry operators.

III. INTERVENTION AND SERVICE PROVISION

1. Reaching out to survivors of violence during COVID-19 pandemic- active follow- up

When first wave of COVID hit the nation, women who were in abusive relationship and being in abusive household were got stuck at abusive homes in lockdown. All ways of getting help for aggrieved women were shut due to fear of COVID infection and lockdown. During this time due to CEHAT's efforts MCGM included Dilaasa in essential services. Between April 2020 to March 2021, Dilaasa centres in 13 Public hospitals responded to 6646 women and child survivors. Despite lockdown Dilaasa received 709 new cases of domestic violence.

Intervention done - April 2020 to March 2021					
New DV	DV follow Up	New SV	SV follow up	Screening	Total
709	2187	621	801	2328	6646

CEHAT's intervention team which extends technical support to all Dilaasa centers run in 13 peripheral hospital of Mumbai suburbs changed its work strategies and tried responding to this pandemic through a different way by changing work patterns.

Number of new cases was decreased so Dilaasa team started following up with the survivors who had visited Dilaasa in past and were facing violence. Knowing it will be difficult for women to talk in presence of their family members and abusers, CEHAT developed a guideline which could be used by Dilaasa counsellors. Guidelines were designed in a way, that it will help to start conversation with general health enquiry for survivors. For example, COVID outbreak and prevention, effect of lockdown on livelihood of survivor and her family, do they need any help in form of ration or anything else. This helped counsellor to start conversation even if survivor's husband or other family members answers the phone instead of survivor. Dilaasa team done follow up with 2187 survivors of domestic violence.
621 New cases of sexual violence were reported to the hospital during this period and follow up was done with the 801 survivors. Apart from this Dilaasa team interacted with 2328 women and children and did active case finding with those who visited the hospital for health complaints or accompanied a family member or neighbours for treatment.

2. Pan India helpline

CEHAT declared their helpline as Pan India help line during lockdown to extend help to the survivors of violence. CEHAT publicised it on CEHAT website, shared the number with the organisations working on the issue of violence against women and children as well as in other states with whom CEHAT works besides MOHFW, MWCD etc. from April 2020 to March 2021 CEHAT received nearly 207 calls from 177 individuals.

67 survivors themselves called for help. 29 individuals were family members, friend, owner and neighbour of survivors and wanted to seek help and know about the services. 7 Dilaasa counsellors called to inform new cases where they needed support (apart from this there were calls on CEHAT counsellors' phone). 17 doctors called for the queries they had while handling cases of sexual violence. 5 calls were from other organisations regarding help needed in intervention. 8 calls were from CWC members, legal advisor who needed help in the specific cases. 4 individuals called because they needed help regarding ration, CEHAT connected them to the groups who were doing relief work. 40 individuals done enquiry calls to check whether helpline was working, what services are being provided.

IV. ADVOCACY

1. Disseminating evidence om strengthening health systems' response to VAW: The work undertaken under taken as implementation research on strengthening health systems' response to VAW was presented in an organised session on *Innovations in strengthening health systems preparedness to address violence against women – learnings from providing accessible, quality, and gender-responsive services at Health Systems' Research conference, 2020, Dubai*. The session shared implementation research and practice-based learning from LMICs on innovations in facilitating health systems responses to violence against women. The results from the analysis of cases of VAW identified and responded by providers was submitted as an abstract for The International Federation of Gynaecology and Obstetrics (FIGO) world congress, 2021 at Sydney.

2. Advocating for rights of adolescents to sexual and reproductive health: CEHAT contributed in a panel discussion organised by Enfold Proactive Health Trust on concerns regarding raising legal age of marriage of girls. We presented the challenges faced by adolescents in availing their right to sexual-reproductive health services based on our work with public hospitals of Mumbai.

3. In March 2021, CEHAT as a part of National Coalition on Advocating Adolescent Concerns (NCAAC) facilitated by Partners For Law in Development presented evidence on Unintended consequences of child marriage laws in Indian context at NGO CSW virtual platform. NGO CSW presents civil society side of the UN commission on the Status of the Women. CEHAT in this panel presents evidence on interface of young girls with public health system and the response of health system towards young girls within existing legal framework. The analysis pertaining to elopement and attempted suicide cases reaching to three public hospitals was presented. The public health system's response in such cases highlighted a complete disregard of bodies, choices, agency and rights of young girls.

4. Advocating for women's right to abortion MASUM, a Pune based organisation organised a meeting on abortion legislation in India in March 2021. The aim of the meeting was to understand the barriers faced by women in accessing abortion. CEHAT based on its experience with public hospitals shared effective strategies to address barriers faced by women in accessing abortion.

CEHAT is a part of a collective of diverse individuals, organisations, networks, alliances and people's movements that work on improving access to abortion. The collective was formed in 2020 in context of proposed amendments of MTP act. CEHAT as a part of this collective drafted and submitted Civil Society Recommendations on making the Medical Termination of Pregnancy (Amendment) Bill 2020 a Rights Based Legislation' to committee. As a part of collective, we drafted a recommendation document highlighting the need to focus on access to abortion as well as sexual and reproductive health services during COVID- 19. This document was submitted to National Human Rights Commission which constituted a committee to assess the impact of COVID- 19 on lives of people.

5. Ethical considerations for researching VAW during COVID- 19: CEHAT contributed in a panel discussion at 8th National Bioethics Conference in January, 2021. The panel was organised by CORE net which is an effort to build a community of practice to foster exchange and collaboration among research organisations gathering information on issues relevant to the COVID-19 pandemic in India. CEHAT presented challenges, and strategies to be used to generate evidence on VAW during public health emergencies. Our presentation informed useful methodologies that can be used to collect system data during pandemic without putting safety of survivor and researcher at risk.

6. Evidence on VAW during COVID- 19: CEHAT contributed in development of a survey, analysis and preparing a presentation on violence against women during pandemic. This was done as a part of AMAN network which is a network of organisations across India to prevent and response to VAW. This was an important contribution as there has been no reliable data on reporting on VAW during COVID- 19 and this remains the only evidence base.

7. Maharashtra Mahila Hinsa Mukti Parishad' (MHMP) is a group of people, organisations working on the issues of violence against women. This is a collective of individuals, different groups and organisations working for prevention, doing interventions on the issue of VAW. The first parishad was conducted in 2015 in Pune, followed by second parishad in Navi Mumbai in 2017 and 3rd was just before 1st Covid wave hit the nation in Dec 2019 in Nashik. Parishad insures participation from all regions of Maharashtra. Field workers from grass root level who actually work at community level are encouraged to present their own work, observations and challenges in forms of small studies for which they receive support from the Parishad. Nearly 125 plus organisations and more than 250 workers from all over Maharashtra participated in the 3rd Parishad. CEHAT presented two studies in 3rd Parishad one was the role of medical evidence in rape and other was challenges in excessing MTP services.

Due to COVID lockdown in person meetings are avoided and virtual meetings took place for discussions regarding 4th MHMP. 'Maharashtra Mahila Aarogya Hakk Parishad' and MHMP jointly started a group to discuss strategy to bring organisations from both the forums

together and participate in virtual discussions, sessions, meetings and related programmes. Online /virtual sessions on following topics were organised collaboratively by these networks on increase in age of marriage of girls and MTP act.

Along with Forum and other organisations, CEHAT participated in meetings regarding Shakti bill by Government of Maharashtra for sexual violence. CEHAT contributed in the development of the suggestions to the bill drafting committee.

8. Assessing progress in interventions addressing domestic violence against women: report of a national consultation

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

It is the efforts of these civil society organisations (CSOs) that have led to civil and criminal remedies to address violence against women and the creation of support services and structures, but despite several decades of dedicated work, there has been limited cross-learning across organisations adopting different approaches and strategies and working across multiple movements and coalitions.

To address this gap, a convening was organised to build consensus on indicators to monitor the progress of interventions by various civil society organisations. This virtual meeting was organised by CEHAT in collaboration with SAHAJ as the first step for reflection and dialogue and eventually moving towards realignment and re- strategising. The representatives from 15 organisations participated in two virtual meetings to discuss various approaches to address VAW, ranging from a survivor-centred intervention to working with communities and with public systems. Additionally, the reflections on the various approaches also drew on barriers and facilitators to each of these approaches. The group also discussed various indicators and monitoring mechanisms used by the organisations to measure the success of their interventions.

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

A comprehensive report was compiled based on the discussion of two virtual meetings with various organisations. The draft report was shared with representatives of various organisations for their feedback.

The finalised report was recently disseminated through a virtual meeting in which more than 100 organisations participated. The participating organisations were part of AMAN Network which is a national forum of various CBOs and NGOs working on the issue of VAW. The findings of the report were presented by a three-member panel where each member spoke

about three approaches to address VAW- Casework, Community engagement and public system engagement. The panel members were representatives from organisations that participated in online convenings.

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

This dissemination meeting was the first step to initiate dialogues with the community of VAW advocates, service providers and researchers, and through consensus, arrive at a select list of common indicators for assessing the effectiveness of VAW interventions. This will help various organisations to come together to identify or develop approaches that can effectively mitigate and prevent VAW.

V. DOCUMENTATION AND PUBLICATION

1. Role of Medicolegal Evidence in Rape Trials: A Review of Judgements at the Sessions Court in Mumbai: The findings based on online retrieval of judgements of the survivors of sexual violence were published in the form of a report. Due to COVID- 19, the report was disseminated on online platform. More than 60 participants attended the dissemination on 4th Sep 2020 at regional level in Marathi and Hindi. On 17th Sep 2020 national level dissemination was done in English and Hindi in which many organisations across India and AMAN network participated. CEHAT shared key findings of the study with the participants. The detailed report is available on CEHAT website for reference. (http://www.cehat.org/publications/1607067665)

2. A research brief has been developed to disseminate the implementation strategies and findings of the implementation research on strengthening health system's response to VAW in two tertiary hospitals of Maharashtra. This was developed to engage with policy makers to advocate for upscaling the project in other states at various levels of health facilities. (http://www.cehat.org/publications/1634018807)

3. Guidelines on responding to VAW during COVID- 19: CEHAT developed a set of guidelines for creating a response to violence against women and children in the times of the Pandemic. A training of the teams across 11 hospitals has been completed. The guidelines cover information (http://www.cehat.org/publications/1608124535 [English] http://www.cehat.org/publications/1610189386 [Marathi])

a. How to keep oneself safe while working at the hospitals

b. Communicating to women about how to keep themselves safe from COVID 19.
c. Developing a safety assessment and plan for women living in abusive situations where those abusing are in the same place as survivors.
d. Clear messages about seeking support from immediate neighbours and supportive people close to survivor's home as most people are home in lockdown time.
e. In case of escalation of violence; clear messages for seeking police support, speaking to the abusive person on phone if required and discussing immediate prevention of violence or its ramifications if it continues.
f. Discussing safe sex with survivors and negotiation for contraceptive use with partners. In case of refusal to use dialogue on consequences of unsafe sex with abuser at the behest of survivor only
g. Contacting shelter homes and other services in case women have to be referred to them. In case it cannot be arranged . ensuring long term admission in the hospital till shelter can be arranged.
h. Connecting women to NGOs engaged in distribution of relief and food kits if women need it.
i. Contacting women on safe phone numbers proactively to assess well-being of survivors. All Dilaasa centres have data base on phone numbers provided by survivors which are "safe" to contact
j. CEHAT has also extended its Mumbai based helpline for survivors of VAW to national level and efforts to publicise the helpline are on so that more women can access services. There is a trained team in place to receive calls 24*7 from anywhere in India at any given time.
k. Ensuring access to important services such as Medical Termination of Pregnancy, contraceptives, e-communication for pregnant and lactating mothers even in times of COVID as women are in a volatile situation and cannot be turned away by hospitals
l. We believe this is important contribution as counsellors are an arm of the health machinery
m. Recognising that several would be in need additional services; CEHAT developed a resource directory – for relief services, information on Protection officers, availability of child welfare services, negotiations with police in case of increased violence, ensuring that women are escorted from an abusive home to a safe one in case of increased violence

4. An article based on the findings of the research on assessing the impact of sexual violence on survivors was published in *The Dialogue- an emerging research and public policy think tank* (https://thedialogue.co.in/article/dcX0UcU62K5NP5rpJCNo/what-rape-survivors-want-change-in-mindsets--accountability). The article emphasised on the needs of rape survivors and their recommendation on bringing a change in criminal justice system.

5. A media article was published in *The leaflet* to criticise the proposed amendment by Maharashtra government in sexual violence laws through Shakti bill. Based on CEHAt's work with survivors of sexual violence, the piece highlighted how the proposed amendment will shift the burden to the woman to prove the incident of rape and will contravene several past judgements where the court has stated that the woman's testimony is enough as evidence for the conviction of the accused. (https://www.theleaflet.in/maharashtras-new-act-on-sexual-violence-a-misdirected-legislation/)

JOURNAL ARTICLES

Sr. No	Journal Title	Journal Name	Link
1	Strengthening health systems response to violence against women: protocol to test approaches to train health workers in India	Pilot and Feasibility Studies	http://www.cehat.org/uploads/files/Strengthening%20health%20systems%20response%20to%20violence%20against%20women%20protocol%20to%20test%20approaches%20to%20train%20health%20workers%20in%20India.pdf
2	Redressing violence against women in COVID 19: Experience of hospital-based centres in Mumbai, India	eSocialScience	http://www.cehat.org/uploads/files/eSSays%20Nov%202020.pdf
3	Integrating Gender in Medical Education and Clinical Practice: The transformation of the department of obstetrics and gynecology, Government Medical College, Aurangabad, Maharashtra	Stories of Change 2019-2020	http://www.cehat.org/uploads/files/Stories-of-Change_Brochure-2019-20%20CEHAT.pdf
4	Breaking the mould: Redefining gender in medical education in India	Research & Humanities in Medical Education (RHIME)	http://www.cehat.org/uploads/files/Breaking%20the%20mould%20Redefining%20gender%20in%20medical%20education%20in%20India.pdf

MEDIA COVERAGE

Sr. No.	Article Title	Publisher	Link
1	For some, lockdown is captivity with an abuser	Mid-Day	https://www.mid-day.com/mumbai/mumbai-news/article/for-some-lockdown-is-captivity-with-an-abuser-22722288
2	Abortion in a lockdown:	Reuters.in	https://www.reuters.com/article/health-coronavirus-india-abortion/abortion-in-a-lockdown-india-says-yes-but-women-

	India says 'yes' but women wonder how		wonder-how-idINL5N2C4610?edition-redirect=in
3	Domestic abuse during COVID-19 lockdown: How to get the help you need	Firstpost.com	https://www.firstpost.com/health/domestic-abuse-during-covid-19-lockdown-how-to-get-the-help-you-need-8266221.html
4	Responding to violence against women – The shadow pandemic during COVID-19	TheLeaflet.in	https://www.theleaflet.in/responding-to-vaw-the-shadow-pandemic-during-covid-19/
5	Reopening liquor shops can increase crimes against women: Javed Akhtar	Hindustan Times	https://www.hindustantimes.com/chandigarh/reopening-liquor-shops-can-increase-crimes-against-women-javed-akhtar/story-T1o076HXtHKxGC5SjcJ3UP.html
6	हिंसापीडित महिलांना कोविड-१९ टाळेबंदीतही 'दिलासा'	The Wire.in Marathi	https://marathi.thewire.in/help-against-domestic-violence-in-pandemic
7	Interview: Sangeeta Rege	Tarshi.net In Plainspeak	https://www.tarshi.net/inplainspeak/interview-sangeeta-rege/
8	No rise in domestic violence cases, says NCW chairperson	The Hindu	https://www.thehindu.com/news/national/ncw-no-rise-in-domestic-violence-cases-but-in-reporting/article31841409.ece
9	How did COVID-19 impact on reproductive health services in India?	FeminismIndia.com	https://feminisminindia.com/2020/07/23/covid-19-impact-reproductive-health-services-india/

10	Maharashtra Medical Council takes 15 years to respond to a complaint, dismisses it in one go	Mumbai Mirror	https://mumbaimirror.indiatimes.com/mumbai/other/maharashtra-medical-council-takes-15-years-to-respond-to-a-complaint-dismisses-it-in-one-go/articleshow/77164040.cms
11	Left in the Lurch	IndiaLegalLive.com	https://www.indialegallive.com/cover-story-articles/focus/left-in-the-lurch/
12	Covid curbs bring down abortions in Mumbai by 50%	The Times of India	https://timesofindia.indiatimes.com/city/mumbai/covid-curbs-bring-down-abortions-in-mumbai-by-50/articleshow/78084661.cms
13	Forcible cremation by the state is against the law: Indira Jaising	BoomLive.in	https://www.boomlive.in/videos/fact-file/forcible-cremation-by-the-state-is-against-the-law-indira-jaising-10011
14	Hathras rape case: Right to medico-legal care for survivors has a long way to go…	The Leaflet.in	https://www.theleaflet.in/hathras-rape-case-right-to-medico-legal-care-for-survivors-has-a-long-way-to-go/#
15	हाथरसचे धडे काय?	महाराष्ट्र टाइम्स	https://maharashtratimes.com/editorial/article/dr-mohan-des-article-on-hathras-gang-rape-case-and-investigation/articleshow/78531251.cms
16	Medical evidence in rape cases and poor court outcomes	The Leaflet.in	https://www.theleaflet.in/medical-evidence-in-rape-cases-and-poor-court-outcomes/#
17	Abuse begins at home	The Indian Express	https://indianexpress.com/article/lifestyle/life-style/domestic-abuse-pandemic-national-commission-for-women-7062579/
18	43% of married women in state face spousal violence	The Times of India	https://timesofindia.indiatimes.com/city/patna/43-of-married-women-in-state-face-spousal-violence/articleshow/79414476.cms
19	वैद्यकीय पुराव्याचा आग्रह किती?	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/sehat-organizations-play-an-important-role-in-helping-rape-victims/articleshow/79514863.cms

20	अत्याचारांच्या तक्रारी नोंदवण्याचे प्रमाण वाढले	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/eliminating-violence-against-women/articleshow/79541753.cms
21	वैवाहिक अत्याचार चार भिंतींतच बंदिस्त	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/most-of-women-facing-domestic-violence-cases-after-marriage-in-india/articleshow/79557504.cms
22	राज्यात जळित घटनांमध्ये घट	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/in-maharashtra-decline-the-medical-treatment-accident-and-burn-patients-in-corona-period/articleshow/79713141.cms
23	Maharashtra: Shakti bill could've had devastating effect on society, says activists	The Times of India	https://timesofindia.indiatimes.com/city/mumbai/maharashtra-shakti-bill-couldve-had-devastating-effect-on-society-say-activists/articleshow/79752407.cms
24	Maharashtra's New Act on Sexual Violence: A Misdirected Legislation	The Leaflet.in	https://www.theleaflet.in/maharashtras-new-act-on-sexual-violence-a-misdirected-legislation/#
25	महाराष्ट्र लसीकरणासाठी तय्यार! राज्यात पूर्वतयारी कशी सुरू?	महाराष्ट्र टाइम्स	https://maharashtratimes.com/maharashtra/mumbai-news/maharashtra-health-minister-rajesh-tope-exclusive-interview-by-sharmila-kalgutkar/articleshow/80195258.cms
26	What Rape Survivors Want? Change In Mindsets & Accountability	TheDialogue.co.in	https://thedialogue.co.in/article/dcX0UcU62K5NP5rpJCNo/what-rape-survivors-want-change-in-mindsets--accountability
27	Healthcare providers sensitised on violence against women	Deccan Herald	https://www.deccanherald.com/city/top-bengaluru-stories/healthcare-providers-sensitised-on-violence-against-women-960969.html

BLOGS

Sr. No.	Article Title	Publisher	Link
1	Coping with the 'Shadow Pandemic': Responding to Violence against Women during COVID-19	SVRI	https://svri.org/blog/coping-%E2%80%98shadow-pandemic%E2%80%99-responding-violence-against-women-during-covid-19

2	Redressing violence against women in COVID 19: Experiences of hospital-based centres in Mumbai, India	SVRI	https://svri.org/blog/redressing-violence-against-women-covid-19-experiences-hospital-based-centres-mumbai-india

DETAILED REPORT FOR THE FINANCIAL YEAR 2020-21

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

I. ACTION, RESEARCH AND ADVOCACY PROJECTS

1. Ensuring integrated access to Health Care for vulnerable urban and rural populations, in context of Covid 19 epidemic in Maharashtra (AID)

A. Following table shows the block and district wise operational area of Helpdesk

Block & District	PHC	Villages	Helpdesk
Akole District – Ahmadnagar	1. Kohane PHC 2. Mevashi PHC 3. Shendi PHC 4. Vithe PHC	20 Villages	Rural Hospital Akole Block – Akole District – Ahmadnagar
Ambegaon District – Pune	1. Taleghar PHC 2. Aadvire PHC 3. Dimbhe PHC 4. Mahalunge Padval PHC	26 Villages	Rural Hospital Ghodegaon Block – Ambegaon District – Pune

Activities undertaken

Training

- Material/ module developed for training of field facilitators and help desk persons on COVID 19 and also on the entitlements and schemes offered to poor patients.
- An online workshop was conducted for help desk persons and outreach workers (attendance – 8) for training them on patients' rights, COVID 19, and entitlements and schemes offered to poor patients.

Help desk

- Help desk collected all related information of the entitlements and schemes offered to poor patients like Mahatma Phule Jan Arogya Yojana and Pradhan Mantri Jan Arogya Yojana, listed the private hospitals around.
- Efforts taken to get permission for setting the help desk.
- Through help desk many patients were given information about COVID 19, were assisted to get services like medical certificate, Birth and death certificates, treatment for TB. An online register was developed that is being filled daily by the help desk persons.

Some photographs and newspaper coverage for the Help desks:

नवराष्ट्र

मदत कक्ष रुग्णांसाठी मित्र

ग्रामीण रुग्णालयाचा उपक्रम

डॉ. अमोल वाघमारे यांची माहिती

अनुसंधान ट्रस्ट-साथी या संस्थेचा पुढाकार

घोडेगाव ग्रामीण रुग्णालयातील केसपेपर काढण्याची वेळ बदला

किसान सभेची मागणी

प्रश्न तुमचे, उत्तर 'मदत कक्षा'चे

मदत कक्ष व संपर्क सेतू

9322790037

Some key numbers

A: Block level helpdesks

The number of Clients who availed Services from HD and SS

Name of Help Desk	Direct Beneficiary	Indirect Beneficiary	Total
Akole Rural Hospital,	645	1037	1682
Ghodegaon Rural Hospital	3368	5044	8412
Total	**4013**	**6081**	**10094**

A total 10094 people visited Helpdesk and got information about the services and schemes available in Rural and Sub-District hospitals.

The number of people who visited to Helpdesk – Month wise break up

Name of Help Desk	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Akole Rural Hospital,	66	45	122	84	156	172	**645**
Ghodegaon Rural Hospital	366	346	446	862	607	741	**3368**
Total	**432**	**391**	**568**	**946**	**763**	**913**	**4013**

A total 4013 people visited to Helpdesk and get information about the services and schemes available in Rural and Sub-District hospitals.

Details of services provided through Helpdesk and Helpline **(**Awareness, referral services and follow up**)** –

Type of Service	**Akole RH**	**Ghodegaon RH**	**Total**
COVID **19**	616	1438	2054
Government Schemes/Services	154	104	258
ANC Services	41	257	298
Regular Health Care Services **(**OPD, NCD, HIV/ART**)**	362	1555	1917
Other	1	o	1
Total	**516**	**2027**	**4228**

Following table shows the number of people who have been made aware of the various schemes through the Helpdesk.

Type of Scheme	**Akole RH**	**Ghodegaon RH**	**Total**
Maternal Schemes	137	40	177
PMJAY	1	13	14
MPJAY	15	42	57
Other (about IEC)	4	18	22
Total	**157**	**113**	**270**

B. Activities undertaken in Outreach Initiative

1. Village level activities:

- Outreach took place in sixty villages. The awareness meetings were conducted in crossings in villages, hotels, Bazars and Temple. The helpline number (mobile no of the outreach workers) were disseminated along with COVID awareness. Local whatsapp groups and Facebook was used for dissemination of information.
- Information was given about the COVID 19 services and awareness regarding COVID 19.
- Corona monitoring committees were made operational in villages to guide patients with symptoms.
- Patients were being informed and assisted to get entitlements in non- covid illnesses.
- List was prepared of the neighbouring hospitals registered under Mahatma Phule Jan Arogya Yojana and Pradhan Mantri Jan Arogya Yojana
- Application was given to change the timing of Ambegaon Rural Hospital.

2. PHC level activities-

- In all, information was collected in eight PHCs, the list of Rugna Kalyan Samittee, village level key persons. The list which has information about the beneficiaries of various entitlements like ANC entitlement etc. was retrieved. Posters were exhibited to give this information to masses.
- Meetings of Rugna Kalyan Samittee were conducted in six PHCs.
- **Some of the decisions taken in these meetings are -**

- The money would be utilised to hire private ambulance to refer COVID patient to CCC and also for repair and maintenance of the ambulance in PHC
- Water filter would be replaced
- Referral will be provided to patients of snake bites.
- RKS samittee members and ASHA were given help line numbers

Details of services provided in PHC and through visits in villages (public awareness, referral service and follow up) - Service Count)

Sr. No	Type of Service	Akole	Ambegaon	Total
1.	COVID 19	2658	3620	6278
2.	Government Schemes	1067	1920	2987
3.	ANC Services	435	696	1131
4.	Regular Health Care Services (OPD, NCD, HIV/ART etc)	1055	1830	2885
5.	Helpdesk and Helpline Referral Services	650	770	1420
	Total number of people contacted	**5865**	**8836**	**14701**

During the period, a total of 14701 village health committee members and other people were sensitized on scientific information about COVID 19, various government schemes, ANC services, Regular health care services and referral to helpdesk and helpline through 183 village visits.

Number of beneficiaries who have availed government services through Outreach initiative

District	Block	Total	Break up
Pune	Ambegaon	112	75 JSY, 25 MPJAY and 12 PMJAY
Ahmadnagar	Akole	95	92 JSY, 3 MPJAY
	Total	**199**	

During the period, a total of 199 people availed the benefit of various government schemes, MPJAY, PMJAY and JSY through outreach work.

RKS meetings:-

Details of the RKS meetings conducted and details of issues.

District	Block	RKS Meetings and trainings	Total Issues	Resolved Issues	Follow up issues
Pune	Ambegaon	**3**	**14**	**6**	**8**
Ahmadnagar	Akole	**10**	**29**	**11**	**18**
	Total	**12**	**43**	**17**	**26**

A total of 9 RKS meetings were held in Akole Block and 3 in Ambegaon Block, out of which a total of 43 issues concerning health services were raised in both the blocks. A total of 17 issues have been resolved and remaining issues are in follow up process.

Some key impact of Outreach work - The number of visits made to PHC's

Name of Hospital	No. of villages (VHSNC) visited	PHC visit	Sub centre HWC Visit	Emerged issues	Resolved issues	Follow up issues
Ghodegaon Rural Hospital, Ambegaon, Pune	119	16	35	14	12	2
Akole Rural Hospital, Akole, Ahmadnagar	64	20	21	29	18	11
Total	**183**	**36**	**56**	**43**	**30**	**13**

70% issues were resolved by outreach work.

C: Vedh Arogyacha

This e-platform aims to present scientific, evidence based, reliable information on contemporary health issues, along with interviews with public health experts, policy makers and activists offering insights and analysis of current developments in healthcare and health policy in Maharashtra and India.

Through e-bulletin, following are the details of articles published and videos developed, during the reporting period. Keeping in view the target audience of active villagers from rural areas and middle-class urban people, articles have been planned. We published articles on the themes of giving scientific information regarding COVID-19, sharing COVID positive patient's experiences regarding health system, success stories from field in the context of stories and we also conducted and published interviews with some senior health officials and health staff-nurses through this platform. Channel had 8 videos so far and it is noteworthy that all of the videos received 4700 plus views!

E-bulletin			
No.	**Title of article**	**Month**	**No. of views**
1.	माझी कोव्हिड टेस्ट पॉझिटिव्ह आली; मी आता काय करावे?	October	891
2.	कोव्हिडशी सामना.. कसोटीचा पण यशस्वी ठरलेला... एका कोव्हिडग्रस्त रुग्णाचा अनुभव	October	467
3.	मास्क का व कसा वापरावा?	October	428
4.	'होम क्वारंटाईन'बद्दल थोडे महत्त्वाचे...	October	480
5.	कोव्हिड टेस्ट आणि विलगीकरण समज – गैरसमज	October	222
You tube channel			
6	'कोव्हिड टेस्ट आणि विलगीकरण' समज गैरसमज	October	286
7	मला कोव्हिड होऊ नये म्हणून...	October	1316
8	होम क्वारंटाईन म्हणजे काय?	November	916
9	सुपोषणाच्या दिशेने एक मुठ पोषण	December	1061

B. Pune City Telephonic Helpline – Short overview

General characteristics and mode of operation:

The helpline ran from 9.30 am to 5.30 pm everyday with holiday on Sunday.

Our tools to help people were – Pune Municipal Corporation Dash Board for availability of beds across Pune and Pimpri Chinchawad Muncipal area. We had contact number of officials. We had connections with officials for getting issues resolved. We called directly to the hospitals (Pvt) taken over by government for COVID duty which were denying admission, asking patients to deposit money, over charging. We had numbers of whole sellers dealing with drugs. Total 300 calls were received. **100 calls out of 111 of serious categories – (admitted/ OB/VB/ICU) came in the month of September 20.** Out of 300, for 254 calls we could register gender. There are 2 children, 65 females and 187 males out of 254.

2. Operating help desks, help lines and patient support systems, to ensure essential healthcare and information to people amidst the COVID 19 epidemic situation in Maharashtra (APPI)

A. Blocks and district hospitals where helpdesks are being run

Ghatanji (RH), Kurkheda (SDH) (Dist Gadchiroli), Aramori (SDH), Budaragad (RH), Gadhinglaj (SDH), Shahapur(RH), Karjat (RH), Junnar (RH), Bhor (SDH) and Nandurbar District hospital.

1. Training

- Material/ module developed for training of field facilitators and help desk persons on COVID 19 and also on the entitlements and schemes offered to poor patients.
- An online workshop was held for help desk persons and outreach workers (35) for training them on patients' rights, COVID 19, and entitlements and schemes offered to poor patients.

2. Help desk

- Help desk collected all related information of the entitlements and schemes offered to poor patients like Mahatma Phule Jan Arogya Yojana and Pradhan Mantri Jan Arogya Yojana, listed the private hospitals in the area.
- Efforts were taken to get permission for setting the help desk.
- Through help desk many patients were given information about COVID 19, were assisted to get services like medical certificate, Birth and death certificates, treatment for TB. An online register was developed that is being filled daily by the help desk persons.
- Issues and problems related to the health services of the local health organization are being resolved immediately by the helpdesk coordinator by submitting the same to the senior medical officer.

Number of patients helped through the Help desks

Month	September 20	October 20	November 20	December 20	January21	Total
Total	497	1303	1429	2065	2789	8083

3. PHC level activities

- In all, information regarding COVID patients was collected from PHCs, *Rugna Kalyan Samittee*, and key village level persons. Information was also collected about the beneficiaries of various entitlements like ANC entitlement etc. Posters were exhibited to give the information to masses regarding the COVID and various government schemes.
- Meetings were conducted with *Rugna KalyanSamittee*.
- Some of the illustrative decisions taken in these meetings are -
  - The money would be utilised to hire private ambulance to refer COVID patient to CCC and also for repair and maintenance of the ambulance in PHC
  - Referral will be provided to COVID patients and snake bites cases.
  - RKS members and ASHA were given help line numbers

4. Village level activities

- Outreach took place in 678 villages. The awareness meetings were conducted at road crossings in villages, hotels, Bazars and Temple. The helpline number (mobile no of the outreach workers) were disseminated along with COVID awareness. Local Whatsapp groups and Facebook was used for dissemination of information.
- Information was given about the COVID 19 services and awareness regarding COVID 19.
- Corona monitoring committees were made operational in villages to guide patients with symptoms.
- Patients were informed and assisted to get entitlements in non- Covid illnesses.

B. Pune City Telephonic Helpline

The enigma which is unresolved even at the level of scientists and epidemiologists

The real dynamic months were from August to October 20. The graphs and analysis are for the same months. In November, December and Jan 21 only 77 calls were received in a period of 90 days. They were nearly all related to general awareness of COVID and testing related. No serious patient called. Why and how the epidemic spiralled down so fast is an enigma even to the epidemiologists.

General characteristics and mode of operation

The helpline ran from 9.30 am to 5.30 pm except holiday on Sunday.

Publicity and awareness of COVID Helpline

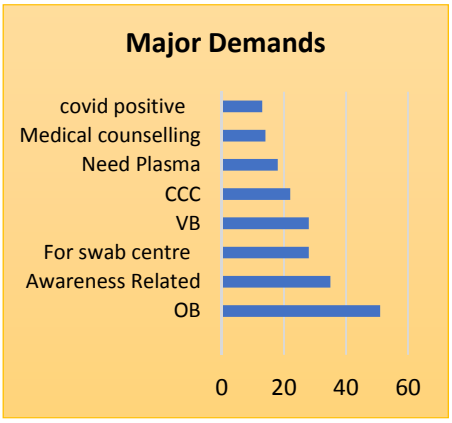
Print media, social media, electronic media and like were used to spread awareness in masses regarding the helpline.

- 300 posters were displayed in nearly 80 -85 Covid Swab centres across Pune
- Local newspapers – Pudhari/ Loksattaa gave good coverage to the helpline
- Pune Akashwani took detailed 14 min interview of Shakuntala Bhalerao regarding the helpline
- Through social media, Whatsapp broadcast list, Facebook – the Helpline was promoted to nearly 1500 individuals.
- A relative of one patient who got help from the helpline – Mr. Vasant Pandit made a video on the helpline and disseminated it widely.

Our tools to help people were – Pune Municipal Corporation Dash Board for availability of beds across Pune and Pimpri Chinchwad Muncipal area. We had contact number of officials. We had connections with officials for getting issues resolved. We directly called the private hospitals taken over by government for COVID duty, who were denying admission, asking patients to deposit money, over charging etc. We had numbers of wholesale dealers dealing with drugs.

Nature of calls

The pattern of calls by demands / needs of the patients is as below: Few abbreviations are - **CCC –** Inquiry for Covid Care Centre, VB **–** Inquiry for Ventilator/ ICU beds, OB – Inquiry for Oxygen / isolation beds. Out of nearly 50 different demands/ needs the following eight were in large numbers.



It would be easily noticed that the categories – demand for oxygen beds, (OB) Covid Care Centres (CCC), Ventilator bed (VB) constitute nearly one third of the total – 101/ 300.These were the desperate patients who were Covid positive and were ill, fearful and sometimes serious without any access to the hospital beds and were desperately trying to get one bed for themselves and were told that no bed was vacant.

Covid19 response work related numbers in field

Sr.	Activity	Particular	Numbers
1.	Training	Training on Covid-19 response in rural area with Field level team from 10 blocks along with helpdesk coordinators	40
2.	Helpdesk	Helpdesk counter registration at RH/SDH/DH for general health care services and schemes related information sharing and helping to take benefits in health institution	608
3.		Help given to people related Only covid-19 related services and guidance at RH/SDH/DH	1949
4.	Helpline	Calls attended and follow up done by Covid helpline	30
5.	Outreach	Visit to PHC's for updating health centre related services and Health schemes for general awareness during covid-19 in the villages	48

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

Objective wise output, key successes achieved in this year.

Objective 1: Enhanced capacity development of 120 ASHAs/Poshan Sakhis, around 120 Anganwadi workers, 20 block facilitators and coordinators in project areas.

- During the field visits regular on field hand holding of field level Karykartas and Asha/Poshan Sakhi has been conducted regarding follow up of undernourished children, Growth Chart campaign and anthropometry.
- Data formats and Mobile App related re-orientation and demonstration has been done in all field areas of B-CAN project.
- State level review and planning meeting of all partners has been conducted at Pune on 12th July 2020.
- Communication regarding SNP during lockdown period and follow up of under six children has been done with Karyakartas

Objective 2: The overall percentage of severe under nutrition would be reduced by up to 6%, among under 6 children in project areas.

- The monthly anthropometry of all the children under six years of age is being conducted during February 2020 in all the 3 blocks. Based on these anthropometric measurements malnourished and growth faltered children have been identified and follow up has been done on regular basis.
- Due to COVID-19 pandemic situation, Anganwadi worker was still not taking anthropometry measurement of under six children. Follow up regarding anthropometry status has been done in all project intervention areas.
- One round of anthropometry (daily 4 children) has been conducted in only Bhor block during COVID-19 pandemic by Anganwadi Worker. State level karykarta visited in selected villages during this anthropometry and communication regarding follow up of undernourished children has been done with local karykartas of Bhor, Velhe and Dharni
- Information regarding improved nutrition has been provided in all three intervention blocks during COVID-19 pandemic lockdown through Asha Worker/Poshan Sakhi.
- Follow up of pregnant women and appropriate referral has been ensured in all three blocks of B-CAN intervention area.
- Communication regarding follow up of pregnant women and appropriate referral has been done with karykartas of B-CAN intervention area
- Base line report has been prepared for submission for Bajaj regarding specific indicators.

- An End line report has been prepared based on improvement in nutritional status of under six children of all three blocks regarding specific indicators.

Objective 3: Prevalence of growth faltering will be identified and appropriate action will be taken.

- The monthly anthropometry of all the children under six years of age is being conducted during February 2020 in all the 3 blocks. Based on these anthropometric measurements malnourished and growth faltered children have been identified and follow up has been done on regular basis till Sept. 2020.
- Based on anthropometry conducted during February 2020, follow up of malnourished children has been done. The anthropometry and follow up has been conducted observing physical distancing norms.

Objective 4: In project areas, activity of key grassroots stakeholders and PRI representatives towards improving nutrition services and entitlements in their habitations would be significantly increased. In 30% villages of the project area the committees will be activated.

- In Dharni block Poshan Hakk Gats have been formed in all 40 villages during our intervention. Regular individual dialogue with Poshan Hakk Gat members regarding health and nutrition services have been done till July, 2020 on monthly basis.
- In all areas of intervention, meetings of Poshan Hakk Gat members regarding health and nutrition services, were held on monthly basis by observing physical distancing norms.

Objective 5: Improved quality of supplementary feeding by Anganwadi for 3 to 6 years old children, with up to 10% caretakers reporting improvement in following intervention.

- During lockdown period all Anganwadi Centres were closed. Keeping in view this situation, follow-up for ensuring AAY and SNP programme has been done at Dharni Block. Follow up regarding AAY has also been done.
- Follow up with Gram Panchayat has been done to ensure monthly ration for malnourished children's family at Dharni Block as well at Velhe block.
- In Velhe and Bhor block, during Covid-19 pandemic period, issues related to supplementary nutrition (SNP) have been communicated to block level officials.

Objective 6: Improved nutrition practices among parents/caregivers of under 6 children in project area, with upto 10% caretakers demonstrating such improved practices.

- Information regarding improved nutrition has been disseminated in all three intervention blocks during COVID-19 pandemic and subsequent lockdown period through Asha Worker/Poshan Sakhi.
- On the basis of anthropometry done during February 2020, follow up of undernourished children has been done by Asha Worker in all three blocks of

intervention area. On the basis of these anthropometry, at Bhor and Velhe block home VCDC's have been promoted under B-CAN intervention process.

Objective 7: Five Case studies will be documented

- Case studies regarding positive changes have been documented. Around 6 case studies have been successfully documented from the Bhor, Velhe and Dharni blocks.
- **Mission Poshan**: Eleven issues of 'Mission Poshan' newsletter of Building Community action for nutrition process have been published, including special issues related to COVID-19 and subsequent lockdown. 15 positive case studies have been documented through Mission Poshan newsletters. The newsletter has covered the stories of positive changes observed in the B-CAN area. The newsletters also included various types of articles related to nutrition, in order to provide different types of information to the facilitators of B-CAN in easy-to-understand language.

Objective 8: To improve knowledge of Asha/Poshan Sakhi in intervention habitations, building capacities of 120 ASHA/Poshan Sakhi to facilitate community meetings regarding nutrition services, messages and counselling, follow up and health care support.

- State Level Multi-Stakeholder Workshop was organized on 8th July 2020 at Kikavi, Bhor. Twenty-nine participants attended this workshop including Panchayat Samiti Members, Sarpanch, members of the Poshan Hakka Gat, ASHA workers, Anganwadi Workers, and Facilitators and Coordinator of the B-CAN process
- State Level Multi-Stakeholder Workshop was organized on 17th July 2020 at Ranigram, Dharni. 38 participants attended this workshop including the members of the Poshan Hakka Gat, ASHA workers, Anganwadi Workers, Taluka Medical Officer, Medical Officer of District General Hospital, Dharni, officials from the ICDS Department, PRI Members and the Facilitators and Coordinator of the B-CAN process.
- State Level Multi-Stakeholder Workshop was organized on 10th July 2020 at Panchayat Samiti, Velhe in coordination with the Health Department and ICDS. This workshop was attended by 20 participants including Panchayat Samiti Sabhapati, Zilla Parishad members, members of Poshan Hakka Gat, ASHA workers, Anganwadi Workers, and the Facilitators and Coordinator of the B-CAN.
- Based on monthly report, the data analysis related to Nutrition services and nutrition status of under six children has been completed.
- Data entry of 19 villages of Bhor and Velhe block has been completed till now.

Objective 9: Mobile APP and portal regarding CAN process will be developed during implementation of first year of project.

- Mobile APP related to follow up of undernourished children has been updated. Mobile APP for collecting periodic data related to Nutrition services such as ICDS services and Bharatratna Dr. APJ Abdul Kalam Amrut Aahar Yojana, has also been updated.
- The data related to Nutrition services such as ICDS services and Bharatratna Dr. APJ Abdul Kalam Amrut Aahar Yojana, is being entered in both Mobile APPs. And analysis related to app data is in process.
- Data entry in various formats such as *Balakachi Prathamik Mahiti, Koutumbik Mahiti,* Monthly anthropometric measurement related file, have been completed.
- Meeting regarding need for developing convergence and synergy between line departments such as ICDS and Health officials including BDO, CDPO, THO, Anganwadi supervisor, RBSK team, PHC medical officer, has been conducted to address an important issue of Malnutrition in Bhor, Velhe blocks.
- In Velhe block follow up with Tahasildar regarding ensuring extra ration to Malnourished children's family has been done in the post lockdown period.

Objective 10: Community sensitization on Nutrition issues in 120 habitations, series of monthly awareness building activities related to nutritional services and practices, conducted regularly over one year, across 120 habitations.

- Monthly meetings are being carried out on regular basis with individual members of Poshan Hakk Gat, including telephonic communication with them regarding health and nutrition.
- During COVID-19 pandemic and subsequent lockdown period in Bhor and Velhe block, *Bal Kopara* has been promoted in all intervention habitations.

Objective 11: Dialogue at block and district level with systematic community inputs on quarterly basis in 2 districts. Quarterly block and district level nutrition review meetings conducted with systematic community inputs.

- Online Nutrition Consultation for Building Community Action for Nutrition (B-CAN) process supported by Bajaj CSR has been conducted on 24th July, 2020 which was jointly organized by SATHI and Nutrition Rights Coalition, Maharashtra. In order to receive guidance and support for the future implementation of this project, experts with vast experience and expertise in the area of Child and Community Nutrition were invited for the online nutrition consultation for B-CAN on 24th July, 2020. The resource persons present for this consultation were Dr. Dipa Sinha, Prof. Satish B. Agnihotri, Dr. Rupal Dalal, Dr. Shubalakshmi Iyer, Dr. Satish Gogulwar, Dr. Madhukar Gumble, Satish Kumar, Dr. Abhay Shukla and Ms. Bhupali Mhaskar. Representatives from ICDS and Health Department, Mr. Kuldip Bhonge (CDPO

Bhor), Mr. S. V. Chandane (CDPO Velhe) and Dr. Shaishikant Pawar (THO Dharni) were also invited for this consultation.

- Meeting regarding need for developing convergence and synergy between line departments such as ICDS and Health in presence of BDO, CDPO, THO, Anganwadi supervisor, RBSK team, PHC medical officer and ANM has been conducted to address an important issue of Malnutrition in Bhor, Velhe and Dharni blocks.
- At Tahsildar level, 2 dialogues each at Bhor and Velhe Block, have been completed to discuss issues related to health and Nutrition of under six children.

Objective 12: Report cards generated through CAN process, with common and systemic issues identified and discussed at Block level and District level nutrition review meetings, six monthly Anganwadi report cards prepared for 120 habitations.

- The second round of data collection process began in Feb & March 2020, and continued in April for some time. However, it has not been completed in some areas at all due to the COVID-19 outbreak and lockdown situation.
- Documentation of community feedback on nutrition and health services through using pictorial tools based on that prepared report cards.

Objective 13: A mass dialogue will be organized at block level annually which will felicitate the key members responsible for reducing malnutrition. A dialogue with officials related to nutrition services will also be conducted.

- In the situation of Covid-19, Public dialogue was organised in Bhor and Velhe block at cluster level in the presence of Anganwadi Supervisor, Medical Officer, PRI member, ASHA, Angnawadi Worker, etc while observing Covid-19 related guidelines.
- The ASHA workers, Poshan Sakhis and Anganwadi workers across the 40 villages of B-CAN area of Bhor and Velhe were felicitated for their contribution in reducing malnutrition in the B-CAN process during the mass dialogue.

Other activities related to Covid-19 Pandemic

- Posters related to COVID-19 pandemic awareness have been prepared in collaboration with TDD in 9 tribal languages, including Marathi. These have been distributed through social media such as Whatsapp group of Asha Worker, Anganwadi Worker, Poshan Hakk Gat members in all intervention areas of B-CAN project. Small meetings related to Covid-19 related awareness have been done in all areas of B-CAN while observing Covid-19 related guidelines.
- Distribution of syrups- Considering Covid-19 situation and subsequent lockdown, multi vitamin syrup has been distributed in Bhor and Velhe block.
- **Ration Distribution** – Considering Covid-19 situation and subsequent lockdown, dry ration has been distributed by Rachana Sanstha in 13 Villages of Bhor Block and 7 Villages of Velhe Block within our intervention area.

- **Distribution of Eggs** - Considering Covid-19 situation and subsequent lockdown, Eggs have been distributed to malnourished children in Bhor and Velhe block. 1967 Eggs have been distributed to 91 malnourished children in 26 villages of Velhe block and in Bhor block 3801 eggs have been distributed to 181 malnourished children among children of 32 villages of Bhor block.
- **Distribution of Masks-** Considering Covid-19 situation and subsequent lockdown, masks donated by Bosch Company have been distributed in Bhor and Velhe block.

State Level Updates-

- Regular follow up with Bajaj CSR regarding approval for second and third year implementation has been done with the Bajaj representative.
- Second and third year updated proposal has been submitted to PDC as well as to Bajaj CSR.
- Budget in given format has been submitted to Bajaj CSR for second and third year of implementation.

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

Goal - Ensuring a positive situation in tribal communities of Maharashtra, where nutrition related awareness, linkage of communities with health and nutrition services based on participation and accountability processes, and household nutrition practices are optimally developed, to minimize child malnutrition and its consequences.

Scope of the project – 10 tribal blocks in Maharashtra, 420 habitations, **estimated tribal children monitored –** Around 22000

Objective 1: Community Action for Nutrition (CAN) Project will spread awareness about the Bharat Ratna Dr. A.P.J Abdul Kalam Amrut Aahar Yojana. For the implementation of the Amrut Aahar Yojana in the project area, Rural Health, Nutrition, Water Supply and Sanitation Committee, Nutrition Committee and Mata Samiti will be made active.

- Community members identify gaps in nutritional services and communicate them, *results in improved services,* better *regularity of food items (dry ration), higher utilisation*.
- In all CAN intervention area during Covid-19 pandemic and subsequent lockdown period, Amrut Aahar Yojana has been monitored at local level. It has been functional due to intervention by CAN process in all habitations of CAN.
- In all habituations of CAN intervention area, Asha worker and Anganwadi worker has been distributed AAY and SNP dry ration and follow up regarding the same has been done by field level Karykartas of CAN.

- Awareness campaigns regarding the Growth Chart, AAY, Anganwadi services, nutrition practices and COVID-19 were conducted in Armori, Kurkheda, Junnar, Jawhar, Mokhada, Shahada and Dhadgaon blocks.
- Awareness campaign regarding overall nutrition of under six children and the importance of Egg during lock down period, has been done through posters prepared by CAN team, in collaboration of with TDD related to COVID-19 pandemic as part of COVID-19 awareness campaign.
- Awareness campaigns regarding the AAY, Angnawadi services and the nutrition practices including CAN process, was done through visits to group of selected people and with the help of usage of social media.
- Monitoring of the functioning of the nutrition & AAY services through Village Level Poshan Hakka Gat has been conducted on regular basis except for the few months of strict lockdown.
- IEC material like posters related to importance of egg for pregnant, lactating mothers during Covid-19 related lockdown period, have been disseminated in the intervention area regarding AAY services.
- Block meeting with CDPO, THO, representatives of BDO has been conducted on 25th March 2021 regarding Gram panchayat involvement in CAN process. Based on this, CDPO and BDO issued a letter to grampanchyat for monitoring Child growth and AAY scheme including Big size growth chart procurement for each AWC

Objective 2: During this project the number of children with severe child malnutrition and moderate child malnutrition will be reduced by up to 20%. The prevalence of growth faltering will be reduced by up to 25% in children below the age of 6 years. The improvement rate in the children in the severe and moderate category will be increased by up to 25%. Malnutrition related child deaths will be reduced by up to 15%.

- The monthly anthropometry of all the children under six years of age is being conducted during March 2020 in all the 10 blocks. Based on these anthropometric measurements, malnourished and growth faltered children have been identified during March 2020, and based on this anthropometry, follow up of under nourished children has been done on regular basis.
- The monthly anthropometry of the children under six years of age is being conducted in selected villages of all the 10 blocks after closing of lockdown. The anthropometry has been conducted observing physical distancing norms.
- The number of children receiving referral service, as per need- On the basis of anthropometry, the children who require referrals are being given referral service by the ASHA workers in all the intervention area. Referral services had been given in following manner – During March 2020, 164 children, in June 185, in July 204, in August 230, received referral service. Follow up and referral has been given to under six children during lockdown period. But most of the parents were reluctant to get these services from the health institutions.

Positive changes through CAN process

- The percentage of SAM children reduced from 2.8% to 2.5% (10.7% reduction) and the percentage of MAM children reduced from 12.3% to 10.3%. (16.2% reduction)
- The percentage of SUW children reduced from 14.1% to 8.4% i.e. 40.43% reduction has been observed in SUW children.

Positive changes through CAN process- Cohort Analysis

Status of Malnourished children between first and last month of programme
(Based on Weight for Height (WZH) criteria – status of MAM and SAM children)

Cohort	WZH – Number	
	June 19	Feb 20
Normal	9039	10562
MAM	2169	1139
SAM	997	504

Reduction in malnutrition in CAN areas from June 19 to Feb. 20, based on Weight for Height (WZH)			
	Initial percentage	End point percentage	Percentage reduction in malnutrition
Status of MAM	17.8	9.3	**47.75%**
Status of SAM	8.2	4.1	**50.00%**

Proportion of normal children in the cohort increased from 74.1% (June 19) to 86.5% (Feb. 20) in the same period.

Objective 3: The number of pregnant women, lactating mothers and children registered under Amrut Aahar Yojana will be increased up to 90% and the consumption of the meals will be increased up to 80%. In order to understand the current situation of this service, a data compilation model will be developed based on public participation. On this basis the information about the beneficiaries of the Amrut Aahar Yojana will be made available, according to the villages, to the Tribal Development Department. After the completion of the process, this model can be made universal in all the tribal districts

- At Village Level through the intervention of Poshan Hakka Gat and dialogue at village, block and district level the functioning of AAY has improved significantly.
- In the Covid -19 pandemic situation, regular follow up of AAY has been done at village level on regular basis to ensure the dry ration for pregnant women and lactating mothers.

Positive changes in Bharat Ratna Dr. APJ Abdul Kalam Amrut Ahaar Yojana through CAN process

- Despite funds transfer related issues, AAY has been functional for mothers on an average in 400 villages/habitations out of 420 villages (i.e. 95.2%). Whereas, AAY has been functional for children on an average in 399 habitations (i.e. 95.0%).
- Pregnant and lactating women were getting dry ration related to AAY on regular basis.
- In all habitations of CAN intervention area delivery of dry ration regarding AAY and SNP has been monitored on regular basis in Covid- 19 Situation till March 2021.
- Due to regularisation of AAY, children are now receiving eggs regularly.
- In the area of CAN process, AAY have been functional for mothers in 400 village/habitations during Covid-19 pandemic and subsequent lockdown period. Whereas, AAY has been functional during the same period for children in 399 villages/habitations.

Objective 4: The process will also identify severe stunting (Low height for age, below -3 z score) and moderate stunting (Low height for age, between -2 z and -3 z score) and provide counselling to prevent it.

- Intensive counselling and follow up of under-6 children has been done on regular basis.
- CAN process ensured follow up of under six children who were identified during the month of March 2020.
- Based on March 2020 anthropometry, ASHA was involved in *weekly visits to each and every malnourished child,* counselling mothers for improved household nutrition during the reporting period.
- *Intensive follow up of malnourished children through ASHA has been done on regular* basis, including referral of severely malnourished children for treatment.

Follow up of high-risk pregnant mother -

Follow up of high-risk pregnant mothers has been done through ASHA at village/ Habitation level.

Documentation of the CAN process and Positive changes-

Poshan Kuposhanache 'SAKAS' Samvad Patra - We regularly publish one newsletter for CAN process. During the period from April to December 2020 issues of SAKAS have been published regularly. Total 9 issues of the newsletters have been published during this period

Preparatory activities related to the End line assessment of CAN process

- Meeting with Gokhale institute (based in Pune) regarding an end line assessment which was held on 19th June 2020. Meeting was planned for discussion regarding overall scope, methodology, timeline etc. with Dr. Parchure the Director of the Institute and their team members. Discussion was also held regarding how to move further and conduct an end line assessment of CAN project considering Covid-19 pandemic situation.

- After communication with Gokhale institute and unavailability of Gokhale institute during the proposed period, we have contacted Nirmala Niketan Institute of Mumbai for end line assessment as third party. Meeting with Nirmala Niketan Institute regarding end line assessment was held on 4th September 2020 to discuss methodology and administrative issues related to end line assessment.
- Online meeting with Hon. Ms. Pavneet Kaur Madam, Commissioner TRTI, regarding end line assessment was held on 24th October 2020.
- Meeting with TDD's Ms. Priti Pawar Madam, Dr. Safwan Patel and Nirmala Niketan's representative Dr. Ratnaraje Thar madam was held on 13th October 2020 for a discussion regarding CAN project's end line assessment scope and administrative details regarding the same.
- Online meeting with Hon. Ms. Pavneet Kaur Madam, Commissioner TRTI, regarding end line assessment was held on 24th October 2020 in presence of Mr. Sonawane, Dr. Safwan Patel, Ms. Priti Pawar from TRTI. Issues related to third party selection, disbursement of funds of third year and reallocation of funds were discussed in this meeting.
- Meeting with Dr. Safwan Patel and Priti Pawar Madam regarding end line assessment related administrative details was held on 12th November 2020.
- Communication with Hon. Dr. Anup Kumar Yadav, Principal Secretary TDD and Hon. Ms. Pavneet Kaur madam, Commissioner TRTI, Pune was done regarding end line assessment early December 2020.
- Review of CAN process was conducted by Hon. Dr. Anup Kumar Yadav, Principal Secretary TDD and Hon. Ms. Pavneet Kaur Madam, Commissioner TRTI. Presentation regarding CAN process was given to Dr. Anup Kumar Yadav Sir and Ms. Pavneet Kaur Madam. During this review meeting, Mr. L.G. Dhoke Sir, Deputy Secretary, TDD, Dr. Safwan Patel Sir, Mr. Waje Sir and other senior officials were also present. Discussion regarding end line assessment was also held with Dr. Yadav Sir and Ms. Pavneet Kaur Madam. This meeting was held on 18th December 2020.
- Review meeting with Ms. Pavneet Kaurmadam regarding end line assessment which was held on 15th March 2021.
- Meeting with Priti Pawar madam from TRTI regarding third party assessment which was held on 18th March 2021.
- Several telephonic communications and online meetings with TRTI have been done regarding third party selection for end line assessment

COVID-19 Intervention

- 8 Posters related to COVID-19 pandemic awareness have been prepared in collaboration with TDD in 9 tribal languages including Marathi. COVID-19 related Awareness has been done using 8 posters in all tribal languages through What's App groups in all CAN area.

- Created total 30 Whats App groups of Asha Worker, Anganwadi Worker, Poshan Hakk Gat members for COVID-19 related awareness.
- Awareness in all areas of 16 tribal districts has been done. We have provided list of languages in a tabular form to TDD for easy distribution of posters to TDD.
- We have played a crucial role in SAMVAD counselling helpline for tribal areas.
- Distribution of Mask to ASHA's and Anganwadi Worker in Jawhar, Mokhada, Junnar and Karjat block - this activity was conducted in the month of November 2020.
- Hand Wash demonstration programme was organized at Shahada Block during the month of October 2020.
- With the help of list of beneficiaries follow up was done related to availing of ration benefits for migrant families in Junnar block.

State Level Activities & administrative activities

- Due to Covid-19 Pandemic and subsequent lockdown situation, no-Cost Extension for the period from September 2020 to November 2020 has been issued to CAN process by Hon. Ms. Pavneet Kaur Madam, Commissioner TRTI. In the month of December 2020 no cost extension for the period upto June 2021 has been given for CAN project to complete end line assessment of CAN.
- After lockdown, field visits were organized by the SATHI team members to all the 10 blocks, and review and planning meetings were conducted at block level for preparations for end line assessment.
- Meeting with Hon. Dr. Anup Kumar Yadav, Principal Secretary TDD and Hon. Ms. Pavneet Kaur madam Commissioner, TRTI was held on 18th December 2020 at Quest office Mumbai regarding no-cost extension to CAN process and no cost extension has been given until completion of end line assessment. Review of CAN process was also conducted with Hon. Dr. Anup Kumar Yadav, Principal Secretary TDD and Hon. Ms. Pavneet Kaur Madam, Commissioner TRTI on 18th December 2020 regarding end line assessment of CAN process.
- Unaudited UC for the period from May 2020 to November 2020 has also been collected from partner organizations.
- Field level monthly review planning meetings with all partner organizations have been completed during the period from October 2020 to March 2021 at Junnar, Karjat, Jawhar, Mokhada, Tryambakeshwar, Shahapaur, Shahada, Dhadgaon, Armori and Kurkheda.
- Monthly online review meetings with each block were conducted during Covid-19 related lockdown and post lockdown period.
- A state level review and planning meeting with partner organizations was held on 29th December 2020 regarding State level updates, end line assessment and no cost extension.
- Meetings with District and Block level officials has been conducted.
- Meeting with PO, BDO and CDPO was held on 08/10/2020; Meeting with Dy. CEO was held on 21/12/2020; Meeting with APO, PO was held on 07/01/2021 at Junnar block.

- Meeting with Chief Executive Officer and Project Officer of TDD has been conducted for review of CAN process which was held on 4/01/2020 at Gadchiroli.
- Meeting with Project Officer of Jawhar project regarding sharing CAN project related updates with PO and other key officials was held on 28th October 2020. Dattak Palak Yojana related discussion was also held with PO of Jawhar.
- Meeting with Dr. Jotkar from Rajmata Jijau Mother and Child Nutrition Mission has been done regarding CAN project updates and their involvement in CAN process on 23rd February 2021.
- CAN progress positive impact related block wise Marathi report of all blocks have been completed and 2 English block reports have been completed for Dist. & Block level officials.

5. Facilitating community-based communication and feedback system for addressing Health and Nutrition Services issues emerging due to COVID-19 epidemic in Maharashtra (IBP)

SATHI has run this project for addressing people's needs during COVID-19 pandemic like to make community aware about COVID related information, address their behaviour related queries, helping them to get their health and related entitlements. Project was run for 5 months duration. Following activities were conducted during the project period-

COVID related trainings to the block coordinators and Community

SATHI team developed the training manual on COVID-19 for the community in a very simple and local language. SATHI team has given online training to Community leaders, ASHA workers, Anganwadi workers, PRI members and Village health, Nutrition, Sanitation Committee members in 28 blocks.

Total training conducted	**27**
Total ASHA trained in COVID 19 training	**380**
Total Anganwadi Sevika trained in COVID-19 training	**291**
Total VHNSC Male Members trained	**185**
Total VHNSC Female trained	**119**
Total	**975**

Situation analysis of public health services and frontline workers during COVID period

To understand the field level situations about the health services and the situation about the frontline workers, SATHI has conducted the online survey from the VHNSC members, ASHA workers and Anganwadi workers.

Information collected from	No of responses
VHNSC members on health, Nutrition and PDS services	2525
ASHA workers situation	957
Anganwadi workers situation	892
Total	4374

Awareness dissemination about COVID-19

SATHI has produced and disseminated the scientific information related to COVID-19 in the 28 blocks of Maharashtra, details are below-

Awareness material	Number	Produced by
COVID related scientific messages	17	SATHI
Posters on Health and Nutrition services during pandemic	8	SATHI
Films	1 1 1	SATHI NHM PFI
Podcast audio message	1	SATHI
Posters on PDS entitlements	12	SATHI

Based on the information SATHI team helped the local community leaders to resolve the local service- related issues. Details are given below –

Details of issues	Issues emerged	Issues resolved
Covid related issues emerging at the local level	49	39
Anganwadi Services	13	6
Health services related issues	20	11
Asha PPE kit, medicine, payments related	41	26
PDS services related	37	18
Total Issues -	160	100

Case stories on positive work completion by the community level leaders and members –

Based on the intervention and the information given in the project, community has taken initiative to resolved the local level issues. Based on their experiences in the field, SATHI has published the positive stories book called 'Prayatna COVID Yodhyanche', in which SATHI has published 21 stories.

6. Building evidence, strengthening action for a sustainable and generalizable model of Community accountability of Health systems in Maharashtra, India (ARC-American university)

A. Action Component

Documentation of various project activities related to multi-sectoral audit was completed in this period. This included the following:

- Policy brief based on action component (Multi-sectoral social audit activities) was published.
- Documentation of cases of patients' rights denial was continued in the COVID situation. The COVID epidemic situation created serious challenges for conducting field-based documentation. Hence this was done mostly over phone and online.

- Preparations for national event on Patients' rights were initiated in form of networking with patients' groups in various states, and background collection of information relevant for the event. Due to the COVID situation, visits to states were not possible. All coordination was done online.

B. Research component

Working paper based on CBMP impact study:

- Series of online discussions between SATHI and ARC team took place to discuss the overall plan about working paper based on CBMP impact study.
- Outline for working paper was prepared, discussed and finalized. Division of responsibilities was also done clearly during an online meeting between SATHI and ARC. Accordingly, work has been initiated and drafts of couple of sections have been prepared.
- Draft of methodology and findings section has been circulated to the team. Introduction, context and overall framing of the paper is being worked out.
- Most of the sections of working paper are finalised. Two last sections are yet to be drafted. After this, all the sections will be compiled and paper will be sent to peer reviewers from ARC team.
- The project ended in December 2020.

7. Promoting people's health rights in Maharashtra, during and beyond the COVID-19 epidemic (FGHR)

During this period the project was conceptualised, proposal and budget developed, various internal processes completed, and after negotiation with the funder (FGHR), grant letter was mutually signed, and activities have been initiated in August 2020.

After addressing IEC suggestions, activities were initiated in August 2020 including the following:

- Regarding Public health sector activities, selected resource persons were identified, and initial communication was carried out regarding their conducting activities in consultation with local networks in selected regions of Maharashtra.
- Concerning Urban health activities, SATHI took initiative in Pune to anchor a city level civil society coalition for social mobilisation in the COVID epidemic situation. This contributed to formation of an innovative State – Civil society joint Task force to deal with the COVID situation in Pune in September 2020.
- On the Research front, preparatory work was done for the study ***'Rapid assessment for understanding challenges faced by Nurses in the time of COVID 19 epidemic in Maharashtra'*.** The study was conceptualised in August 20 and concept note was prepared. Documents were prepared for IEC and Ethics approval for this study was obtained in the end of August 20. In September 20, data collection was initiated.

Action Component
(Key partners in the project - Eakal Mahila Sanghatana(EMS), Mahila Rajsatta Andolan(MRA) and Mahila Kisan Adhikar Manch(MAKAM)

Activities conducted by the SATHI team:-

- Initially introduction and orientation meetings conducted separately with EMS, MRA and MAKAM by SATHI in the month of October and November 2020. The main agenda was to understand the health priorities and finalise the work plan under the project. After having six meetings with these organizations, SATHI team identified the ground level health issues and priorities in respective areas and finalized the complete work plan.
- SATHI team conducted Four online trainings on the health aspects like, Understand the public health system, Role and responsibilities of committees formed under the health facilities like RKS and village level VHNSC, Information has been provided about the schemes which can be monitored at local level, Information on Health and wellness centres (HWC) a newly emerged health structure was also given. Total 112 members participated in the online training.

- **Area coverage under the project**

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

- **Major Activities completed by all three organizations as per below**

1. **Awareness activities and programmes**

EMS	No of Blocks	Village	Total participants	Male	Female
	6	150	2664	238	3799

MRA	No of Blocks	Village	Total Participants	Male	Female
	4	28	1898	794	1104

MAKAM	No of Blocks	Village	Total participants	Male	Female
	4	30	Not mentioned	0	0

2. Visit to PHC and HWC, RKS meetings

Name of the organization	Number of visits at PHC level	Number of PHC in which RKS meetings attained by activists	Number of SC-HWC visits
EMS	31	3	87
MRA	54	4	74
MAKAM	7 7 RH/DH and women's hospital	-	19

3. Numbers of beneficiaries of various schemes

SCHEME	EMS	MRA	MAKAM
MPJAY	46	25	0
PMJAY	27	11	0
PMAY	226	112	4
JSY	87	115	4
Total	386	263	0

4. Numbers of Trainings, workshops or programs

Under the program field team has taken or attended various trainings and programs. The details are given the table below.

Org name	Total no of trainings/programs/camp	Male	Female
EMS	5	82	2323
MRA	27	307	570
MAKAM	Not applicable as the work is going on with the migrant workers, there are sessions at their villages and worksite about the schemes and benefits available for them. The number has not been mentioned.		

5. Resolved/unresolved Issues at block, PHC, Sub centre/HWC level

During the field visits and public health institution visits, some issues emerged at the block, PHC and Sub centre level, which were discussed with the concerned authorities and continuous follow up and actions at respective levels are ongoing.

Org name	Total no of issues	Level	Issues resolved	Under the follow up
EMS	25	Village/HWC/PHC	9	15
MRA	31	Village/HWC/PHC	11	10
MAKAM	2	village	0	2

6. Positive changes and stories

- Health officials and community have given positive response and support to the work. They appreciated the activists and organizations for their work during the epidemic situations.
- After awareness was created among pregnant women, in two blocks of Akola district, two women opened bank account and received Rs. 700 benefit of JSY scheme.
- Through the awareness program, community has been aware about various Government health schemes.
- In the awareness process one woman from Balapur village has been involved in the PHC visits on her own motivation and accompanied the team to PHC for discussion with MO regarding public health services.
- In Osmanabad, Paranda and Tuljapur blocks, many women planted kitchen garden.
- Two migrant women in Ambejogai block received PMVY and AAY scheme benefit. ASHA and ANM were against the idea of giving them benefits as they were migrant workers and not registered in the PHC area. Anganwadi worker also denied to give meal to both of them. So, activists argued with service providers that both of them are staying our area, they should get benefits from the PHCs. HB of both these women was also very low. After continuous follow up now both are getting treatment from ANM, and their HB has also improved. Their form for PMVAY scheme was also filled up.
- In the Osmanabad block after awareness among the pregnant women, they were choosing public health facilities for deliveries.
- After the awareness, some people with high risk, agreed to go for Covid testing. So, they have received the medicines at home and some of the positive patients received health care from the public health system.
- In two areas, village level electricity and water supply issues were resolved.
- Many VHNSC committee members were active after the awareness campaign.
- One neonatal baby and one high risk pregnant woman received quality health services after the intervention by the activists.

Research Component -

Research study: Rapid assessment for understanding challenges faced by Nurses in the time of Covid 19 epidemic in Maharashtra

Study Duration- August 2020-December 2020

Data collection and related challenges

- Data collection for the study was initiated in September and completed by mid-October 2020.
- In google survey we received participation of 367 nurses- 281nurses were from public health system while 86 nurses were from private sector. Civil society networks and nurses' association's assistance was useful in facilitating data collection. However, it was quite challenging to ensure participation of nurses and required follow ups and calling them to explain the aims, objectives and larger value of the survey. Getting participation of private sector nurses was even more challenging and hence we could get relatively small number of private sector nurses in the survey. This also had some implication for

comparative analysis of data on private and public sector as data was not proportionate for both. Private sector nurses were generally reluctant to participate in the study mainly due to fear of backlash from hospital management, if they share any information about their issues to outside person. Some private hospitals have given them strict warning of not sharing any information outside and it was reported that Matrons were keeping watch on nurses.

Data analysis

- While processing data, qualitative interviews were anonymised, coded and transcribed for analysis. Survey data was converted from google to excel sheets and analysis was done referring to key themes used in the survey instrument.
- Aggregated and disaggregated both type of analysis was done on quantitative data.

Report writing

- Report writing, synthesising the data from qualitative and quantitative components of the study was done. Drawing upon findings of the study, detailed recommendations were also drafted at the end of the report. The report was reviewed by scientific committee of SATHI.

- Three types of publications were prepared from this study.
  1. Main report (English)- with detailed findings and set of recommendations in detail.
  2. Research brief (English)- with key findings and recommendations
  3. Research brief (Marathi)- with key findings and recommendations in Marathi mainly for civil society activists, groups, nurses' association etc. within state circulation

All three publications were appropriately disseminated among different groups mostly through email and WhatsApp.

Webinar organised on 7th December 2020

A webinar was co-organised by SATHI, Pune, and Maharashtra Nurses Federation, United Nurses Association, Maharashtra and Jan Arogya Abhiyan., on 'Health system issues, problems faced by nurses and health workers, and policy solutions, in the context of COVID 19 situation'. We had Dr Neelam Tai Gorhe, Deputy Chairperson, Legislative Council, Maharashtra as a chair while Rajesh Tope, Minister, Public Health Department, Government of Maharashtra was key speaker of the webinar.

Other eminent experts, senior government officials and nurses' leaders, included Dr. Subhash Salunkhe, Dr Pradip Vyas, Dr Archana Patil, Prof Pravina Mahadalkar, Dr Sangeeta Bhujbal, TC Jibin and Suman Tilekar, etc. This was followed by presentation on SATHI study, there was discussion on policy direction and recommendations. Webinar news as well as study findings were well covered by many newspapers.

8. Working paper on analysing regulation of private healthcare in India (OXFAM India)

This working paper has been prepared in form of an assignment for Oxfam India. The TOR was finalised through online discussion with Oxfam representatives in April 20, following which MOU was agreed upon. The following methods and tools were used to develop the analysis and recommendations given in this paper:

- Internet based literature review and document analysis, related to current status of central and state CEA and barriers in their implementation.
- Timeline review of laws and legal documents, to map policy context and its evolution.
- Conducting telephonic interviews with key stakeholders in selected states – activists, researchers, consultants to governments - to understand dynamics and roadblocks related to regulation.
- Thematic consultation among the SATHI team and consultants, to discuss policy analysis and potential advocacy strategies for regulation.

Based on these processes, and with involvement of consultants specifically engaged for this activity, drafting of the paper was completed in August 2020, following which an online review was conducted with Oxfam representatives. Based on their extensive comments, various changes were made, and a finalised draft (54 pages, over 23,000 words) was submitted to Oxfam in September 2020 with the following sections:

- **Section A:** Description of current legal status of regulation – focussing on costs and quality of care
- **Section B:** Analysis of regulatory dynamics and roadblocks to implementation
- **Section C:** Recommendations for moving towards effective, people-centred regulation

This draft has been accepted by Oxfam for publication. Besides the main working paper, SATHI has also submitted as one of the deliverables a comprehensive collection (electronic copies) of the various regulatory frameworks, architectures and legislations related to private healthcare, which are applicable nationally and for identified states.

9. Community Action for Health (CAH) – NHM Maharashtra

Community Action for Health process-related preparations -

SATHI was involved in CBMP since 2007, based on the CBMP process CAH has been evolved, to set up the CAH process preparation meetings were organized between NHM, SHSRC and SNN. NHM took up the selection process, in which SATHI applied for the CAH SNN and got re-selected for two years. For this tenure, SATHI was given the responsibility of nine districts namely Pune, Solapur, Sangali, Kolhapur, Aurangabad, Osmanabad, Beed, Amravati and Yavatmal. To start the CAH process in the districts SATHI had to select the district nodal NGO who will take the responsibility in the particular district. SATHI prepared and gave advertisement in the newspaper, this process was based on guidelines provided by the NHM. The advertisement was given in the newspaper and applications from NGOs was

sought before 20th Dec 2020. Based on the application SATHI team took up shortlisting of NGOs and selected 26 proposals out of 83 for the interviews. (A separate report was prepared for the NGO selection activity, which was submitted to NHM.)

The letter was issued to the shortlisted NGO regarding the interview and other administrative issues like interview schedule, mark sheet, letters, supportive administrative documents were taken up in the preparation and the file of each NGO was prepared. In the panel for the interviews NHM, SHSRC, SMC members and SATHI representatives were present. Interviews were conducted on 31st December 2020. Based on the decisions in the panel, final selection report was submitted to NHM.

MOU process with the selected district nodal NGOs-
SATHI prepared the MOU draft in consultation with the NHM along with the budget and budget utilization guidelines. This was sent to all selected DNN in nine districts. Based on their consent SATHI completed the MOU process with all DNN.

Programmatic Activities completed in this period –

1. State level meeting with all DNN- State level meeting was conducted to explain the activities which would be carried out in the field during the project period, based on that DNN was suggested to do the selection of blocks, PHCs, HWCs and villages. Contact should be established in the area to start the work. This meeting was conducted online on 8th January 2021.

2. Preparation of detailed guidelines for CAH activities in the field- How to Implement the CAH process in the field, what will be the roles and responsibilities of DNN, what role should district coordinator play in the field, how the block level coordinator will be selected - SATHI team has drafted these guidelines and shared it with NHM for better implementation of CAH.

3. Activities done by DNN and SNGO in the CAH field

Sr.	Activities	Completed in the field
1.	District Mentoring Resource Group- Formation and capacity Building	8 Districts
2.	Capacity Building one day workshop for Block Coordinator (District NGO)	10 blocks
3.	District level social Audit capacity Building Workshop	2 Districts
4.	DMRG mentoring visits to federations and villages (For 3 Months)	38 Villages
5.	Village level volunteer's identification	222 Villages
6.	PHC level federation, formation & Capacity Building	63 PHCs
7.	Incentive for appreciation of village level volunteers	5 Villages
8.	Incentives to PHC federations (for 3months)	28 PHCs

Along with it, SATHI team members were involved in the following field level activities:

- Dialogue with CMHO in Aurangabad, Beed and Amravati Districts with SATHI (SNGO) team.
- Preliminary meetings with District Chief Executive Officer (CEO) and discussion on DMRG.
- Meetings with District Health Officer, concern nodal officer (RKS) and discussion about CAH activities.
- Meetings with VHSNC for selection of health volunteer at the village level.
- DMRG selection, formation and workshops with district steering committees in three districts.
- DMRG members visited the Beed district and reviewed HWC services.
- Selected village volunteer in 192 Villages. (March 2021)
- Formation of Federations in 50 PHC's
- 6 Block level federation formation, capacity building workshop done.
- Awareness and leaflets distribution in more than 300 villages till March.

Publications-
To start the CAH process in the villages, VHNSC members were given the booklet for their orientation and details of the roles which they will be playing in the villages. Based on the interaction in the block level reviews, the SATHI team realized that such kind of booklet is needed at the village level. So SATHI team has developed the booklet for VHNSC members, circulated it to NHM for approval.

10.Developing the COPASAH South Asia regional hub (COPASAH-PAI)

During the reporting period following two key activities were undertaken-

Webinar on south Asia Hub planning meeting- This meeting was organised on 30th Match 2021 and was attended by 22 practitioners from different south Asian countries. This meeting aimed at having mutual clarity about the Hub's mandate, practitioners' expectations from the Hub, which is vital to have clarity about a plan of action. Interactive session during the webinar focussed on understanding-COPASAH themes and its relevance at the country level, Intersectional issues, other possible themes to work on Transparency, Accountability and Governance (TAG), COVID-19 and rebooting TAG agenda- priorities for COPASAH and country-level processes.

Webinar on Tackling commercialisation and corporatisation of Healthcare: Highlighting people's experiences in time of COVID, moving towards social regulation and UHC'- This webinar was organised on 28th May 2021. Around 110 participants comprising public health activists, academics, researchers, accountability practitioners from Asia, Africa, Europe and Latin America attended the webinar. Dr Abhay Shukla made an opening presentation on 'Contending directions for private healthcare: Corporatisation vs. Social regulation Second

session was on 'Possibilities for health system change emerging from the pandemic'. regional experiences – What has the COVID pandemic revealed about impacts of commercialisation of healthcare?' wherein Moses Mulumba, Marco Angelo and Dr Abhijit More were speakers. This was followed by the Panel discussion on 'Reimagining health systems in the pandemic recovery and post-pandemic scenario' with panelists-Dr Sundaraman - Global Coordinator, People's Health Movement, Anna Marriott- Health Policy Advisor, Oxfam GB. Webinar was moderated by Dr Dhananjay Kakade.

II. LIBRARY AND PUBLICATION

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

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

1. Audio Visual Health Awareness Material –165
2. TV News & interviews- 18
3. Documentation of Jansunwais- 15
4. CBM Film (English & Marathi)
5. Periodicals- Marathi-4, English-6 = 14
6. Books- 3530
7. Bound Volumes- 200
8. Reference Books- 130

Publications in Marathi & English

No.	Particulars of Publication	Date of Publication
1.	Rashtriya Arogya Abhiyan Antargat Arogya Sevanvar Lokadharit Dekhrekh v Niyogen Prakriya Varshik Ahaval April 2019 – March 2020	April, 2020
2.	Mission Poshan Kuposhan Nirmulanasathi Samvadpatra! Ank	April, 2020
3.	Poshan-Kuposhan Sakas Samvadpatra Ank	April, 2020
4.	Flyer of Bharatratana Dr. APJ Abdul Kalam Amrut Ahar Yojana - Social Audit -Gadchiroli District	June, 2020
5.	Flyer of Bharatratana Dr. APJ Abdul Kalam Amrut Ahar Yojana - Nidhi Magani-Vitaran Vyavsthecha Abhyas Tar Amalbajavanichya Dekhrekhisathi Social Audit – Raigad District	June, 2020
6.	Flyer of Bharatratana Dr. APJ Abdul Kalam Amrut Ahar Yojana - Kay Ahe Nidhi Magani Vitaran Vyavastha ? Kashi Rabavali jate hi Yojana – Thane District	June, 2020
7.	Focused bottom-up monitoring approach for improving performance Health Indicators Lessons from Community Based Monitoring and Planning process, Maharashtra	June, 2020

No.	Particulars of Publication	Date of Publication
8.	Escalating community-based accountability processes through Multi-sectoral Social Audits (MSA) Learning, reflections and insights from the grassroots of Maharashtra, India	June, 2020
9.	Vedh Arogyacha Covid ani Palikade – Weekly Bulletin	July, 2020
10.	Flyer-Bharatratna Dr. APJ Abdul Kalam Amrut Ahar Yojana Nidhi Magni va Vitaran vyavastha Yojanechya Amalbajwanichi Sadyastithi - Social Audit	July, 2020
11.	Flyer-Bharatratna Dr. APJ Abdul Kalam Amrut Ahar Yojana Demand & Supply System fo AAY fund Government Monitoring System – Public Awareness of the Scheme - Status of Implementation of scheme - social audit	July, 2020
12.	Aplya Sarkari Davakhanyatil Arogya Seva Suvidha Ani Yojanansathi Madatkaksha va Samparksetu – posters for for 12 districts (Flex)	August, 2020
13.	Dakhal Prayatna Covid Yodhayanche - Goshti Arogya Hakkansathi Kelelya Samuhik Prayatnancha	September, 2020
14.	Brochure – Online Nutrition Consultation for Building Community Action for Nutrition (B-CAN) process supported by Bajaj CSR	September, 2020
15.	Poshan-Kuposhan Sakas Samvadpatra Ank	October, 2020
16.	Vedh Arogyacha Covid ani Palikade – Weekly Bulletin	October, 2020 to January 2021
17.	Maharashtrat Covid-19 Sathichya Darmyan Rugnalayat Kam kartana Nursesna Aalelya Avhanacha Abhyas	November, 2020
18.	Research brief Rapid assessment for understanding challenges faced by Nurses during COVID 19 epidemic in Maharashtra	December, 2020
19.	Gaon Arogya, Poshan, Pani Purvatha va Swachhata Samiti - patrak	January, 2021
20.	Madat kaksha va Sampark setu Patrak printing_ Ghodegaon Gramin Rugnalaya for District Pune & Ahmadanagar - Patrak & Card	January, 2021
21.	Covid -19 Sambadhi Shastriya Mahiti Denyasathi Training Module_04.April.2021_final	February, 2021
22.	Report COVID response project activities and outcome for the period August 20 to January 21	March, 2021
23.	Brief Report- Public Hearing On Overcharging And Patient's Rights Violations In Private Hospitals During Covid-19 - Maharashtra State Level Event Organised By Jan Arogya Abhiyan On 5th February 2021	March, 2021

STAFF DETAILS AS ON 31ST MARCH 2021

Sr.No.	Employee Name	Designation	Gross Salary	Name of Centre
1	Saramma Mathew	Chief Finance & Administrative Officer	1,40,523.00	AT
2	Arun Gadre	Coordinator-SATHI	88,972.00	AT
3	Sangeeta Rege	Coordinator-CEHAT	1,19,468.00	AT
4	Monika Renni	Executive Secretary/Assistant	44,260.00	AT
5	Sarita Patel	Secretary	35,536.00	CEHAT
6	Anshit Bakshi	Senior Research Associate	52,388.00	CEHAT
7	Diana Thomas	Research Associate	44,569.00	CEHAT
8	Rajeeta Chavan	Research Associate	44,119.00	CEHAT
9	Sanjida Arora	Research Officer	70,387.00	CEHAT
10	Sudhakar Manjrekar	Office Assistant	27,393.00	CEHAT
11	Shobha Kamble	Office Assistant	27,393.00	CEHAT
12	Pramila Naik	Administrative Officer	71,037.00	CEHAT
13	Sujata Dadode	Senior Research Associate	53,763.00	CEHAT
14	Radha Pandey	Secretary	36,411.00	CEHAT
15	Swati Pereira	Administrative Assistant	44,569.00	CEHAT
16	Shilpa Kompelli	Research Associate	44,119.00	CEHAT
17	Olinda D'souza	Secretary	36,411.00	CEHAT
18	Abhay Shukla	Senior Programme Coordinator	92,692.00	SATHI
19	Bhausaheb Aher	Senior Project Officer	49,632.00	SATHI
20	Shakuntala Bhalerao	Project Officer	43,897.00	SATHI

21	Sharda Mahalle	Junior Administrative Officer	43,897.00	SATHI
22	Shweta Marathe	Senior Research Officer	51,032.00	SATHI
23	Deepali Yakkundi	Research Officer	43,897.00	SATHI
24	Dilip Harmale	Office Secretary	30,955.00	SATHI
25	Hemraj Patil	Project Officer	43,897.00	SATHI
26	Krishna Bajare	Project Associate	36,932.00	SATHI
27	Nitin Ghatge	Project Officer	42,697.00	SATHI
28	Ramdas Shinde	Junior Administrative Officer	40,897.00	SATHI
29	Shailesh Dikhale	Senior Project Officer	47,532.00	SATHI
30	Shankar Shirke	Project Associate	35,372.00	SATHI
31	Swapnil Vyavahare	Project Associate	34,852.00	SATHI
32	Trupti Malti	Senior Project Officer	47,532.00	SATHI
33	Vinod Shende	Project Officer	43,897.00	SATHI
34	Jyoti Shelke	Project Assistant	30,955.00	SATHI
35	Jessy Jacob	Junior Administrative Officer	35,118.00	SATHI
36	Meena Indapurkar	Office Assistant	12,211.00	SATHI
37	Ravindra Mandekar	Office Secretary	33,255.00	SATHI
38	Tushar Khaire	Administrative Assistant	35,372.00	SATHI
39	Urmila Dikhale	Administrative Officer	51,032.00	SATHI

Slabs of gross monthly salary including benefits	Female	Male	Total Staff
<5000	0	0	0
5001-10000	0	0	0
10001-25000	1	0	1
25001-50000	15	13	28
50001-100000	5	3	8
>100000	2	0	2
Total	22	16	39

Sr.No.	Name of the Board Members	Position on the Board	Remuneration paid for the financial year 2020 – 2021
1	Dhruv Mankad	Managing Trustee	0
2	Jaya Sagade	Trustee	0
3	Mohan Deshpande	Trustee	6,000.00
4	Padma Prakash	Trustee	0
5	Padmini Swaminathan	Trustee	0
6	Raghav Rajagopalan	Trustee	0
7	Rakhal Gaitonde	Trustee	0
8	Ravinder Singh Duggal	Trustee	0
9	Vibhuti Patel	Trustee	8,000.00