# ANNUAL REPORT

# PERIOD 1ST APRIL 2022 TO 31ST MARCH 2023

# ANUSANDHAN TRUST

## SUMMARY OF FUNCTIONING AND WORK OF ANUSANDHAN TRUST

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

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

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

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

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

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

**DETAILED REPORT FOR THE FINANCIAL YEAR 2022 - 2023**

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

## 1. Building evidence on violence faced by young women and Girls

Being a social science research organisation, CEHAT believes in demystifying research methods and tools and working with community based organisations to assist them in conducting research. As a part of such an endeavor CEHAT has started working with four additional grassroots organisations to build their capacity to streamline their management information system and integrate practice of routine analysis of service records. These organisations include Rajsamand Jan Vikas Sansthan (RJVS), MASUM, Vishakha and Sahjni Shiksha Kendra (SSK). They work on issue of violence against women with marginalised communities. Several capacity building sessions have been organised by the CEHAT team to enable frontline workers of the three organisations to develop a structured format of the intake form, validated excel sheets and a framework for analysis of the service data.

Through CEHAT's capacity building efforts, RJVS has analysed 615 cases of violence against women who accesses services from Mahila Manch in Rajsamand district of Rajasthan. This data analysis has been able to provide useful insights on harmful practices like witch hunting which are often used to inflict violence against women. SSK and MASUM data also provide important information on dynamics of domestic violence, expectations of women and effective interventions in addressing violence in rural context. Vishakha's team members has analysed media reports of violence against women in two districts of the Udaipur to highlight the gaps in reporting of VAW news. The team has also looked at the access to abortion for young girls and women in rural context by analysing their service data.

## 2. Mapping Interventions Addressing Gender-based Violence (GBV) in Public Spaces in India

Through this research project, we intend to conduct a study to understand the existing intervention landscape of GBV in public space in India. The overall objective is to explore how state and civil society organisations approach, intervene, and assess efforts to address gender-based violence in public spaces. This project will provide us opportunity to identify and study these interventions, and collaboratively arrive at a set of common indicators to assess their progress.

The project team has worked on developing a research proposal and tools for the implementation of the project. The team has also undertaken a systematic review of literature on VAW in public spaces in South Asian context. This review of literature has helped team to identify the scope of interventions addressing VAW in public spaces and to develop a rigorous research proposal for the implementation of the project.

### 3. Analysis of VAW helpline calls

CEHAT team carried out a detailed analysis of the calls received on VAW helpline run by CEHAT to provide support to survivors of violence as well as assistance to healthcare providers in responding to survivors. About 50 calls received in year 2022 were analysed in detail. The analysis showed that majority of the calls made were by survivor followed up by healthcare providers. Survivors primarily called for seeking legal advice from the counsellors. Several HCPs also contacted counsellors with the use of the helpline when they had questions related to age of consent for examination, advanced age of pregnancies in sexual assault and steps to approach the legal justice system, questions about the child welfare committees and the like. This rapid analysis has enabled team to develop better response mechanisms and brainstorm strategies to increase the reach of the helpline.

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

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

One of the main goals of this project is to improve the existing healthcare practices in five medical colleges. There are known issues in healthcare practices, such as not involving men in family planning, substandard practices in labor rooms, excluding unmarried women from contraceptive services and counseling, and not giving adequate importance to informed consent. However, we don't have specific information about these practices in the medical colleges we're working with.

Given this situation, the CEHAT team developed a research proposal for a situational analysis using qualitative methods. This proposal was submitted and approved by the Institutional Ethics Committee (IEC) of Anusandhan Trust.

The CEHAT team then conducted data collection in these five medical colleges. They conducted interviews with 25 key informants, one from each department in each college. The departments included Obstetrics and Gynaecology (ObGyn), Preventive and Social Medicine (PSM), Forensic Medicine and Toxicology (FMT), Internal Medicine, and Psychiatry. Additionally, they made direct observations using a checklist in each department.

The study aimed to apply a gender perspective to assess public teaching hospitals in Maharashtra, focusing on three key aspects:

(I) **Comprehension of Sex and Gender**: Providers had limited understanding of sex and gender beyond binary concepts, with minimal interaction with sexual and gender diverse individuals, revealing their invisibility within the public health system.

(II) **Female Bodily Autonomy and Gender Stereotyping**: Provider attitudes regarding bodily autonomy and gender stereotypes were noticeable in sexual and reproductive health (SRH) services, influencing their administration.

(III) **Gender-Based Violence**: Providers exhibited inaction in identifying signs of violence, both within facilities and the community, with no established protocols for effective psychosocial support to survivors.

The findings highlighted that healthcare practices often prioritise healthcare providers' convenience over patient needs, resulting in privacy violations and disregarding consent and choice in medical procedures. These practices are perpetuated from teachers to interns and residents, persisting within health systems. To drive gender-transformative changes, a stronger emphasis on gender perspectives is crucial in healthcare practices, not only in medical education institutions but also across the broader public health delivery system.

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

Within the realm of research conducted in medical colleges, a predominant focus has traditionally been placed on biomedical research, often neglecting the pivotal socio-cultural factors and their consequential impact on health. The integration of a gender-sensitive curriculum plays a pivotal role in effecting meaningful change in the current educational landscape. Nonetheless, it is equally imperative to actively engage medical educators in health research endeavors that emphasise the multifaceted role of gender issues in shaping health conditions and outcomes.

To stimulate and cultivate research initiatives within the medical community concerning the intersection of gender and health, CEHAT announced a research proposal solicitation directed specifically at qualified medical educators from five prominent medical colleges: Government Medical College Aurangabad, Government Medical College Miraj, Government Medical College Akola, Government Medical College Solapur, and Government Medical College Dhule.

Each research proposal has undergone a meticulous review process encompassing two distinct phases of evaluation. The first evaluation was conducted internally by CEHAT's dedicated team, while the second involved scrutiny by an external review committee. Subsequent to these evaluative stages, comprehensive consultations were held with individual researchers to furnish constructive feedback and guidance to further refine their respective research endeavors.

Given that medical educators are currently in the process of seeking approval from their respective Institutional Ethics Committees, CEHAT has proactively organised a series of individualised meetings with these educators. The primary objective of these consultations is to offer invaluable support in the translation of research instruments and to facilitate the execution of pilot data collection efforts. In addition, these individualised sessions provide a platform for in-depth discussions with educators regarding preliminary findings from the pilot data study, thus allowing for the identification and rectification of data gaps.

### 5. Integrating gender perspectives in medical teaching and research in other states

CEHAT has assumed the role of mentorship and guidance in the domain of gendered

research for medical educators. This comprehensive support encompasses the entire research continuum, including the literature review, designing study tools, data analysis. Furthermore, CEHAT has actively fostered the production of articles and blog entries that illuminate various facets of gender-related themes in the context of medical teaching and research.

**6. Challenges faced by nurses at workplace in Indian healthcare settings**

CEHAT and the Centre for Health and Mental Health, School of Social Work, TISS (Mumbai) have collaborated to systematically document the challenges faced by nurses at workplace in the Indian healthcare system and advocate for their rights. The proposed research is underpinned by the fact that nurses in India grapple with several workplace challenges and are forced to work in an exploitative environment. Evidence from the Indian context has highlighted that nurses face several challenges at the workplace due to increased privatisation of healthcare, contractual employment, weakening of the public health system, and medical hegemony. Further, patriarchal norms, caste, class, and poor investment by the government in the care. The collaborative nature of project will enable us to advocate for the rights of nurses at various levels. The team has co- developed an implementation proposal based on the inputs received from advisory committee constituted for guiding the project.

## II. Training and education (Courses)

**1. Building evidence on violence faced by young women and Girls**

CEHAT has developed a film on the sexual and reproductive health of young girls. This film can be used as a resource during training of healthcare providers to provide comprehensive SRHR services to young girls. The release of the film was accompanied by a panel discussion where representatives from MASUM, Anubhuti Trust (works with tribal girls in Thane district), and CEHAT shared their experiences working with on young girls on accessing SRHR services.

We have also been able to develop a film that traces CEHAT's history -why was CEHAT set up, what is the role and relevance of research in social science, and traces back the organisational roots to a belief system on democratic functioning. The film will be of great help to CEHAT to simplify its endeavors to the common person as well as funding agencies because increasingly research is not found to be of great value.

**2. Engaging Medical Education Departments in seven states so as to influence research in the area of gender and health at UG and PG levels**

Seven medical colleges have enthusiastically joined forces to implement the Gender in Medical Education (GME) project, marking a significant step towards integrating critical gender-related concepts into the medical curriculum. The institutions participating in this pioneering endeavor include:

1. Shree Atal Bihari Vajpayee Medical College, Bengaluru, Karnataka
2. Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, Wardha, Maharashtra
3. Shree Vilasrao Deshmukh Medical College, Latur, Maharashtra
4. Government Medical College, Nizamabad, Telangana
5. St. John's Medical College, Bengaluru, Karnataka
6. Indira Gandhi Institute of Medical Sciences, Patna, Bihar
7. Bangalore Medical College and Research Institute, Bengaluru, Karnataka

The GME project embarked on a comprehensive approach, conducting two intensive rounds of training sessions. These sessions aimed to equip senior and middle-level medical educators with a deep understanding of the complex concepts of gender and intersectionality as they pertain to the MBBS curriculum. 50 medical educators from above mentioned 7 medical colleges received GME training.

The training modules covered a diverse range of topics related to gender and health, all highly pertinent to medical education. These included discussions on communicable and non-communicable diseases from a gender perspective, sexual and reproductive health concerns among gender-diverse communities, the discrimination faced by patients based on caste and religious identities, access to abortion, and the challenges encountered by women and girls in the healthcare system.

The participatory nature of the training fostered robust discussions and unveiled previously held perceptions among medical educators regarding patient communities. Feedback from the educators highlighted their newfound enlightenment, particularly during sessions discussing gender as a social determinant of health and systemic barriers to healthcare access, along with topics related to sexual and gender minorities and the utilisation of a gender analysis framework.

The primary objective of these training sessions was to encourage medical educators to seamlessly integrate these vital gender-related topics into their MBBS curriculum. The ongoing support provided by the CEHAT team played a pivotal role in enabling educators to not only incorporate gender issues into classroom lectures but also to initiate a variety of innovative activities in this regard.

Some of the notable impacts of this training included:

a. **Documentation of gender integrated lectures**: Faculties from community medicine department of Government Medical College, Nizamabad and SABVMC, Bangalore conduced additional lectures on topics sex, gender and health and violence against women. CEHAT team visited these colleges to document gender integrated lectures.

b. **Student Workshops**: Teachers across colleges were inspired to organise workshops targeting both faculty and medical students. For instance, GMC Latur hosted a day-long workshop on 22 November 2022 titled 'Reducing Gender Inequities to Make Accessible Healthcare,' which garnered significant participation and appreciation from undergraduate students. Students acknowledged the need for doctors to address gender-related issues in patient care.

c. **Debate and Poster Competitions**: CEHAT collaborated with institutions to organise a debate competition addressing issues such as violence against women, bodily autonomy, LGBTQIA+ rights, and ethical considerations in clinical practice. A poster competition, centred around the health needs of the LGBTQIA+ community, reflected students' creativity and empathy.

d. **Mainstreaming Gender Concepts**: A ground breaking achievement was the integration of gender-related concepts into the regular MBBS curriculum. This pioneering effort was supported by the GME team, empowering future doctors to advocate for gender equality and compassionate healthcare.

**3. Re-orientation of HCPs to recognise and respond to VAW at MCGM Hospitals**

In the period between April 2022 and March 2023, 11 orientation trainings were conducted

across 9 hospitals. These training workshops focused on orienting HCPs about clinical signs and symptoms of violence among survivors, health consequences of violence, components of psychological first aid and role of Dilaasa centres. These trainings have to be conducted periodically as many HCPs get transferred to different hospitals and a new set of HCPs assume responsibilities, hence inducting them in to clinical identification of VAW and pathways for referral become crucial at the outset. Out of 11 trainings, 8 were on comprehensive health response to survivors of rape. The participating doctors and nurses had joined recently and never been oriented before. Around 264 health care providers participated in the trainings.

**4. Training of Trainers for Health Care Providers on Violence against Women and Children, 18th to 20th January 2023**

CEHAT conducted a three-day training of trainers (TOT) workshop on VAW/C for health care providers of 12 public hospitals in Mumbai. Thirty-five champions composed of doctors, nurses, and CDO were trained to further enhance health systems' effective response to survivors of violence. Enthusiastic participants were oriented about concepts of sex, gender, VAW/C, role of health systems, WHO-LIVES and Dilaasa crisis centre by using participatory methodology of role play, case discussions, presentations, and demonstration of training sessions. Resource persons from academics, NGO, and MCGM enriched participants' learnings and helped gain conceptual clarity about the subject and role of HCPs in identifying and responding to violence.

**5. Capacity building of team of Dilaasa centres**

**a. Four Days orientation training on GBV for new Dilaasa counsellors, ANMs and DEOs - 31st October to 3rd November 2022:**

A 4-days orientation training on Gender based Violence (GBV) was organised by CEHAT for 34 new Dilaasa counsellors, ANMs and DEOs from 31st October to 3rd November 2022. A highly engaging and participatory sessions were held covering range of topics such as concepts of domestic violence and sexual violence with focus on health system response to survivors, intersectionality related to VAW/C, concepts of joint meeting, attempted suicide in cases of VAW/C, health system's response to needs of LGBTQI community, and case documentation at crisis centre.

Case discussions and mock sessions made training sessions lively and helped participants connect with their day to day challenges. Resource persons who were experts from their respective fields ensured that new Dilaasa members are equipped to address concerns of women, children, and persons from LGBTQI facing domestic and sexual violence.

**b. Training on documentation of intake forms:**

CEHAT conducted a two day (17th and 31st Jan 2023) training on documenting case intake form with Dilaasa counsellors and DEOs of 12 hospitals. 57 participants were involved for the training The aim of the training was to introduce new intake format to Dilaasa team, address their challenges in documenting cases, and getting an evidence based output through documentation. A mock session on documenting intake forms was conducted by providing case studies to participants.

**c. Ongoing capacity building of Dilaasa team through case presentations:**

A total of 18 case presentations took place from April 2022 to March 2023. Case presentations were organised in two batches so that all the Dilaasa team members could attend them on either day and the day today functioning of Dilaasa centres is not disturbed. Post COVID all case presentations were conducted in-person. Along with this, input session on challenges faced by minorities and

Supreme court landmark judgement on MTP (October 2022) were conducted during the case presentations.

## 6. National Workshop on Health systems response to violence against women

A three days (14th to 16th June 2022) extensive workshop on health systems response to VAW with healthcare providers, one stop centers and NGOs from eight states of India.

The workshop aimed to orient participants about violence and its impact on health, role of health systems in catering the need of survivors, required perspectives and skills to negotiate with healthcare providers to ensure care and protection for survivors of violence. Twenty-four participants enrolled in the workshop from 13 settings which included hospitals, one stop center, and NGOs. The workshop had diverse participants from staff nurses to counsellors to project manager which brought out discussion faced at micro to macro level in responding to VAW.

The aim of the workshop was to carry forward the learnings which participants had gained in three days. Groups of hospital, OSC, and NGO presented their planning on responding to VAW and networking with organisations like CEHAT for effective delivery of services to survivors. Feedback for organising refresher workshops was given by participants that can help in their capacity building in reaching out to women and children facing violence.

## 7. Training of counsellors from five states on health system response to violence against women

CEHAT conducted a 3-days training workshop (26th to 28th February 2023) for 25 participants from One-stop Centres (OSC), Sukoon counsellors, Protection Officers, WCD officials from five Indian states; Haryana, Maharashtra, Uttar Pradesh, Chhattisgarh, and Madhya Pradesh.

The workshop covered intensive sessions on laws related to VAW, access to abortion, health system response to DV/ SV, and psycho social support to survivors. Participation expressed that they are now equipped to coordinate and strengthen health system response to VAW. They have formulated a

work plan to conduct training of Healthcare Providers to identify cases of violence and refer to crisis centre for counselling.

**8. Healthcare Providers Training on Violence Against Women at Nongpoh, Meghalaya**

An orientation training on violence against women (VAW) was conducted by CEHAT for health care providers at Nongpoh Civil Hospital, Ri-Bhoi District, Meghalaya on the 9th and 10th of June 2022 in collaboration with North East Network (NEN). Sixty-two health care providers recruited for training consisted of doctors, nurses, counsellors, psychologist, physiotherapist, radiology technicians, lab technicians and outreach workers. The training conducted in two batches of 31 participants each was the first step towards creating awareness on violence against women among health care providers within the hospital.

The orientation training was very well received by the participants. Towards the end of the trainings, participants communicated gaining insights on the importance of VAW as a public health issue, basic legal mandates within PWDV Act 2005, role of health care providers in VAW and providing first line of support through LIVES.

**9. Workshop on "Comprehensive health care response to survivors of violence – An Orientation for Doctors from UPHCs and UCHCs in Chennai"**

CEHAT in collaboration with International Foundation for Crime Prevention and Victim Care (PCVC) conducted a workshop for healthcare providers from urban primary and secondary health centres in March 2023. The workshop aimed at building capacity of providers to provide first aid and necessary psycho- social intervention to survivors of violence at primary health system. The workshop had 23 doctors participated from various primary health centres in in the Chennai city.

**10. Training of community health workers of SAHAJ organisation, Gujarat**

CEHAT team conducted a two- day training of community health workers of Society for Health Alternatives (SAHAJ) which is Vadodara based civil society organisation working with communities on health and education. The training equipped the workers to identify forms of GBV, understand concepts related to GBV and provide first-line support to survivors.

## 11. Reflection exercise by CEHAT staff

A reflection exercise and team building exercise was conducted by CEHAT team in December 2022. The daylong meeting enabled team to reflect on the goals accomplished across different projects and activities. The team members spoke about their project work plans and brainstormed strategies to achieve the project goals.

## III. Intervention and Service Provision

**Psycho social interventions by Dilaasa centre**

1296 new cases of domestic violence were registered and 871 new cases of sexual violence were reported across 12 hospitals during this period. Counsellors were doing active follow up of suspected survivors of violence telephonically. During this period, follow-ups were done with 3431 DV survivors and 590 SV survivors. Besides this, Dilaasa team interacted with 6285 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.

**Intervention done from April 2022 – March 2023**

| New DV cases | DV Follow up | New SV cases | SV Follow up | Screening | **Total** |
|---|---|---|---|---|---|
| 1296 | 3431 | 871 | 590 | 6285 | **12473** |

**CEHAT Helpline**

CEHAT counsellors received nearly 160 calls from April 2022 to March 2023 on its helpline. The calls consisted of survivors facing domestic violence, survivors of sexual violence and in need of legal advice, police not filing complaint of the survivors facing physical abuse. Follow up calls from the survivors asking queries related to legal advice for their ongoing case filed in court, abuser getting bail and fear of re-occurrence of violence from him. Our health care providers call queries were related medical examination, documentation related to medical procedures, MTP of the survivors, legal procedures such as F.I.R.

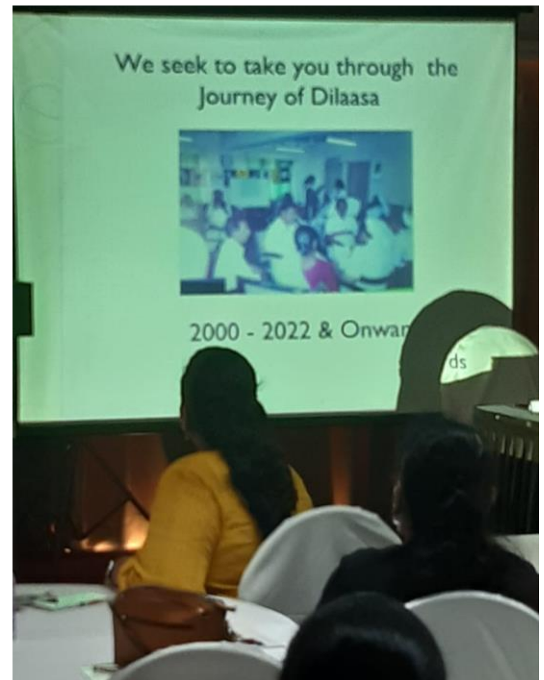
*CEHAT Gender-based violence Helpline*
*Call: 9029073154*
*24x7 support & assistance*

IV. Advocacy

**1. Dilaasa Re-union: Journey of 21 years and reflection**

Dilaasa celebrated 21 years of its journey hence a reunion was organised by CEHAT with around 80 participants including medical officers to Dilaasa counsellors, ANM's (Auxiliary nurse midwife) and DEO's (Data entry operator) from 11 peripheral hospitals.

Senior delegates from public health department: Dr. Mangala Gomare (Executive Health Officer), Dr. Santosh Revenkar (Former Deputy Executive Health officer), Dr. Daksha Shah (Deputy Executive Health Officer), also graced the occasion. Similarly, Dr Vidya Thakur (Chief medical officer & H.O.D) and former Dilaasa in-charge Dr. Seema Malik (Former chief medical officer & H.O.D. SHCS), were also present at the event.




The programme started with a picture story on the journey of Dilaasa throughout the years, with pictures of people involved in establishing Dilaasa and the core team members (doctors, matron, nurses) who helped it flourish over the years. Our guests shared their experiences, and challenges faced while establishing Dilaasa back in the year 2000 at Bandra Bhabha hospital and the journey of its scale up in 11 peripheral hospitals. In the programme Standard operating procedures (SOP) for Dilaasa and Hospitals was released by the dignitaries. SOP includes guideline for functioning of Dilaasa departments and hospitals describing the role of health care providers for responding to survivors of violence.

CEHAT delivered a short presentation of its research study on review of 11 Dilaasa centers which comprised findings on the journey of Dilaasa till its scale up, role of health care providers, challenges faced, overall budget of these centres.

Programme concluded with a short poem on 'Dilaasa', written by a counsellor from one of our hospitals at V.N. Desai.

**2. Addressing challenges of Medical Termination of Pregnancy**

A consultation on 'Abortion services and concerns of Health Care providers in Mumbai' was held on 7th December 2022 in a tertiary hospital of Mumbai. Topics covered were medical legal procedures for MTP, challenges faced by some hospitals with regards to abortion. The consultation had panel members as doctors, lawyers and experts from the health sector. 82 participants which consisted of doctors, nodal officers and CDO's were involved in the training. Important issues on abortion services were discussed as follows need for Identity proof, Consent, Medico legal case for MTP, Discharge from hospital, Police stationed outside/ inside IPD Wards, Inhibition and delay in providing medical abortion, D & C.

3. **Dissemination of research study on: Scaling up health systems' response to VAW: Learnings from Dilaasa**

   Presentation and discussion on study of challenges in implementation of Dilaasa in 11 hospitals providing services to survivors of violence was carried out by CEHAT with Medical Superintendent at Chief Medical Superintendent quarterly meet. Critical issues of privacy during examination, location of crisis centre, abortion services, lack of maintaining confidentiality, active trainings of HCPs and monitoring committee meetings were discussed.

4. **Assessing quality of care: Role of Hospital Monitoring Committees**

   Health care providers were occupied with COVID and vaccination duties which made it difficult bringing the entire group together. Some HCPs were even transferred to other hospitals. These were the reason many monitoring committees had become non-functional and there was a need to reconstitute the committees. In 2022-2023, monitoring committee meetings took place in BDBA hospital, M. T. Agarwal, Rajawadi, Govandi Shatabdi, SVDS, KJSP Borivali and KMJ Phule hospital. These meetings were helpful to discuss issues regarding gaps in comprehensive health care response to sexual violence and doctors agreed to bring change in their practice. They expressed a need to organise a training for newly joined health care providers. It was also decided to create a WhatsApp group for quick response to a case when needed. This also helped to keep committee members inform about case load in Dilaasa, which department is identifying cases and which departments are failing to identify cases of violence. Participants suggested to make Dilaasa visible in the facility. Dilaasa team took on the responsibility to put up posters in the hospital and make pamphlets available in all the departments in the hospital.

5. **An International Women's Day programme was organised by CEHAT with 12 Dilaasa Intervention Department teams from BMC Hospitals, Mumbai on 13th March 2023**

   Dilaasa a hospital based crisis centre was first initiated by BMC and CEHAT in 2000 at K. B. Bhabha Hospital, Bandra. In 2015 NUHM replicated Dilaasa in 11 peripheral hospitals of Mumbai and CEHAT has been providing technical support to Dilaasa and hospitals in form capacity building through monthly case presentations, trainings. The idea of inviting survivors accessing Dilaasa services emerged from monthly case presentations with counsellors. 21 survivors of violence were selected from all the hospitals to share their experiences of receiving support from Dilaasa. BMC-NHM official, health care providers, police and protection officers were invited for the program. It was heartening to see more than 100 service providers from different sectors join in to listen to them.

Survivors spoke how emotional support from counsellors proved to be a crucial element at a time when they had nobody to share their grievances. Right from recognising different forms violence to understanding that it can't be considered a normal phenomenon in domestic places, women found role of counsellors as pivotal. Safety assessment and plan discussed by counsellors was instrumental for women to tackle critical situation of violence

Survivors shared that legal counselling by Dilaasa counsellors helped them to understand how laws like PWDV Act can not only protect them from violence but ensure their right to residence, protection, and maintenance. Survivor spoke about how counsellors guided them to lodge complaint in police, state grievances to legal aid lawyer, and also empower them to be financially independent. Police and protection officer also talked about how presence of Dilaasa have helped them secure rights of survivors.

**6. Webinar on Dissemination of Research report Scaling up the health systems response to violence against women: A review of the implementation of Dilaasa crisis centre in 11 public hospitals in Mumbai**

A webinar was conducted by CEHAT on 18th November 2022, with Discussants Elizabeth Dartnall (SVRI) and Dr Mary Ellsberg (GWU) and Prof. Surinder Jaswal (TISS) to disseminate the findings of the research study on scaling up Dilaasa centres in Mumbai. The webinar provided an important platform to discuss the facilitators, barriers and inputs required for scaling up public health interventions addressing violence against women. The panel members with their rich and varied experience of working in both high income as well as low- middle income countries were able to contribute to discussions on building health systems' response to VAW.

**7. Submission of inputs for monsoon session of Parliament**

CEHAT made a submission to "Maadhyam" which is an initiative to collect inputs on various issues of public importance from a wide range of civil society stakeholders and share those with MPs. Several MPs, across all parties and both Houses, receive and utilise these inputs through various parliamentary interventions.
We submitted our questions and inputs based on our work on strengthening health systems response to VAW and highlighted the gaps in the policy and implementation.

8. **National Conference on Health Systems Response to Violence Against Women: Emerging Evidence**

Centre for Enquiry into Health and Allied Themes (CEHAT) in collaboration with International Centre for Research of Women (ICRW) successfully conducted a one- day National Conference on 14th Feb 2023, at India Habitat Centre, New Delhi.

It presented the efforts made by States in India to create a health system response to VAW. More than 65 delegates from Karnataka, Maharashtra, Kashmir, Uttar Pradesh, Haryana, Meghalaya, Delhi, Rajasthan, Madhya Pradesh & so on, presented their efforts of engaging health system to respond to VAW. Delegates presented solid evidence in signs and symptoms of violence its impact on health and underscored the need for concerted efforts to embed a systematic response to VAW in the health system.

A draft of a protocol for the health sector was also presented at the conference. More than 15 expert organisations were a part of the advisory group. The Focus of that protocol was to enable primary secondary and tertiary health settings to respond to VAW.

These contributions from the health sector and CSOS are an important learning resource for states who have still not initiated such a response.

9. **Setting up a Health Systems' Response to Violence Against Women: The Muktha experience**

Centre for Enquiry into Health and Allied Themes (CEHAT) with National Health Mission, Karnataka, conducted a One-day National Conference on 27th March 2023, at Bengaluru.

Muktha initiative in Bengaluru which loosely translates to ‘being free from violence in Kannada… is the latest of the CEHAT’s initiatives in - Karnataka, where we are working with 5 hospitals to create a health system response to VAW. 27th March 2023 was a conference to present learnings from the implementation of Muktha since 15 months. Representatives from five hospitals presented their pioneering work in the state in front of their state’s administrative heads such as Additional Chief Secretary, Deputy Directors of NHM as well as peers from another nine taluk and district hospitals.

Inspired by the 'Dilaasa' model NHM Karnataka entered into a MoU with CEHAT for technical support in December 2020, which could not have been timed better with the NFHS 5 reporting an increase in the number of spousal violence in Karnataka- to 44%. It rolled out with a Training of the Trainers (ToT) for select Doctors and Nurses, and intensive training of the 46 NHM counsellors to establish the Muktha centres. COVID challenges and lock downs slowed down the process, but the Nodal officers and the NHM leadership's commitment to the project kept the engagement going. 2700+ survivors have been identified and supported till date. It was heartening to see the Nodal officers from the five hospitals proudly present the model and the data of the work that has been ongoing for about 15 months now. A short working document titled 'Establishing a Health System Response to Violence Against Women' was released during the event.

The sense of achievement of these five hospitals and the determination to do better was palpable. Nothing succeeds like success was very evident. It left the other nine hospitals motivated to get on board for establishing their own 'Muktha centres'.

## V. Documentation and Publication

### 1. CEHAT at a Glance

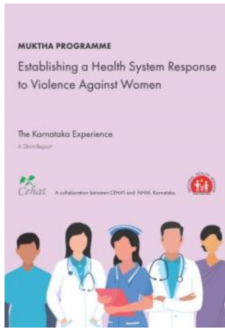
CEHAT undertook the initiative of updating its brochure which was last revised in year 2015. The updated brochure attempts to highlight the various projects being carried out by CEHAT recently as well as in past under our four thematic areas. The new brochure aims to provide a comprehensive and critical information about the projects, their outcomes and impact.

### 2. Gender in Medical Education (GME)

The commendable effort to integrate gender concerns into medical education has been recognised as an innovative best practice by the United Nations University. The CEHAT team has also co-authored a publication titled "Gender in Medical Education – Lessons from Practice and Taking to Scale." This case study represents one of the few efforts dedicated to mainstreaming gender in the Indian medical curriculum.

The GME team at CEHAT has actively contributed to the dissemination of knowledge through a series of blogs, shedding light on current health and gender-related issues.

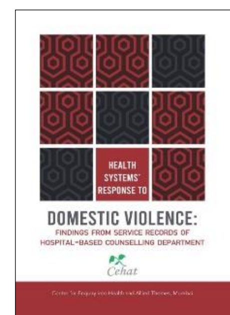
### 3. Muktha programme: Establishing a health systems response to violence against women: The Karnataka Experience: A short report




The aim of this report is to present the methodology adopted for creating a health system response to VAWG in five hospitals of Bengaluru and the preliminary learnings based on it. We therefore term it as a dynamic document. It will be updated to include new versions as the project moves to the stages of deepening the health care response to VAWG on the website. https://www.cehat.org/publications/1682681949

**4. Health systems response to domestic violence: Findings from the service records of hospital-based counselling department**

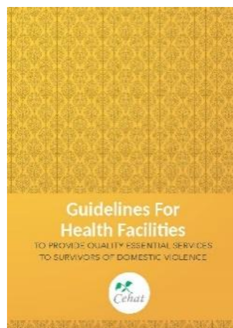
Research brief provides an extensive analysis of data gathered through two decades of service records from Dilaasa. It shows us trends of demographic of survivors, most common forms of violence, and the importance of public health system based response to domestic violence given the immense negative impact on the health of the survivors. https://www.cehat.org/publications/1676865601




**5. Guidelines for health facilities: To provide quality essential services to survivors of domestic violence**

The purpose of these guidelines is to establish and strengthen a health systems response to domestic violence (DV). Women facing violence come in frequent contact with the health system for care. This provides a crucial opportunity for the health system to identify DV survivors early and prevent further harm or death due to violence. However, healthcare providers (HCPs) do not always recognise their critical role in responding to survivors of violence.

This document provides evidence-based guidelines to establish quality essential services for survivors of DV at all levels of healthcare delivery, within a framework of guiding principles.



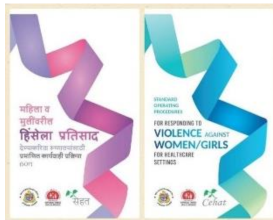

The guidelines are focused on public hospitals but are also relevant for the private sector. They can be used by healthcare administrators including medical superintendents, medical officers, heads of departments, and providers with supervisory roles at all levels of the health system. https://www.cehat.org/publications/1692348970

6. **Standard Operating Procedures: For responding to violence against women/girls for hospital based counselling departments**

The Standard Operating Procedures (SOP) has been based on more than two decades of implementation of Dilaasa model and ensuring quality of care for survivors of violence. CEHAT compiled the SOP in collaboration with Dilaasa team, MCGM and NHM. https://www.cehat.org/publications/1682681517

This document was also translated in Marathi for easy understanding of counsellors. https://www.cehat.org/publications/1689671283

7. **Standard Operating Procedures: For responding to violence against women/girls for healthcare settings**




The Standard Operating Procedure (SOP) has been based on GPA as well as experiences of public hospitals implementing a health system response to Violence against women (VAW) ensuring quality of care for survivors of violence. CEHAT compiled the SOP in collaboration with MCGM and NHM. https://www.cehat.org/publications/1682681139

This document was also translated in Marathi for easy understanding of Healthcare workers. https://www.cehat.org/publications/1689672206

8. **Healthcare providers' perceptions and experiences of training to respond to violence against women: Results from a qualitative study**

An article was published in International Journal of Environmental Research and Public Health
https://www.cehat.org/uploads/files/HCP_Perceptions_and_exp_of_training_to_respond_to_VAW_Feb2023_IJERPH.pdf

This paper is based on CEHAT WHO collaborative study which was done in Aurangabad and Miraj- Sangli health facilities in 2018 to 2020. It is based on in- depth interviews and focus group discussions with healthcare providers on their experience of undergoing training on issue of VAW and implementing a health systems' response within their facilities. The paper can be utilised to inform efforts to train HCPs in facilities in this setting and provide evidence for ways to improve health systems' responses to VAW in low- and middle-income country settings.

## DETAILED REPORT FOR THE FINANCIAL YEAR 2022 - 2023

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

# I. ACTION, RESEARCH AND ADVOCACY PROJECTS

## 1. To Build organisational sustainability and future Readiness (GROW Funds)

Based on the baseline assessment performed by GROW, we have chosen three areas, namely fundraising and networking, communications and Human resources, to exhibit improvement over the period with the support of GROW funding.

### A. Fundraising and Networking

The new Director of the organisation has significant experience working in the funding organisation. A series of internal meetings were held focusing on the following-

- Mapping of funders
- Defining activities and strategies in the proposal
- Emphasising value for money from the funder's perspective
- Clarity of outcomes and outputs
- Domestic funding, given the FCRA uncertainty
- Identifying priority areas of domestic funders.
- Mapping appropriate domestic funders whose strategies are aligned with SATHI's work areas.

Building on the first quarter, in this quarter, we have completed the mapping of potential funders, understanding their strategies and thematic areas wherein funder priority areas are aligned with our core values and activities. Our two proposals to Indian domestic funders were sanctioned after the capacity-building internal training. For the next quarter, we are in the process of identifying external consultants who will help us identify crowdfunding opportunities and innovative fundraising mechanisms.

While we are in the process of identifying external consultants to guide us with crowdfunding opportunities and innovative fundraising mechanisms, the team has continued to locate potential domestic funders/CSR and has been pursuing grant-making with them.

Building in-house capacities of domestic fundraising is a continued agenda. We have spoken to domestic funders; particularly CSR, to ensure that most of our fund sources are Indian. We have managed to secure two grants from Indian donors and are in the process of negotiating one more grant with a leading Indian philanthropic organisation.

### B. Communications

We have invited two external resource persons. Training sessions were planned on the following themes-

- Increasing branding and visibility of organisation- tools and tactics for branding.
- Contemporary strategies to improve mass communication
- Interactive website enhancing viewership and readership of SATHI AV material and knowledge products.
- Safe internet and phone browsing and protection of data.

- Refurbishing the SATHI website and making it more user-friendly What needs to change, and why?

A new interactive SATHI website has been launched (www.sathicehat.org). We have updated our social media strategy and hired a media person. SATHI has a very active presence on Facebook, WhatsApp, and LinkedIn. In the next quarter, we plan to relaunch SATHI's YouTube channel and, depending on the availability of the appropriate person, a Podcast Channel.

SATHI has a dedicated communication team of three people who bring unique and diverse perspectives. Over the last two months, SATHI has regularly published posters, animation films, and YouTube videos on health-related issues. Most of our communication products are now better designed, with clear messages. As a result, there has been a significant increase in viewership of SATHI's knowledge products on various social media platforms.

### C. Human Resource

We had a series of internal meetings, culminating in a staff retreat where the focus was primarily on improving the activity planning of different organisations, adherence to deadlines, and enhancing collaborative work. Initial attempts were made to introduce apps like Wrike and Trello; however, given the suitability of all staff members google calendar system is introduced. This system has been followed since June 2022, and now all staff members regularly use Google Calendar. There are some bottlenecks for staff members who have to undertake unanticipated travels quite frequently, and we plan to address this gap in the coming period.

We have established a system of regular study circles in the organisation. Different staff members, irrespective of seniority, are expected to present on contemporary national and global health issues. The organisation provides the required knowledge resources for this session. e.g. magazine subscription, paid articles, etc. We have invited an external resource person to speak about urban health issues, which will be one of the key focus areas where SATHI is planning to work. Additionally, there was a session on the Political Economy of Digital Health Technology and the Digital Health Mission in India. In the first week of October, an annual staff review and planning meeting is planned, which will be mandatory for all SATHI staff (program and administrative). This meeting includes issues like introduction to KRA system, diversity and inclusion, risk assessment to the organisation, enhancing presentation, etc. Intensive planning for this meeting is completed in this quarter this includes- developing a comprehensive schedule, defining the learning objectives of each session, and allocating session responsibilities.

As part of encouraging staff capacity building on programmatic aspects, two SATHI staff members were supported by SATHI to attend a capacity building session organised by CCDC, in New Delhi to understand Public Health Nutrition Policy and Action. We also organised an orientation session regarding the Internal Complaint Committee (The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2023). A leading expert in the field took a detailed session on multiple aspects of women's safety. In the coming period, we plan a daylong brainstorming session on approaches and tools to evaluate the staff performance.

We have managed to engage two consultants, one with expertise in multimedia and the other in social media, who can assist with disseminating the content generated. As far as capacity building is concerned, we organised a narrative workshop with nationally renowned experts, which enhanced the team's capacity of storytelling and presenting the data specific to the target audience.

**Overall achievements**

1. With inputs and handholding from GROW team, alignment of quarter-wise financial budget with activity break for GROW project
2. Understanding areas of improvement for the organisation as a whole through the 'Organisational Diagnostics Baseline Report' shared by GROW team, which quite rightly pointed out specific gaps in the functioning and highlighted the need for improvements.
3. Our communication and fundraising strategies work in continuity. With respect to fundraising, in this quarter, we have completed the mapping of potential funders, understanding their strategies and thematic areas wherein funder priority areas are aligned with our core values and activities. Our two proposals to Indian domestic funders were sanctioned after the capacity-building internal training.
4. Regarding communication, some notable achievements are- a new interactive SATHI website has been launched (www.sathicehat.org). We have updated our social media strategy and hired a media person. SATHI now has a very active presence on Facebook, WhatsApp, and LinkedIn, through which we have expanded our networking and reach to 5000 people.
5. SATHI had a successful program strategy meeting in October 2022. In this three-day out-of-the-station meeting, SATHI team deliberated on our existing program strategies, what we would like to continue, and what programs we will deemphasise in the coming two years. We also discussed new areas of work where SATHI would like to deepen its work. We have identified areas where we will deepen our work: health narratives and community health interventions in urban settings. In this meeting, we have also discussed safeguarding SATHI as an institute when government agencies increasingly scrutinise NGOs. Some sessions in the meeting covered non-programmatic topics like better time management and better interpersonal relationships for the optimum performance of teams.
6. SATHI supported two SATHI staff members to attend a capacity-building session organised by CCDC, in New Delhi to understand Public Health Nutrition Policy and Action. This will help us to strengthen SATHI's program on nutrition.
7. SATHI's Internal Complaint Committee (The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2023) meeting occurred in December 2022. A leading expert in the field took a detailed session on multiple aspects of women's safety.
8. In March 2023, SATHI had planned a two-day narrative workshop with the aim of providing participants with a sandbox environment to practice their storytelling skills. Mr. Ajay Dasgupta, an expert in communication and storytelling, facilitated the workshop. The workshop covered several key components of storytelling, such as understanding the different story archetypes, using data for storytelling, presenting with impact and authenticity in different formats (Web conference, Telephone, Face-to-Face), and practicing storytelling through a variety of mediums. The concept of thread presentation was used throughout the workshop.
9. We are progressing well on communication, dissemination, and social media impacts. So far, we have achieved- Facebook followers-3641 and WhatsApp group members-5500 and one of our videos on YouTube has reached 58K views within a month.
10. We had been struggling to find suitable multimedia professionals who could work on animations, films, and posters. Fortunately, we have found two consultants, one with expertise in multimedia and the other in social media, who can assist with disseminating the content generated.
11. To improve the textual content on our website, we engaged a consultant to conduct copy editing. The work has been completed, and we will update the website accordingly, alongside other updates based on the website audit report.

## 2. Strengthening Community action for nutrition to improve child health, nutrition services and practices and reviving food diversity in the selected habitations of Junnar block of Pune district (Finolex).

The ‘Strengthening Community Action for Nutrition’ process is being implemented in association with the ICDS Department, Department of Health, Finolex Industries, Mukul Madhav Foundation and SATHI Pune. This process is being implemented on a pilot basis in 10 habitations/villages in Junnar Block. The villages included in this process are Ajnavale, Talechiwadi, Ghatghar, Phangulgavan, Jalvandi, Khadkumbe, Usran, Khadakwadi, Chavand, and Shiroli.

The total population of these ten villages is 5119, which would benefit from this project. Through this project, we have reached out to 56 pregnant women, lactating mothers, and 365 children under six. Due to various seasonal and other challenges during the first round of anthropometry, such as continuous rain, parents along with their children being migrated or moving out to nearby places for different reasons, etc., we could conduct anthropometry only of 243 children in the intervention villages. Amongst these children, 13 were SAM[1], 55 were MAM, 34 were SUW, and 93 were MUW. *(The children under six in the intervention area (i.e. ten villages) were 371 as per the Anganwadi MIS Data for May 2022. However, according to the joint anthropometry conducted by ASHA/Arogya-Poshan Saheli, Field Facilitator and Anganwadi Worker from July 2022 to September 2022 are 365.)*

### Activities completed in the project during July 2022 to 15th August 2022

- The preliminary information on the children of the ten villages was collected through Anganwadi centres in May 2022.
- Files and formats related work has been completed of all ten villages.
- IEC and Awareness material (such as training Manual, flip book, health Card, protocol, growth charts etc.) has been prepared and disseminated among ASHA, Anganwadi worker and Field Facilitators.
- Review and Planning meetings were conducted with Field Facilitators in each week during this period.
- Village level visits were made in the first and second weeks of July 2022 and one round of orientation was given to people of these villages regarding the project.
- A meeting was organised with ASHA workers of ten villages regarding their roles and responsibilities under the projects.
- Written instructions were given by the ICDS and health departments to ensure that Anganwadi workers and ASHA workers attend the training session organized under S-CAN project.
- A joint training workshop of ASHA/Arogya-Poshan Saheli and Anganwadi Worker was organized at Aadivasi Vikas Bhavan, Junnar from 25th to 27th July 2022. In this workshop, 10 ASHAs, and 10 Anganwadi Workers participated. Smt. Nirmala Kuchik, Child Development Project Officer Junnar, Dr. Varsha Gunjal, Block Medical Officer and Dr. Swati Ghorpade, Medical Officer, RBSK were present and contributed to this workshop. Vinod Shende, Shripad Konde, Swapnil Vyavahare and Shailesh Dikhale of SATHI team conducted a training workshop.
- Project update related meetings with BDO, ICDS and Health officials have been conducted.

[1] SAM – Severe Acute Malnutrition, MAM- Moderate Acute Malnutrition, SUW – Severe Underweight, MUW- Moderate Underweight

- Anthropometry of children below six years of age in ten villages was carried out in the third week of July with the joint efforts of Asha/Aarogya-Poshan Saheli, Field Facilitators of the project, and Anganwadi Workers. The remaining work related to anthropometry was completed in the first week of August 2022.
- One round of follow up of these children was conducted through weekly home visits in the second week of August 2022. Home visits have given guidance to mothers and caregivers of undernourished children regarding their diet and hygiene. Forty-two children have been pursued so far through home visits.

**Impact of the project for the period July to 15th August 2022**

- Due to joint anthropometry conducted by ASHA/Arogya-Poshan Saheli, Field Facilitators and Anganwadi Workers under S-CAN project, the categorization of undernutrition among under six children has been done. Among the abovementioned 356 children, 14 were categorized in the SAM category, 52 were in the MAM and 32 were in SUW, and 90 were in the MUW category.
- Out of 241 children, 42 children have been followed up through home visits by Asha/Arogya-Poshan Saheli, AWW and Field Facilitators so far. Of these, there has been a positive improvement
- The importance of cleanliness, health and hygiene was explained through dialogue to parents and caregivers of 42 undernourished children at the household level.
- Parents and caregivers of 42 children were counselled during home visits regarding a balanced diet.
- SATHI conducted nutrition and growth monitoring training for ASHA/Aarogya-Poshan Saheli and Anganwadi Workers who are part of the Strengthening Community Action for Nutrition project. The SATHI team took training session 25th to 27th July 2022. Knowledge about nutrition, ways to improve nutrition among children and pregnant women, child health and growth monitoring was imparted through these training sessions. A pre and post-test was undertaken to find out the level of knowledge of the participants and to evaluate the impact of the training. Only participants who appeared for both pre-test and post-tests were included in the final analysis.

**Impact of training - According to Pre and Post-test result analysis, overall remarkable improvements were observed in each participant.**

**Activities completed in the project during the period from 16th Aug. to 15th Sept 2022**

- Plants and seedlings were distributed in all intervention villages from 17th to 20th August for Nutri-garden in all ten intervention villages. 530 Drum Stick plants and 330 plants of fruits and vegetables were distributed to parents and caregivers of children under six in all intervention villages, including green leafy vegetables and various seedlings.
- 'Poshan Dahihandi' programme was conducted at Usran village to educate parents and caregivers of children under six to address the undernutrition among these children. (19th August 2022.)
- Awareness and education sessions were held related to recipe demonstration; the importance of breastfeeding and cleanliness, the importance of overall nutrition; care for ANC, PNC and children under six were conducted at various intervention areas.
- 'Poshan Gat' were formed in all intervention villages from 18th August 2022 to 15th Sept 2022.

- Activity of creating ‘Child Food Corners’ (Bal Kopara) at the household level for at least SAM and SUW children started from 25th August onwards. Around 10 Child Food Corners were developed at the household level among these children.
- Nutri-Garden at the Anganwadi level were developed in all intervention villages from 18th August 2022 to 15th Sept 2022.
- Distribution of Bags to Poshan Saheli was completed.
- Routine files and formats-related work was completed in all ten villages.
- Review and planning meetings were conducted with Field Facilitators each week from 16th August to 15th September 2022.
- Village-level visits regarding education and awareness related to health and nutrition were conducted in all intervention villages from August to September 2022.
- Review and planning meeting was held on 30th August 2022 with ASHA’s and Field Facilitators of ten villages regarding the project.
- Project update-related meetings with ICDS and Health officials were conducted.
- Anthropometry of children below six years of age in ten villages was carried out from 20th August to 30th August 2022 with the joint efforts of Asha/Aarogya-Poshan Saheli, Field Facilitators of the project, and Anganwadi Workers.
- Total of three rounds of follow-up of all children was conducted through weekly home visits from 16th August to 15th September 2022. Home visits were made to guide mothers and caregivers of undernourished children regarding their diet and hygiene. Around 100 children were followed up so far through home visits.
- ‘Hirvya Devachi Jatra’ (vegetable fair) was conducted in 7 intervention villages (Chavand, Talechiwadi, Jalwandi, Ghatghar, Usran, Shroli and Phangulgavhan) from 16th August to 15th Sept 2022.
- Awareness was created in all intervention villages regarding Health and Nutrition services and practices, including overall nutrition-related information.

**Impact of the project during the period from 16th August to 15th September 2022**

- Due to joint anthropometry efforts by ASHA/Arogya-Poshan Saheli, Field Facilitators and Anganwadi Workers under the S-CAN project, the categorisation of undernutrition among children under six was done. Among more than 365 children, we could conduct an anthropometry of 243 children.
- Amongst these children, 13 were SAM, 55 were MAM, 34 were SUW, and 93 were in the MUW category.
- Out of 243 children, comparable data of 202 children from 2 rounds, weight gain was noted in 145 children (71.8 percent) compared to the first round of anthropometry.
- In terms of change in malnutrition grades, improvement was found in 16 children, of which 12 children improved from MAM to Normal, whereas four children improved from SAM to MAM. Out of underweight status, four children improved from SUW to MUW, and nine improved from MUW to Normal. Hence, during the intervention period, 21.8% improvement has been observed in MAM children, and 30.8% improvement has been observed in SAM children.
- Out of 243 children from the first round, follow-ups of around 100 children have been conducted through home visits by the Asha/Arogya-Poshan Saheli, AWW and Field Facilitators. Of these, there has been an improvement in 29 children.
- Child food corner (*Bal Kopara*) has been established in 12 households at the habitation level.
- Ten Nutri-Gardens to address food diversity have been developed at the Anganwadi level in all intervention villages.

- News related to '*Hirvya Devachi Jatra'* was covered in various news channels and daily newspapers such as 'Pudhari and Sakal' Daily Newspaper, 'Aapala Aawaj' news channel, 'Jagalya', 'Insight', 'Maharashtra Janmabhumi', 'The Wire' and 'Daily-Hunt' news portal during Sept 2022.

**Improvement in the status of undernourished children**

| Status of malnutrition | MAM | SAM |
|---|---|---|
| 1st round (July 2022) | 55 | 13 |
| Improvement in grades | | |
| Improved in the second round (Aug 2022) | 12 (21.8%) | 4 (30.8%) |

## 3. Improving maternal health and nutrition services for urban poor in Pune City (Bajaj Fin)

Anusandhan Trust- SATHI is currently working in seven large slums and two small slums with 30 Anganwadis (655 pregnant and lactating women and 433 children (0 to one year age group)). The target population of the project is pregnant and lactating women and 0 to one year age group children. Activities carried out during the mentioned period (June 2022 to March 2023) are capacity building of field facilitators, baseline survey, community-level awareness about health and nutrition services, and monthly tracking of beneficiaries for availing eligible health and nutrition services and schemes. A network of stakeholders is built around maternal and child health services.

**Summary of activities held during the reporting period**

The project was initiated in July 2022. The project coordinator was appointed in the same month. After the appointment of the coordinator a field supervisor was appointed and field-level basic data, and information about the area profile was collected, the intervention area was finalized in August 2023 and Arogya Sathi's (field workers) was appointed in the month of October 2022. Training modules on maternal health and nutrition were developed and training sessions were planned for the month of August and September 2022.

Training of field level staff was organized in the same month, based on which the field team started their work. Firstly, a household list in the intervention area was prepared and beneficiaries were identified in October 2020. Meanwhile, the project team visited frontline health workers, Anganwadi centers, and all the nearby public health facilities.

In November and December 2022, a baseline survey was conducted on 625 women and 423 children. During the same time, the team visited households to ensure each, and every beneficiary was enrolled in the intervention.

In January and February, trainings of Arogya Sathi's were conducted on group formations and measuring height-weight and growth charts of children up to one year. Baseline data analysis was done in January and the report was prepared in February 2023.

In the month of March, Arogya Sathis were given training on how to identify high-risk mothers during pregnancy, based on the training, tracking sheets have been prepared, which will be filled out in group meetings.

Based on their training *vasti* (community) level group formation was done in January 2023. A total of 57 beneficiary groups have been created. Meanwhile, vasti level conventions were organized in January & February in ten areas. Thirty-nine other group meetings of parents have been conducted to educate them about the ideal growth and development of their children and how they can prevent their children from going into malnutrition.
In the month of March 21 vasti group meetings were conducted.

**Oti Program**- In the month of February and March a total of 10 vasti level conventions were organized, in this program all pregnant women were called, and their Oti was filled. In the Oti kit, we have given dried coconut, jaggery power, garden cress seeds, sunflower seeds, sesame seeds, carom seeds, flax seeds, black raisins, dates, barnyard millet, green gram dal, eggs, drumsticks, lemon as a sample for what should be eaten specifically during pregnancy. Information regarding the nutritional value of these items was explained to the women. 158 pregnant women in total attended the program.

A total of six review and planning meetings were conducted to review the project activities and upcoming activities.

A total of 18 visits to frontline workers, Anganwadi centers, public health institutions, PMC officials and District hospitals NRC centers have been done to address vasti level issues or difficulties in accessing public health services.

**Stakeholder workshop-** With support from PMC, SATHI organized a stakeholder's workshop for ASHA in the selected slums of our intervention area on 17th March 2023. A total of 28 Asha attended the workshop. In the workshop, project-related orientation was given. In the continued sessions, Ashas were oriented on anaemia and how they can ensure a good haemoglobin level and prevent anaemia in pregnant and lactating women. The second session focused on how they can improve their performance by working smartly and providing health services to poor people, thereby increasing their source of income. In the last session, "ASHA's page" or "*Asache paan*" was introduced in which we motivated the ASHA's to write and submit stories of their efforts which can help them and their work in being recognized by the community. PMC health officer Dr. Vaishali Jadhav was present for the workshop where she shared her views about Asha's work and how their work performance can improve. Dr Deepak Pakhale and Dhigare Sister helped in organizing the workshop.

On behalf of SATHI team, Trupti Malti, Bhausaheb Aher and Hemraj Patil provided presentations for the workshop.

## Progress made against each of the project objectives.

**Objective- 1:** Improving access to health and nutrition services for pregnant and lactating women. – 131 women were helped in accessing health services.

**Objective 2: -** Improvement in enrolment of pregnant women and increased access to ANC check-ups- 197 women and 28 children were enrolled in the health system to get access to health and nutrition services.

## Results achieved In the reporting period

| Expected Deliverable/Result | Target | Status/Achievement this Quarter |
|---|---|---|
| **Deliverable 1:** Program coordinator and accounts officer will be appointed | | |
| Two program coordinators, accounts officer, data analysts, and field supervisors were appointed. | 4 | 4 people were appointed. |
| **Deliverable 2:** Field Level Implementation team appointment | | |
| Seven field workers were appointed | 7 | 7 people were appointed. |
| **Deliverable 3:.** Review & Planning Meetings | | |
| Project-level activities review and Planning meeting | 10 | *Five meetings of team members were held in which* review and planning of activities were reviewed. |
| **Deliverable 4:** . Vasti level conventions (50) | | |
| Ten vasti level conventions were conducted to mobilise people, especially pregnant & lactating women, and their relatives on maternal health issues | 50 was the target against which 70 meetings were conducted | *258 people were present for the meetings.* |
| 60 small group meetings were taken in till the March 2023 for follow up of pregnant women and children up to one year of age. | | *392 people were present for the meetings.* |
| **Deliverable:5- Baseline Survey** | | |
| Household listing | 5480 | October-Listing was done for 5480 households |
| Baseline survey of 625 women and children was conducted in nine slums. | 625 | November to December 2022<br>Data was collected during this period and data analysis was completed in January 2023. |
| Data analysis and report | | January & February 2023 |
| **Deliverable:5-** Dialogue with Officials | | |

| Dialogue with Officials | 18 | 18 Visits to frontline health workers, including ASHA's, Anganwadi's, ANM's, five health facilities, and PHU/dispensaries were done to take a follow up of the cases/beneficiaries.<br>One visit each to CDPO, MOH, District hospital Aundh NRC centre was done.<br>**Total -18 visits** |
|---|---|---|
| Other- | | |
| Four training sessions were conducted in September, October, January, and February | 5 | - First training on orientation about the program and activities to be conducted at vasti level was held on 29th,30th September & 1st October 2022.<br>- Second training on M-Water app training to fill the data for the baseline survey was held on 31st October.<br>- Third training on building vasti level groups of beneficiaries was held on 4th January 2023<br>- Forth training on measuring height-weight and growth chart of children was held on 1st February 2023.<br>- Fifth training was conducted on "how to identify the high-risk pregnant women and emergency referral" on 3rd and 4th March 2023. |
| Visit to Mahila Arogya Hakka Parishad | 2 days | - Arogya Sathi team and SATHI program staff visited TISS Tuljapur to attend the Mahila Arogya Hakka Parishad to get an exposure about issues related to women health |
| Publications prepared and disseminated | 6 | - One training module were prepared and distributed to the Arogya SATHI's.<br>- Documentation of Arogya Sathi's experiences.<br>- Maternal health project pamphlet distribution.<br>- Stickers were printed and pasted for identification of beneficiary households.<br>- Growth chart flex for girls and boys was printed and given to Arogya SATHI's to track each child's growth.<br>- Banner on awareness for the vasti conventions. |

### Challenges Encountered and Resolved-

a. At the vasti level, we faced challenges in terms of obtaining data on those women who were pregnant or lactating. Women were reluctant to disclose that information initially due to a lack of trust and cultural norms, however, with regular visits by the *Arogya Sathis*, they became familiar with their faces and comfortable with their presence as the survey progressed.

b. There was reluctance to participate in the project as the participants were frustrated with just giving out information without receiving any benefits in return. Once some of them have gotten help in accessing health services women are happily invited to Arogya Sathi and shared their concerns and issues with them.
c. Another challenge faced was the lack of support and coordination from the Anganwadis and ASHA in the initial phase of the project. Later when issues were resolved, this coordination is happening smoothly at the slum level.
d. There has been difficulty in organizing workshops for ASHA & Anganwadi workers as the permission has been delayed due to logistical issues.

***Annexure I: Case Story***

**The transformation from Rina-to-Rina Tai**

One of our Arogya Sathi, Rina Sharma resides in Laxminagar vasti where people know her as they live in the same area. When she joined SATHI, she started working with pregnant and lactating women. Every month she visited all pregnant and lactating women in Laxminagar. In her first vasti level convention meeting she was sent out a message to all the beneficiaries to attend the meeting to get information related to health and nutrition. Initially, women were skeptical to attend the meeting, upon realizing this; Rina visited their houses and requested them to come for some time at least.

Women came to the meeting with curiosity when they realized that the information shared in the meeting was useful to them, and after that meeting, women started recognizing Rina. They smiled and enquired about her general well-being when they passed by each other on the streets.

In the second slum level meeting, women attended in more numbers and with more confidence that they will be getting something more which is useful for them. The second meeting was conducted for pregnant women and key nutrients for the pregnant women were shared with them. Women were interested to understand that some of the important food items like drumstick is very essential for their health. Many such important things were shared with them. After the meeting ended women said, thank You Rina Tai for this useful and important information.

This recognition as “Tai” was so important to Rina which gave her the confidence to work more for her beneficiaries. From Rina she became Rina-tai!

**Help provided by Arogysathi to a woman undergoing an ultrasonography test.**

One pregnant named woman “Minu Yadav” met our Arogya Sathi Kalpana Shinde. She was new

in the city and did not know any PHU or dispensary in the PMC area. When she came to know that there is one PHU near her residence, she paid a visit there. The ANM gave her a referral letter to get the sonography done from Sutar Hospital. But as she was new in the city, she did not understand the language nor what was written in the letter. When Our Arogya Sathi met her, she showed the referral letter regarding the sonography test to her. Our Arogya Sathi asked her to go to Sutar hospital but when she realized that she did not know anything, she took her to the hospital. When they visited the hospital, her name was registered, after which her sonography was done, and she received the supplementary tablets.

While returning home Minu was so happy that her name was registered in the hospital and test was done smoothly. She thanked our Arogya Sathi; Kalpana Shinde for all her support and help!

**Activities photographs-**

***Annexure II: Summary of Achievements***

| **Summary of Activities (Quantitative Achievements)** | | |
|---|---|---|
| Activities/Indicators | Planned | Achieved |
| Training workshop | September, October, December, January and March (1) | 5 |
| Baseline survey | October to December 22 | 1 for 655 women and children |
| Vasti level convention | December to March (50) | 70 |
| Publication | 4 | 6 |
| Review planning and meetings | 6 | 6 |
| Visit to officials | 15 | 18 |
| **Stakeholder workshop** | 1 | 1 |

## 4. Strengthening Maternal and Child Health and Nutrition services through Women's Group participation in select rural areas (Bajaj Housing Finance Ltd.)

Anusandhan Trust- SATHI is currently working in four districts of Maharashtra. (Amravati, Nandurbar, Yawatmal, and Thane. One block of each district and 15 villages in each block- Around 1000 Pregnant and Lactating mothers and 2000 children in the age group from 0 to 3 years.) The target population of the project is pregnant and lactating women and 0 to three-years age group children. Activities carried out upto March 2023 are capacity building of field facilitators, baseline survey, field visits, community-level awareness about health and nutrition services, and monthly tracking of beneficiaries for availing eligible health and nutrition services and schemes. A network of stakeholders is built around maternal and child health services.

**Summary of activities completed in the reporting period**

The project was initiated in January 2023. The project coordinator was appointed in the same month. After the appointment of the coordinator field supervisor was appointed and field-level basic data, area profile, etc., were collected, the intervention area was finalized in Jan 2023. A baseline survey form was developed, and state-level training sessions were planned for February 2023. Training of field-level staff was organized in February and March 23, based on the training field team started baseline survey. Firstly, a household list in the intervention area was prepared, and beneficiaries were identified in February and March 2023. Meanwhile, the project team visited frontline health workers, Anganwadi centers, and all the nearby public health facilities. In February and March 2023, a baseline survey was conducted on 567 women and 1599 children. During the same time, the team visited every household to ensure every beneficiary was enrolled in the intervention. In February, Anthropometry training was conducted in the state-level workshop for field facilitators. Baseline data entry is going on in M Water App. Three meetings of field team members in Amravati (Dharani), Thane (Murbad) and Yavatmal (Ghatanji) have been conducted.

### Progress made against each of the project objectives

**Objective- 1:**

- To improve awareness of ANC-PNC, government schemes, and nutrition services. – The field team started the baseline survey to collect data regarding the current situation of ANC-PNC schemes and nutrition services.

**Objective 2:**

- To improve access to public health and nutritional services by empowering the community through local interventions. -

### Results achieved In the reporting quarter

| Expected Deliverable/Result | Target | Status/Achievement this Quarter |
|---|---|---|
| **Deliverable 1:** Field Level Implementation team will be appointment | | |
| Field Level Implementation team appointment | 5 | Five people were appointed |
| **Deliverable 2:** Capacity-building workshop for the field team. | | |
| Capacity building workshop for the field team | 1 | One workshop was organized for the field team regarding- Project concept, Project objectives, activities in the project, and expected achievements. |

| | | Twelve facilitators participated in the state-level workshop. |
|---|---|---|
| **Deliverable 3:** Baseline survey in selected villages of four districts | | |
| Baseline survey conducted in selected villages and enrollment of ANC & PNC mothers and 0 to 3 years age group children | 60 villages | February to March 2023 Data was collected during this period. |
| **Deliverable 4:** Review & Planning Meetings | | |
| Project-level activities review and Planning meeting | 3 | Three meetings of field team members in Amravati (Dharani), Thane (Murbad) and Yavatmal (Ghatanji) have been conducted. |

### Challenges Encountered

1. Due to the ongoing strike of Anganwadi workers, it was difficult to get information about children in each aanganwadis. Therefore, there was a delay in getting information regarding the list of children from 0 to 36 months, height, weight, and malnourished children.
2. Due to the interior and hilly area in the villages, reaching out to the beneficiaries was bit of a problem. Local transportation is not available for field facilitators so they have to reach there by walking in some of these areas, which is taking longer time than expected. Some of the beneficiaries are busy in agriculture work in the field and some women migrated for work, so information is unavailable.

### Management Issues

1. As the Anganwadi workers were on strike, information was unavailable, so information was collected by taking house-to-house surveys from pregnant and lactating mothers and children.

### *Annexure I: Case Story*

1. In two villages of Murbad taluka, Vadgaon and Gorewadi, children had to go to the sub-center for vaccination. In this regard, the field facilitators had a dialogue with the Anganwadi workers and resolved this issue by interacting with the Anganwadi worker. Now vaccination has started in Anganwadi in the both villages.

***Annexure II Summary of Achievements***

| Summary of Activities (Quantitative Achievements) | | |
|---|---|---|
| Activities/Indicators | Planned | Achieved |
| Field Level Implementation team appointment | February 2023 | 5 Field Level Implementation team appointment |
| Capacity building workshop | February 2023 | One workshop was organized for the field staff. Twelve facilitators participated in the state-level workshop. |
| Baseline survey | February and March 2023 | A survey was done in 60 villages |
| Review and planning meeting | February and March 2023 | Three meetings were done in three districts. |

## 5. Support vaccination efforts in 7 PHCs in Palghar and Yavatmal districts, Maharashtra (APPI)

The Azeem Premji Philanthropic Initiative (APPI) provided support in terms of resources and manpower to seven primary health centres in Yavatmal and Palghar districts in their covid vaccination efforts. The initiative was implemented from January to June 2022 with the help of Anusandhan Trust-SATHI, Pune.

**Objectives**

- To make people aware of the ill effects of the Covid-19 disease.
- To provide scientific information to people about the Covid-19 vaccine.
- To mentally prepare people for the vaccination process.
- To increase the number of covid vaccinated people in the block.

**Scope**

| District | Blocks | Primary Health Centre | Village |
|---|---|---|---|
| Yavatmal | Ghatanji | Shivni | 172 villages |
| | | Bhambora | |
| | Kalamb | Nanjha | |
| | | Runjha | |
| | Pandharkavda | Metikheda | |
| Palghar | Dahanu | Saiwan | 40 villages |

January 2022 covid-19 vaccination situation

Even after the *'har-Ghar dastak'* (program on the ringing doorbell to every household for COVID vaccination) in remote villages of tribal blocks in Yavatmal and Palghar districts, hardly any people had taken the Covid vaccine. When asked, ‘Why did you take the vaccine?’ people answered, saying they took the vaccine to avoid problems when applying for rations, travelling and at the workplace. The reply that vaccination was taken to prevent from covid was very less among tribals, semi-tribals and remote villages / tribal padas. Due to such a response, creating awareness in an easy-to-understand technical yet simple local language was necessary.

- **Implementation of the vaccination process**

**During the second wave of covid, recruitments in the health departments were done on a contractual basis to avoid the loss of immunization and routine health services. Due to the demand for work expected at that time, the regular employees were unable to**

**devote their full time, as a result, the contractual employees had to do many of the tasks of the regular employees. In the last two years, there has been low reach on ANC-PNC, sonography, institutional delivery, NDC services, etc. Along with this, the government system was also limited in places with no readiness and approval of the villagers for vaccination (mostly in tribal geographical areas). Considering the scope to increase the rate of Covid vaccination in these rural, tribal areas, it was necessary to complete the 'vaccination drive in the villages along. It was necessary to take the involvement of people in the vaccination drive.**

**With this background, selected activities were completed by Anusandhan trust-SATHI and activist teams in regular coordination with village villagers, beneficiaries-health workers, medical officers-local public representatives, NGOs working in the health sector etc.**

- **Key interventions**

- **Preparation and meetings**
  **Information and awareness were created in the villages, weekly review meetings were conducted where doubts related to vaccination program implementation were resolved.**
- **Training and capacity building**
  **Awareness materials like posters and a flip-book containing information about covid and covid vaccines were circulated in village meetings and camps.**
- **Village and Primary Health Centre coordination**
  **Village-wise vaccination camps were organized in coordination with the Primary Health Centres.**
- **Information and analysis**
  **Information about eligible beneficiaries and the incomplete vaccination status of villagers were collected through the Visit App. awareness camps** related to vaccinations were conducted at the village level in low-performing villages, and the information collected in the awareness programs were analysed at monthly meetings.

| Blocks | PHC | Total Resident Entries | Eligible for Covid Vaccination (Age 15 to 60+) |
|---|---|---|---|
| Ghatanji | Shivani | 30376 | 24744 |
| | Bhambora | 25327 | 20354 |
| Pandharkawada | Methikheda | 26640 | 22392 |
| Kalamb | Runza | 22053 | 18571 |
| | Nanza | 25154 | 19766 |
| Dhahanu | Dhundalwadi | 5931 | 4640 |
| | Saiwan | 14406 | 10659 |
| **Total** | | **149887** | ***121126** |

**Use of vaccination camps**

**During the second wave of Covid-19, there was a pronounced lack of staff to provide Covid vaccination and other health services to tribal villages. As a part of the national COVID vaccination program, the Maharashtra government also run the Har Ghar Dastak'** (State Government COVID vaccination program) **campaign, and health service providers have achieved the target of 100 per cent of COVID vaccination. It was observed that a maximum of two staff from the PHC have been appointed in Ghatanji, Pandharakawda, Kalamb and Dahanu blocks to cover 100% population for the vaccination program. More than two workers were needed to conduct vaccination camps in villages. Before running vaccination camps in the village, providing adequate information about the vaccine to people; removing doubts of the people and convincing them of vaccination, fears and misconceptions; planning vaccination sessions according to availability of the people; It was equally important to have a separate system to complete above tasks in the village along with the health workers of PHC.**

**To support this initiative SATHI has provided PHC-wise independent trained coordinators, vaccinators, data entry operators and village-wise worker volunteers for Covid vaccination in four blocks. As per table No. 04, 436, camps were conducted in five months. As per Table No. 05, 10,908 doses were given only through camps. Which first dose was given to 1573 people, the second dose to 9128 people and the booster dose to 207 people.**

| **Camps** | | | | | | **Covid19 vaccine dose** | | | |
|---|---|---|---|---|---|---|---|---|---|
| Month | Ghatanji | Kalamb | Padharkawada | Dahanu | | **First** | **Second** | **Booster** | **Total** |
| February | 30 | 30 | 13 | 0 | | 242 | 1934 | 0 | 2176 |
| March | 33 | 23 | 11 | 0 | | 190 | 1415 | 0 | 1605 |
| April | 37 | 19 | 20 | 0 | | 285 | 1363 | 49 | 1697 |
| May | 50 | 49 | 28 | 2 | | 676 | 3305 | 48 | 4029 |
| June | 29 | 37 | 20 | 5 | | 180 | 1111 | 110 | 1401 |
| **Total** | **179** | **158** | **92** | **436** | | **157 3** | **9128** | **207** | **10908** |

Vaccination Targets and team approach

**After the second wave of Covid-19, the government fixed age groups 18 to 60 and 60 years+ as a (priority) target. But due to mistrust and misunderstanding, it was not possible to reach the desired vaccination target. The volunteers were trained for two days and were given the responsibility in their respective Primary Health Centres. The volunteers visited the villages and met with the Sarpanch, Asha, Anganwadi workers, Village Health Committee, Arogya Sevak, and village-wise situations to learn and understand the vaccination status. Due to some misconceptions and fears, it came to light that people do not believe in Covid vaccines. Due to the same question faced by health workers and doctors, vaccination could not be completed. Vaccination of every family in the village was taken up as their responsibility by volunteers and the entire team.**

**Home visits; The campaign 'Har Ghar Dastak'** (State Government COVID vaccination program) **was brought into existence by involving the healthcare providers; people started asking; What is the alternative if vaccination was not done? Public awareness about vaccination increased, people's queries were addressed, and in this process participation of the youth and village local groups increased; Some people came to the camps in the villages for vaccination and others went to the nearest PHC to get vaccinated. In each village, the volunteers went to the houses of selected people and convinced them to vaccinate, then the vaccinator gave the vaccine to these people. This process helped to achieve the vaccination target.**

**Overall, *(out of 1,21,126 total population) people aged 18 to 60 and above were recorded as 1,14,918. As per table no.06, all the beneficiaries were eligible for vaccination. 7,354 people received their first dose after registering late for the vaccination. 98,073 people were given a second dose. 9,261 people (at the end of June 2022) did not respond to any of the efforts taken for the vaccination. Also, the number of people who were ready to take the vaccine, those who had registered and migrated, and those who had provided insufficient information was 230.**

4.1 - 18 to 60+ age group covid19 vaccination status

| Blocks | PHC | Eligible for Vaccination | Dose 1 Vaccinated | Dose 2 Vaccinated | Not Vaccinated | Don't know |
|---|---|---|---|---|---|---|
| Ghatanji | Shivani | 23405 | 1583 | 20665 | 1151 | 6 |
| | Bhambora | 19132 | 1103 | 17471 | 536 | 22 |
| Pandharkawada | Metikheda | 21393 | 469 | 20485 | 425 | 14 |
| Kalamb | Runza | 17783 | 515 | 16964 | 298 | 6 |
| | Nanza | 19050 | 631 | 18035 | 380 | 4 |
| Dahanu | Dhundalwadi | 4295 | 394 | 1095 | 2806 | 0 |
| | Saiwan | 9860 | 2659 | 3358 | 3665 | 178 |
| **Total** | | **114918** | **7354** | **98073** | **9261** | **230** |

**Beyond the target**

**According to Table No. 07, the number of registered youths aged 15 to 17 was 6,306. As per the new government guidelines, all youths are eligible for Covid vaccination as beneficiaries. Out of them, 922 beneficiaries were given the first dose. A second dose was given to 2,699 youths. A total of 3621 such doses were administered to the new target group. 2514 beneficiaries (end of June 2022) did not take any vaccine. Also, the number of beneficiaries who were not ready to take the vaccine, had just registered and migrated and did not provide sufficient information was 144.**

**5.1 Immunization details of people aged 15 to 17**

| Blocks | PHC | Eligible for Vaccination | Dose 1 Vaccinated | Dose 2 Vaccinated | Not Vaccinated | Don't know |
|---|---|---|---|---|---|---|
| Ghatanji | Shivani | 1339 | 261 | 607 | 467 | 4 |
| | Bhambora | 1222 | 177 | 528 | 515 | 2 |
| Pandharkawada | Metikheda | 999 | 134 | 552 | 312 | 1 |
| Kalamb | Runza | 788 | 99 | 608 | 80 | 1 |
| | Nanza | 716 | 55 | 289 | 272 | 100 |
| Dahanu | Dhundalwadi | 345 | 21 | 44 | 280 | 0 |
| | Saiwan | 897 | 175 | 71 | 615 | 36 |
| **Total** | | **6306** | **922** | **2699** | **2541** | **144** |

Special efforts were undertaken for vaccination

1. A vaccination session was organized at 'Raje Village' (21 April 2022) under Shivni Primary Health Centre. Some people in the village who did not come to the vaccination centre to get vaccinated. The village's awareness session lasted about one to two hours. When the vaccination team visited people from house to house, they came to know that earlier* (when Covid vaccination started in Maharashtra*) people had to go and sit at the centre for many hours. Because of that experience, they no longer went to the centre by themselves; Some people would not come because they could not walk; some people were allowed by the family members in the house; some were sick and elderly. As a result, many people in the village were not vaccinated. Due to the implementation of the Covid vaccination program through an independent team and due to the "Har-Ghar-Dastak" initiative, all the people in the village were vaccinated. In this village, a total of 52 people were vaccinated, i.e., 80 to 85% of people were vaccinated. One mental health patient (woman) refused to take the vaccine, ASHA and Anganwadi workers have earlier visited this household. So, with this experience, they have denied visiting this household. The team coordinator visited this household and started a discussion with other household members. Household member's information and the importance of the COVID vaccination they were convinced. The women also listen to all information carefully and got agreed to vaccination.
2. 'Baddipod' tribal village with a population of 153, their nearest Primary Health Centre was three kilometres away. It was difficult to reach the village as roads and transport are very bad. The organization's team had walked to the village for the vaccination camp. On the way it was observed that people were busy with their work, their daily wage work of collection of *tendupatta* leaves (Diospyros melanoxylon) was going on in the village. When the team tried to dialogue with some women and men, they did not speak nor did they allowed to speak with other people, when asked about their vaccination status; all the villagers said that "they had taken both doses". It became obvious that there was something wrong in the village. To be sure, with the help of Asha in the village, they checked the COWIN website and the vaccination muster near them. It was found that people were lying about taking the vaccine. Some had taken their first dose but did not want to take the second dose. When asked the reason, the villagers said why have you come to kill us? Other misconceptions like; women can't have babies, men get impotence, fatigue, vaccines don't work like before and people get weak and fatigued. etc. So 'we will not take the vaccine was the response of the villagers.

These types of misunderstandings were present in many villages, in such places the entire team created awareness and cleared people's misconceptions by giving examples from nearby villages; After doing all these exercises, those who were ready to take the vaccine were vaccinated, in the meantime, some people were ready to take the vaccine only on the condition that the social workers will take responsibility if anything happens to them after taking

the vaccine. After the health workers and vaccination team gave assurance to the people that nothing will happen, 62 people got vaccinated in one camp in 'Buddipod' alone.

Lessons learnt from the COVID-19 vaccination initiative

1. If the health providers or activists take the basic information of public health from beneficiaries/community and understand their problems then better services and facilities can be delivered to the villages. (E.g., Visits such people who are deprived of vaccine- and understand their negative attitude towards vaccination. These people were provided with scientific information and guidance. Misconceptions were cleared with the help of awareness materials.)
2. It is very important to have a separate team and support mechanism for such type of work, like team selection process and their training, periodic capacity building sessions etc. Along with this, immediate measures should be taken for the difficulties encountered while working. E.g., Preparation, training, review, regularization at the administrative level (travel expenses, honorarium, materials, guides etc.)
3. "COVID vaccination is an adult vaccination program" Getting vaccinated, and keeping track of our vaccination dates is the responsibility of the community. But people have different priorities. So, planning of any such activities should be done by identifying health care-facilities, schemes related information.
4. Digitalization is taking place everywhere; this understanding is fine in urban and semi-urban areas. However, in remote, hilly, tribal areas, etc., smartphones and digitalisation have not become universal. Work in such areas will take longer to complete. In such places, the organizations and groups working on those subjects at the local level should be appointed on a participatory basis and accordingly work should be done. Visits should be made directly by such independent agencies. It is also necessary to have adequate manpower for administrative health services in epidemic control campaigns like Covid.
5. In terms of public health, there should be proper guidelines by state and district administrations for the involvement of NGOs working in villages. So that 'People's Participation' which is currently becoming the focal point in the health system will be successful with the participation of the organizations. The guidelines should also mention the resources expected of NGOs.

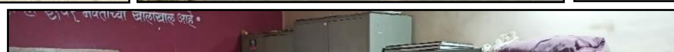
Challenges faced during the COVID-19 vaccination initiative

1. Some of the volunteers working at the village level are quite midway through the process of COVID-19. Because it was rumoured that covid vaccination will give the covid virus. People were not ready to understand the importance of vaccination There was also a dialogue/discussion that volunteers should take responsibility for the people who have any difficulties after taking the vaccine. So, they have quit this work
2. Some of the volunteers and workers misunderstood that after this work they will get jobs in the health department. So, when the organisation cleared them that this was the wrong expectation, they quit this work.
3. People of a certain community banned the entry of new people for many days in the village because of their religious festival "*Gaon Bandhani*". Extreme superstitions such as; "do not touch a woman who is menstruating, if you do, there is a risk to your life", result in people avoiding vaccinations. Only people going out of town for work took the vaccine, but they should not insist on vaccination. Some people refused to take the vaccine, citing the court's order that vaccination should not be made compulsory.
4. When there was a shortage of vaccines, the health system did not vaccinate those suffering from BP, diabetes, cancer, paralysis or other chronic diseases, resulting in the misconception that a person suffering from a disease does not need to be vaccinated, so such people also avoided vaccinating themselves. It is more difficult to persuade such people to take the vaccine.
5. A longer period elapsed between the first vaccination camp and the second camp organized by the Health Department. As a result, people eligible for the second dose could

not get the vaccine on time. When the vaccine became available and people were called to health centres, they avoided going; choosing not to get vaccinated again.

6. These were some of the difficulties which came to light during the entire period of 'the Covid-19 Vaccination Campaign' from January to June 2022. But taking into account all the above challenges, teachings and increased immunization rates in the four blocks, the overall picture shows that the intervention increased the immunization rate in all four talukas.

**Some Glimpses of the intervention**



## 6. Help Desk in Dhadgaon Rural Hospital (Rajabhau Chordia)

Background - Nandurbar is a tribal and the most underdeveloped district in Maharashtra. Dhadgaon block is one of the hilly and coastal areas of Narmada Valley and villages are far more remote than any other blocks in the districts. Transportation services are very poor and other socio-economic indicators are quite low; people are mostly dependent on public health services for maternal and child health services, and Malnutrition is a major issue to handle. For availing health services, people are mostly dependent on public health facilities, either Dhadgaon Rural hospital or they have to go to Nandurbar Civil Hospital, which is 100 to 150 Km away from their own villages.

In this situation, Rural Hospital in Dhadgaon is a hope for the people. This is the only hospital which provides secondary care for patients coming far from their villages. If people get quality health services with dignity, that, in turn can enhance their trust in government hospitals.

**Objective to setting up helpdesk at Dhadgaon rural hospital**- Considering all unique and acute concerns in Dhadgaon block in Nandurbar, SATHI and Narmada Navnirman Abhiyan have selected Dhadgaon RH from Nandurbar to set up a helpdesk. The main purpose of the helpdesk is to help the needy and poor patients with proper treatment and avail referral services in a timely manner. This Helpdesk was set up in June 2021.

**Major activities conducted under helpdesk-**

1. **Helping patients who visit the hospital-** Patients who visit the hospital will require help to know the different wards in the hospital, injection rooms, help in arranging referral services, and instructions given by the hospital staff which need to explain to the patients. The help desk operator helps patients in many ways, as per the requirement of patients.
2. **Helping patients to avail scheme benefits-** Additionally, the operator makes aware the patients and relatives of available schemes that benefit patients. There are patients and women who are eligible for the government schemes like Pradhan Matri Jan Arogya Yojana/Mahatma Phule Jan Arogya Yojana, maternal health specific schemes but patients are totally unaware of the procedure about how to apply. The helpdesk operator gives them information about such schemes and helps them to fill in the forms for attaching required documents. they take follow-up with the clerk, Senior Nurse to process the submitted forms.

**Changes in helpdesk work of Dhadgaon** – Due to demand from the villager's helpdesk operator ASHA VASAVE was sitting in the helpdesk to help patients with treatment for three days a week and another three days she was taking a meeting in the villages to do awareness about helpline number and help people for getting their health needs like applying for scheme benefits, OPD timing for different OPD in the RH, guiding women during delivery, pregnant mothers, lactating mothers, Anganwadi workers, Asha, ANM, MPW, medical officers of the primary health center, sarpanch, ration shopkeepers, teenage girls in the villages.

She also gave information about Pradhan Mantri Matruvtva Vandana Yojana, Jannai Surksha Yojana, Matruvta Anudan Yojana and Losses wages under Manav Vikas Mission, she gave information on Mahatma Phule Jan Arogya Yojana for secondary and tertiary care treatment for the villagers during awareness sessions.

They have printed banner for helpline number, which has been put in villages and distributed pamphlets in the villages so that villagers can contact them for medical help.

**Outcome of work**
**Major activities conducted under helpdesk-**

1. **Helping patients who are contacted through the helpdesk/helpline-** Patients who visit the hospital or receive information about the helpline contacted the helpdesk operator for medical help. During the reporting period, 17 serious patients were handled for getting treatment. These patients were from remote villages and don't have proper documents, so they were denied care. They have asked for help from the helpdesk operator. Among the 17 patients, 12 patients were admitted to the RH and then referred to the district hospital for further treatment. So, admitting them to the district hospital was a challenge. The helpdesk operator coordinated with the district hospital authority and follow up with them to get these patients admitted to serious illnesses. Three women wanted to undergo a C-section on an urgent basis, so arranging their ambulance, coordinating with DH doctors, and arranging blood for them were the major tasks done in these cases handling.

   **Another 5 patients were from very remote villages, reaching the Dhadgaon, they had to travel by boat, which took 5 hours to reach.** One lady was very serious and wanted emergency medical help. She has been taken to Dhadgaon RH for treatment; the doctor in the RH said she would require high-level treatment, better if she shifted to KEM Hospital Mumbai for further treatment. The helpdesk operator asked some of the officers from the tribal development department if they could provide an ambulance to her, but no help was made available. Then with some local contribution ambulance was arranged, and patients were transferred to KEM Hospital Mumbai for treatment. One of the senior activists from the organisation took the lead in contacting KEM to admit this lady to the hospital, and it was a successful intervention; Lady is recovering.

   **Another, a 13-year-old girl was asked to visit KEM hospital as she couldn't hear and a major operation was required.** Again, the Helpdesk operator coordinated with the patient for further treatment, one of the senior activists from the organisation coordinated with the KEM doctors and treatment was made available for the girl, she was operated on in Mumbai and now recovering.
   **49 such serious patients received help from the helpdesk. Apart from this total of 411 patients received the scheme benefits and other health needs help.**

2. **Helping patients to avail of scheme benefits-** Additionally, the operator made aware patients and relatives of available schemes which are beneficial for patients. There are patients and women who are eligible for the government schemes like Pradhan Mantri Jan Arogya Yojana/Mahatma Phule Jan Arogya Yojana, maternal health specific schemes but patients are totally unaware of the procedure about how to apply. Helpdesk operators give them information about such schemes and help them to fill in the forms, for attaching required documents. they took follow-ups from the hospital clerk, Senior Nurse of the hospital processing them to submitted forms. A total of 411 patients were helped by such scheme benefits.

3. **Awareness sessions in the villages-** a total of 22 villages were visited during the period of March to May. During the village visit, meetings were organised, and information about the helpdesk, helpline, and available services in the RH and Nandurbar DH was given to people. Health scheme-related information was given to people. She visits immunisation sessions in the villages. During the course of the village visit, the discussion was done with Anganwadi workers and ASHA to help them with their better performance. Some of the critical issues identified during the visit were discussed with PHC medical officer and CMHP at sub-centre level.

4. **Visits to Sub centre and PHCs**- After the change mode of work helpdesk operator, along with the village level visits, make sure that visit to PHC and Sub centre to improve the village level services. During the period, she visited PHC and SC to have a dialogue with

PHC medical officer and CMHO at sub centre to discuss the issues in the villages related to health services which people were sharing with her. Five PHC visits and eight sub centre visits have been completed during the same period. In these visits, almost 15 issues were discussed and resolved.

**Key challenges during the work-**
Visiting remote villages in the block was a big challenge, as many villages are quite remote and unconnected. To visit these villages, they have to go by road and then by boat to reach the place was very time-consuming. Still, the helpdesk operator made this possible and visited 22 villages.

The second challenge is to prepare documents for scheme benefits, as many people do not have basic documents like Aadhar card, Pan card, and Bank accounts, so preparing these documents was a big challenge. To prepare these documents, the organisation asked Tahsildar to put the camps to prepare Aadhar cards in their villages. So almost in the 15 villages, such camps were organised and around 700+ women and children prepared their Aadhar cards. Similarly, the organisation had a meeting with two bank branch managers to open the accounts of women who are eligible for the scheme benefits. With such a process list of women who do not have Aadhar card and pan card was prepared and submitted to Tahsildar and Block medical officer and follow-ups with these officials are going on.

The third challenge is the lack of trained human resources in the health sector, especially in the Dhadgaon nobody wants to serve in these places, so doctors and CMHO posts are vacant and even ANM posts are also vacant. So, getting medical treatment in the villages is very difficult, and reaching out to the trained medical HR in these villages is even more tough, so the community are so deprived of such situations and depends on the organisation activists to raise these issues at the district level to resolve them.

## 7. Improving delivery of Maternal health services for tribal communities in Maharashtra, in the COVID recovery phase (IBP)

**Key activities conducted during the period** - SATHI team and field facilitators conducted monthly tracking of pregnant and lactating women to support them in accessing services and scheme benefits. Also conducted this project in four blocks of four districts (Murbad-Thane, Dhadgaon- Nandurbar, Ghatanji-Yawatmal, Dharni-Amravati) in 60 villages. The project aims to improve access to service delivery and scheme utilisation. Monthly tracking of pregnant and lactating women to support them in accessing services and scheme benefits.

It has resulted in the following changes in the ANC, delivery, PNC, and scheme utilisation (as compared to baseline %)

| Indicator | Before intervention (in %) | After intervention (in %) |
|---|---|---|
| ANC registration & MCP card received | 84.6 | 96.5 |
| HB testing during pregnancy | 80.0 | 96.0 |
| Iron folic acid supplements | 78 | 95.2 |
| Urine test | 76.6 | 89.6 |
| Weight monitoring for every month | 75.2 | 89.6 |
| Abdominal check ups | 76.2 | 86.1 |
| Height | 71 | 86.1 |
| AAY one time hot cooked meal | 60.6 | 97.8 |
| HIV testing | 69.1 | 75.5 |
| Check-ups by Gynaecologists | 46.2 | 56 |
| Ultrasound sonography testing | 65.7 | 77.9 |
| Delivery in government institution | 54.8 | 70.8 |

| | | |
|---|---|---|
| Home delivery reduced by | 32.8 | 20.9 |
| PMMVY 1st instalment received | 17 | 33.7 |
| PMMVY 2nd instalment received | 16 | 26.5 |
| PMMVY 3rd instalment received | 11 | 65 |
| Janani Sureksha Yojana funds received | 21.9 | 84.5 |
| Matrutva Anudan Yojana funds received | 17 | 61.6 |
| Budit Majuri instalment | 17 | 81.1 |

**Training of village-level agency groups-** SATHI and field facilitators have conducted four training of village-level groups, including women beneficiaries; their family members; local Gram Panchayat women elected members; and village-level frontline workers in four blocks and 60 villages. The training focused on utilizing the local budget for improving maternal health services. A total of four trainings were organised for agency groups till September 2022.

- The training was given on the locally available services and schemes the pregnant and lactating women. How they can avail of these schemes by providing relevant documents. How they can update or prepare the required documents? This training helped in accessing services.
- Second training of the same group was organised between September to October for giving information about locally available funds in the GP, and how they will be utilised to improve village-level ANC & PNC services.

**Awareness campaign** – Field facilitators have taken awareness programs in each village to increase awareness about the services and scheme entitlements, followed by the awareness program, meetings were conducted at the village level to resolve the issues at the local level.

**Follow up with block-level officers** – A list of beneficiaries was given to the revenue officer to prepare the Aadhar cards. Based on the follow-up by the agency group members and CSO members camps were organized in four blocks of intervention. Monthly meetings were taken with the health providers and officials to take follow up on the concern issues and release benefits for women.

**State-level budget consultation-** SATHI team has organized a health budget consultation on the state budget for analysing the state health budget of Maharashtra. Based on the analysis report was prepared.

**Tracking of beneficiaries and follow up of issues with block-level officers** – In the continuation of the tracking, till December, we were involved in tracking for next from (Sept to December 2022) four months, as a result in the intervention was changed, and the number of indicators for accessing the services and scheme uptake was increased.

**Data collection at HWC-CPHC** – In the four blocks, data for the HWC-CPHC was collected to understand the health services situation of the HWC-SC&PHC. Data was collected in the 34 HWCs from CHO and other staff members, and service quality-related data were taken from the actual patients who were seeking health services from the facilities. Based on the data block level reports were prepared and shared with the block level officials for their perusal.

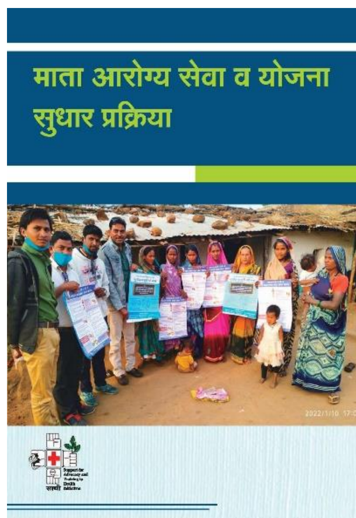
**Block-level dialogue event**- Based on the data collected by the field-level activists and experience from the beneficiaries, block-level dialogues were organised in four blocks in the month of Nov and December 2022.

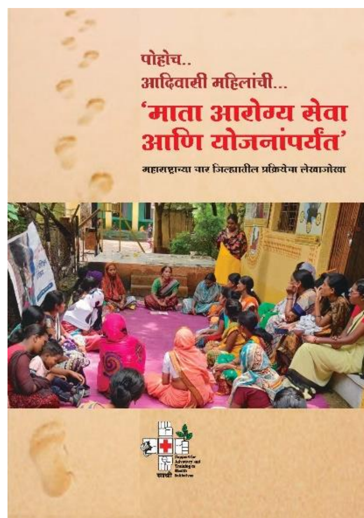
**State-level review, reflection cum dissemination workshop-** SATHI team has organised a review, reflection cum result dissemination workshop with the involved field team, agency group members, and involved stakeholders from each intervention area. People have shared their experiences, how they have intervened to address the service delivery issues and come up with solutions, through such exercise awareness among the people were increased and reflected in accessing services and scheme. Secondly, the government representative District nodal officer was attained this workshop and shared their perspective regarding the effective use of the scheme portal. That was the learning.

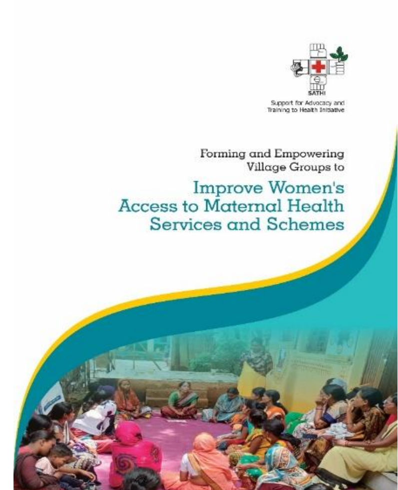
**Publication-**

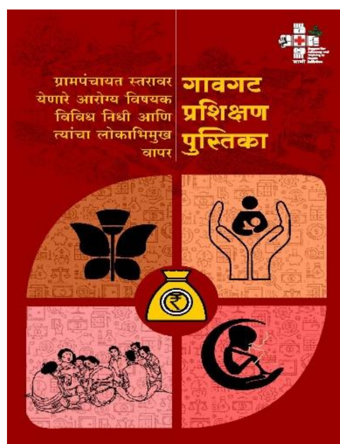
1. Village-level health budget booklet- To train the agency group the at village level, health related available budget booklet was prepared and shared with the AG members in 60 villages for their regular intervention. Based on the booklet, trainings were organised for AG members.
2. Flyer for disseminating findings of the project- A flyer was prepared in Marathi & English to disseminate the key findings of the project. It was shared with the block and district level officials. Also, Two district level flyers were prepared and disseminated in block level dialogue events.

**Glimpses of photographs of Publication and activities**



माता बाल आरोग्य
हक्क प्रशिक्षण
गावगट प्रशिक्षण

Latitude: 19.991517
Longitude: 78.350017
Elevation: 266.38±16 m
Accuracy: 165.9 m
Time: 08-08-2022 00:57
Note: Parwa
Powered by NoteCam

## 8. Mobilising communities, supporting COVID patient families, revitalising health systems during COVID recovery and restoration in Maharashtra 2022 (AID)

SATHI is implementing activities to improve post-COVID-19 services in selected rural and tribal Health Wellness Centers (HWC) and Primary Health Centers (PHC) in Maharashtra. The project aims to address the lack of awareness about COVID-19 vaccinations, NCD services, and medicine information in rural, tribal, and semi-tribal areas. The intervention involves selecting 45 sub-centers from nine PHC/HWCs of three blocks and implementing key activities such as training health communicators, conducting regular visits by block coordinators to generate evidence about health services, and providing guidance to the field team to tackle challenges encountered at the community level post-COVID services. The project also involves implementing the Rejuvenation of HWCs through people participation processes and providing guidance to patients and their relatives about the government's orders on rate capping for COVID care. The ultimate goal of these interventions is to improve the capacity of stakeholders to provide better quality healthcare services to the community work area.

| District (2) | Block (3) | PHC (10) | SC (46) |
|---|---|---|---|
| Nandurbar | Dhadgaon (4) | Narmadanagar(1) | Revanagar |
| | | Bilgaon (4) | Bilgaon, Genda, Chikhali, Savrya digar( Bhusha) |
| | | Roshmal (3) | Chichkhedi ( Domkhedi), Keli (Nimgavhan), Roshmal |
| | | Son (3) | Kuktar, Son (Bk), Khadkya |
| Pune | Ambegaon (3) | Adivare (7) | Malin, Ahupe, Tirpad, Vachpe, Phulavade, Asane, Borghar |
| | | Dimbhe (7) | Pimpalgaon, gangapur bu, Gangapur Kh, Rajewadi, Kanse, Amondi, Shinoli |
| | | Taleghar (6) | Bhimashankar, Jambhori,Terungan, Kushire bu, Patan, Pokhari |
| | Bhor (3) | Jogavadi (3) | Alande, Harnas, Bhutonde |
| | | Nasrapur (8) | Karandi, Hatve bu, Shivre, Jambhali, Kelavade, Degav, Velu, Kapurhol, Kasurdi |
| | | Bhongavali (3) | Kikvi, Nhavi 15, Sarola |

**The State's Key Interventions: Preparation, Training, Coordination, Information, and Strategy Use**

1. **Preparation and meetings**
   **Conducting weekly review meetings with the field team to support the better functioning of the Health and Wellness Center (HWC) and Jan Arogya Samiti (JAS). The goal was to improve communication and coordination between the healthcare system's stakeholders and ensure that everyone was aware of the services and resources available to them. It was hoped that the quality of healthcare services provided could be improved by keeping everyone informed and engaged.**
2. **Training and capacity building**
   **This intervention aimed to improve the stakeholders' capacity in the healthcare system to provide better quality healthcare services to the community. This was achieved by providing training on non-communicable disease (NCD) services,**

**overall health services data collection tools, and information on basic COVID and non-COVID health services.**

3. **Village and Primary Health Centre coordination**
   **This intervention involved collecting institution-wise information through coordination with the Primary Health Centres and block-level officials. The purpose was to ensure that all stakeholders have access to accurate and up-to-date information, allowing for better communication and coordination between the various levels of the healthcare system. This intervention aimed to improve the overall functioning and efficiency of the healthcare system by providing a clear and reliable source of information.**
4. **Use of information**
   **This intervention involved the development of block-wise short notes on the current services provided by the Health and Wellness Centers (HWCs) and the status of Jan Arogya Samiti (JAS). The information collected was then used by the HWC medical officers to form JAS. The aim of this intervention was to ensure that the information collected was easily accessible and understandable by all stakeholders involved in the healthcare system, which would then contribute to better coordination and communication between the stakeholders, ultimately resulting in improved healthcare services for the community.**
5. **Social Audit Conducted by Jan Arogya Samiti on Health Wellness Centers**
   **Jan Arogya Samiti conducted a social audit of the Health Wellness Centers (HWCs) in Bhor and Ambegaon blocks in the Pune district, and Dhadgaon block in the Nandurbar district of Maharashtra. The audit team consisted of local-level activists, Jan-Arogya Samiti members, and health center staff who received one day of training on how to conduct a social audit, including which information to examine and which records to check. They also used a questionnaire designed for the social audit to collect information during discussions, and planned when to conduct the social audit.**
   **During the audit, the team inspected 46 sub-centers and 15 primary health centers, recording observations on facilities such as construction, hygiene, equipment, materials, operations, records, drug supply, vacancies, referral services, and more. They obtained information by interacting with staff and examining registers and records in the health centers, including patient registrations, visits, and treatments, and records of beneficiaries taking government health schemes. The team also conducted detailed inspections of records related to emergency treatment, acute malnutrition, cancer, home visits, and follow-ups.**
6. **Organizing Public Dialogue to Address Issues in Health Wellness Centers**
   **After reviewing the records and conducting patient interviews, the team proposed a report on the working of the centers and sub-centers in the three talukas. Based on this report, public dialogues were organized in each taluka to discuss the issues identified in the social audit. The dialogues were attended by the Taluka Medical Officer, Primary Health Center Medical Officer, Community Health Officer, Asha Sevika, Arogya Sevak-Sevika, members of Jan Arogya Samiti and Village Arogya Samiti, PRI meters, and other stakeholders.**
7. **Coordinating with Block and District level Health Officers –To strengthen the Jan Arogya Samiti, a first-of-its-kind experiment in Maharashtra, the support of health authorities is crucial. Without their approval and assistance, it would have been challenging to enhance the effectiveness of these committees. Therefore, regular visits were made to Taluka and District level Health Officers to seek their special support. Our organization SATHI is committed to increasing the participation of the villagers and Gram Panchayats in health promotion, as mandated by the Government circular. To achieve this, we aim to initiate the formation of health committees in our talukas and empower them. This will improve the service facilities at Arogya Vardhini Kendra and enhance the outpatient department (OPD) services**

**for patients with non-communicable diseases. We assured the health officers that our organization is dedicated to supporting them in this endeavor.**

**Key field-level activities:**

1. Health communicators are selected in 45 subcenters to strengthen health wellness centers.
2. Provided training to health communicators for Jan Arogya Samitee formation and orientation.
3. Conducted regular visits by block coordinators to all Health wellness centers to generate evidence about health services.
4. Started the implementation of the Rejuvenation of HWCs through people participation processes by the SATHI team, which involved conducting initial meetings with PHCs medical officers and block medical officers.
5. Provided guidance to the block coordinator and field facilitators to tackle the challenges or issues encountered at the community level post covid services.
6. Field team has also guided patients and their relatives about the Government's orders on rate capping for COVID care.

**This project was implemented for one year in the above three talukas. The government had ordered the empowerment of the Jan Arogya Samiti to strengthen the Health Wellness Centers in 2019. But due to Covid, this program got disrupted. Therefore, many Jan Arogya samitees could not be established at that time in Maharashtra. We have noticed that no training has been given to these committees wherever they have been established. Many health promotion centers had not appointed CHOs. Without that, it becomes difficult to form these committees. So, we had to start from scratch. Accordingly, the partner organization started working in Bhor, Ambegaon, and Dhadgaon talukas. Although a big change could not be brought about in one year, this work has played an important role in bringing about many important but small changes in the selected 45 HWC. It can be seen from the following example.**

**"Improving Health Services: Action Taken by Jan Arogya Samitees (JAS) after Intervention"**

| PERFORMANCE OF JAS AND HEALTH COMMUNICATORS DURING INTERVENTION | TOTAL |
|---|---|
| JAS WERE FORMED AND MADE FUNCTIONAL DURING THE INTERVENTION | 46 |
| TOTAL NUMBER OF VISITS TO SCs BY JAS AND HEALTH COMMUNICATORS | 295 |
| TOTAL NUMBER OF VISITS TO PHCs BY JAS AND HEALTH COMMUNICATORS | 81 |
| REACHED OUT TO PEOPLE FOR GUIDANCE/ HELP/ COUNSELLING | 3401 |
| PEOPLE WORKED AS HEALTH COMMUNICATORS | 261 |

After the intervention started, health communicators were actively involved in forming Jan Arogya Samitees (JAS) at all sub-centres and Health and Wellness Centers (HWCs) within 2-3 months. JAS took various actions and conducted visits to improve the functioning of the sub-centers. With the help of health communicators, over 3000 people received guidance and counseling about immunization and assistance in accessing services at sub-centers, Primary Health Centers (PHCs), and Rural Hospitals (RHs).

**Improvement in the functioning of Health Promotion Centres**

However, Jan Arogya Samiti's follow-up showed that all the closed sub-centers have been started, which is a positive development. Additionally, it was observed that sub-centers have the highest number of vacancies, which may be impacting their ability to function effectively.

To improve the functioning of Health wellness Centers, it may be necessary to address the issue of vacancies and ensure that all necessary staff is in place. Additionally, it may be helpful to conduct regular inspections and follow-ups to ensure that sub-centers are functioning effectively and to address any issues that arise in a timely manner. Collaboration between different stakeholders, including the government, healthcare providers, and community organizations, may also be necessary to ensure that Health Promotion Centers are able to provide high-quality healthcare services to the communities they serve.

**Based on the updated vacancy statistics for April-Sep 22, it appears that there are a significant number of vacant posts in the three districts of Ambegaon, Bhor, and Dhadgaon.**

| Vacancies (updated vacancy statistics for April-Sep 22) | **Ambegaon** | **Bhor** | **Dhadgaon** | **Total** |
|---|---|---|---|---|
| VACANT POSTS ANM | | Out of the total of 5 vacancies, 2 filled | Out of the total of 3 vacancies, 2 filled | 4 |
| VACANT POSTS CHO | Out of the total of 6 vacancies, 5 filled | Out of the total vacancies, 2 filled | 10 vacant posts filled | 14 |
| VACANT POSTS MPW | | Out of the total of 9 vacancies, 5 filled | 6 vacant | 11 |
| **VACANT POSTS** | **1/6** | **10/19** | **18/24** | 26/ 49 |

- It appears that in Ambegaon, there are no ANM or MPW vacancies, while there are 6 CHO vacancies, out of which 5 have been filled.
- In Bhor, there are 5 ANM vacancies, out of which 2 have been filled. There are also 5 CHO vacancies, with 2 filled positions. Additionally, there are 9 MPW vacancies, out of which 5 have been filled.
- In Dhadgaon, there are 3 ANM vacancies, with 2 filled positions. All 10 CHO vacancies have been filled, and there are 6 vacant MPW positions.
- Overall, out of a total of 49 vacant posts across all three districts, only 20 have been filled, leaving 29 vacant posts. This suggests a need for recruitment and hiring efforts to address the staffing shortages in the healthcare sector in these districts.

| **ISSUES RELATED TO INFRASTRUCTURE** | **AMBEGAON** | **BHOR** | **DHADGAON** | **Total** |
|---|---|---|---|---|
| INFRASTRUCTURE- Building | 2 | 14 | 12 | 28 |
| LEAKAGE/ REPAIRS | 1 | 8 | 15 | 24 |
| NO DELIVERY ROOM | 1 | | 7 | 8 |
| STAFF QUARTERS NOT AVAILABLE | 1 | 2 | 13 | 16 |
| NO TOILET FACILITY IN SC | | 1 | 12 | 13 |
| **INFRASTRUCTURE** | **5** | **25** | **59** | **89** |
| **14 are Issues resolved** | | | | |

It is concerning to hear that out of 46 sub-centres, 28 were having issues related to infrastructure. This includes the lack of buildings in 5 places in Dhadgaon and 6 places in the other two blocks, 13 SCs being made up of fibre, and 4 SCs not having a good infrastructure to function. It is also alarming to note that out of 46 SCs, 24 are having wall or roof leakage problems or major repairs are required, which can seriously impact the provision of healthcare services. The lack of staff quarters and toilet facilities in many SCs also poses a significant

challenge for health workers.

Unfortunately, out of 89 issues related to infrastructure discussed at various levels, only 14 issues could be resolved. However, it is a positive sign that some issues related to leakages and repairs of SCs, availability of ambulances, and making temporary spaces available to shift SCs were resolved. It is essential to address these infrastructure issues to ensure that the SCs can function effectively and provide quality healthcare services to the community.

| **ISSUES RELATED TO SERVICES** | **AMBEGAON** | **BHOR** | **DHADGAON** | **Total** |
|---|---|---|---|---|
| AMBULANCE | 2 | | 1 | 3 |
| CHECKUPS FOR CHILDREN AND MOTHERS ARE NOT DONE | | 6 | 2 | 8 |
| HEALTH CHECKUPS NOT CONDUCTED FOR MALNOURISHED CHILDREN | | 2 | | 2 |
| INTERNET/ E SANJEEANI SERVICE IS NOT FUNCTIONAL | | 1 | 7 | 8 |
| OPD IS NOT CONDUCTED | | | 1 | 1 |
| ISSUES RELATED TO STAFF- ABSENTEE, IRREGULAR OPD, COMMUNICATION WITH VILLAGERS, BEHAVIOUR OF STAFF ETC | 5 | 6 | 23 | 34 |
| STAFF WORK MORE FOR COVID IMMUNISATION | | 1 | | 1 |
| **Total issues raised during the intervention** | **7** | **16** | **34** | **57** |

The data shows the number of issues related to health services and staff raised during the intervention in three different areas: Ambegaon, Bhor, and Dhadgaon. Ambulance availability was a common issue in all areas, with a total of 3 complaints. In Bhor, the most significant issue raised was the lack of child and maternal health check-ups (6 complaints). In Dhadgaon, the major problem was the non-functional internet or e-Sanjeevani service (7 complaints), which is an essential service for telemedicine consultations. Staff-related issues were the most frequent complaint, with a total of 34 raised, including absenteeism, irregular OPD, communication with villagers, and behavior of staff. There were 12 issues resolved during the intervention, but there are still 45 unresolved issues that need further attention. The data highlights the importance of addressing staff and service availability issues to improve the overall quality of health care in these areas.

| **FURNITURE, FACILITIES, AND EQUIPMENTS** | **AMBEGAON** | **BHOR** | **DHADGAON** | **Total** |
|---|---|---|---|---|
| DD KITS | | 2 | 6 | 8 |
| MEDICINE RACK | | 3 | 4 | 7 |
| STERILISER | | | 5 | 5 |
| WEIGHING SCALE | | | 6 | 6 |
| **EQUIPMENTS** | **0** | **5** | **21** | **26** |
| CLEANLINESS | | 6 | | 6 |
| DISPLAY BOARDS | 1 | 6 | | 7 |
| ELECTRICITY | 6 | 2 | 12 | 20 |
| WATER ISSUE | 10 | 5 | 12 | 27 |
| **FACILITIES** | **17** | **19** | **24** | **60** |

| | | | | |
|---|---|---|---|---|
| DON'T RECEIVE FUNDS | | 6 | 9 | 15 |
| FUNDS | 1 | | | 1 |
| **FUNDS** | **1** | **6** | **9** | **16** |
| FURNITURE-TABLE, CHAIR | 1 | 1 | 3 | 5 |
| MEDICINE SHORTAGE | 5 | 4 | | 9 |
| **FURNITURE** | **6** | **5** | **3** | **14** |
| | | | **TOTAL ISSUES RESOLVED** | **28/ 116** |

The provided data lists the availability of furniture, facilities, and equipment in three locations (Ambegaon, Bhor, and Dhadgaon). The data shows that most items are available in all three locations: furniture (tables and chairs), cleanliness, and electricity. However, some items, such as equipment and medicine racks, are only available in certain locations. The data also shows that there are issues related to funds not being received, water issues, and medicine shortages. Out of 116 issues reported, only 28 have been resolved.

**The impact of community processes on the Sub centres is quite significant, as listed below:**

1. The active involvement of JASs helped initiate a dialogue between communities, Gram panchayats, and the health system, improving the Sub centers' facilities and services.
2. As a result of the dialogue, CHOs started conducting OPD sessions more frequently (twice a week or more) in most Sub centres, leading to better availability of healthcare services for the people.
3. Routine monitoring of JAS helped in ensuring the regular working of Sub centre staff.
4. The dialogue increased awareness about the facilities and functioning of the Sub centres among the people.
5. Community processes helped in addressing problems related to basic facilities such as water, electricity, and furniture. These issues were discussed at the local level and were resolved with the involvement of JAS, CHOs, Gram Panchayats, and the electricity departments.
6. Problems such as the lack of various equipment and shortage of NCD medicines in Sub centres were also addressed with the help of community processes. These issues were discussed with PHC MO and THO, and attempts were made to streamline the processes.
7. Overall, the community processes positively impacted the functioning of Sub centres by improving the availability of healthcare services, resolving issues related to basic facilities, and increasing awareness among the people about the facilities and functioning of the Sub centres.

**Efforts have been made by Jan Arogya Samiti and Health Communicator to address the issues faced by Primary Health Center Arogya Vardhini Kendra, Block-Ambegaon, Dist.-Pune**.

- Several efforts have been made by Jan Arogya Samiti and Health Communicator to improve the functioning of the Primary Health Center Arogya Vardhini Kendra. Firstly, NCD medicines and other diseases are regularly distributed to all health facilities. Secondly, a joint meeting of the Taluka Medical Officer and all Sub-Center CHO, ANM, and MPW was held, which resulted in the establishment of JAS in 10 places at HWC by making a schedule for setting up the JAS committee. Thirdly, the issue of irregular medical officer attendance at the health center was addressed, and continuous follow-up on this was arranged at the taluka and district levels. This led to the appointment of a Medical Officer in all HWCs in the taluka.

- Additionally, committee members began health center monitoring visits at the sub-center level, which helped to identify and resolve problems. The Ambegaon taluka, which previously had a shortage of medicines, now receives regular supplies to the sub-center due to the follow-up of Jan Arogya Samiti. Another joint meeting of Taluka Medical Officers and all sub-centre Community Health Officers, ANM MPWs was held, resulting in the setup of a committee, OPD, and the resolution of staff work schedule issues.
- Moreover, when the Adivare Medical Health Officer at the primary health center was on leave for a week, the CHO filled in and immediately returned to the post when asked to take Jan Arogya Samiti members training. Lastly, the Committee of Public Health Committee was convened, where decisions were made to post the daily work schedule of the employees at the center and create and display a board of the Public Health Committee. These efforts have collectively contributed to improving the quality of healthcare services provided by Primary Health Center Arogya Vardhini Kendra. These include speeding up the formation of Jan Arogya Committees in selected sub-centers and ensuring their proper functioning through staff follow-up and meetings.
- To address the issue of Jambhori CHO not visiting for two months, the Taluka Health Officer was involved in taking appropriate action. Additionally, the water and electricity supply to Tirpad Primary Health Centre was approved, and a new vehicle was provided to the 108 facility there.
- Other issues, such as less supply of medicines in the Terungan sub-center and a shortage of water in the sub-center, were brought to the attention of concerned authorities, and actions were taken to address them. Regular and abundant water was provided to Kushire, Rajewadi, and Pokhari sub-centers, and CHO and MPW attended the OPD for two days.
- Furthermore, coordination with CHO and Taluka Health Officer was made to ensure an adequate supply of medicines to the primary health center in Adivare. These efforts have been instrumental in improving the functioning of Primary Health Center Arogya Vardhini Kendra and ensuring better healthcare access to the people of the region. Coordinated provision of 2 mattresses and 1 cupboard to all sub-centers.
- In Kanse village, several efforts have been made by Jan Arogya Samiti and Health Communicator to improve the healthcare system. The Sarpanch of the village took the initiative to provide water, which is a basic requirement for any healthcare facility. The timings of the OPD were also discussed, and work responsibilities were distributed among the staff members. These measures have helped improve the healthcare center's functioning and ensure that patients receive the care they need. Medicines for NCDs and other diseases are being regularly distributed to all health facilities.

**Efforts have been made by Jan Arogya Samiti and Health Communicator to address the issues faced by Primary Health Center Arogya Vardhini Kendra, Block-Dhadgaon, Dist-Nandurbar**

- In a Dhadgaon block (dist. Nandurbar) level core committee meeting, it was discovered that the fiber sub-centre in Bhusha did not exist, and demands were made for the establishment of other sub-centres. In Bilgaon, the RKS meeting focused on the need to start an OPD at the Genda sub-centre, resulting in a decision to hold OPD sessions at the sub-centre every Monday and Friday. These efforts reflect the commitment of health officials and community leaders to ensure accessible and quality healthcare services in their respective areas.
- So, other sub-centers have also decided to conduct OPD (Out-Patient Department) for two days every week. This suggests that there is a trend towards increasing the availability of healthcare services in the area.
- During the Son-RKS meeting, it was decided to file a complaint from the medical officers to the superiors regarding Mr. Sunil Hiraman Sonwane, an absconding MPW (Multi-Purpose Worker) from Bhusha sub-centre for 2 years. This suggests that there are concerns about staff accountability and performance.

- A decision was taken to provide delivery kits, which could be a positive step toward improving maternal health outcomes in the area.
- There was a demand to repair non-functioning weighing scales, which indicates that equipment and infrastructure issues need to be addressed.
- When asked about the lack of electricity, it was mentioned that a letter has been given to the MSEB (Maharashtra State Electricity Board), which suggests that efforts are being made to address the issue.
- A form has been submitted to the bank regarding opening a joint bank account of ANM (Auxiliary Nurse Midwife) and CHO (Community Health Officer). This could indicate that the health center is taking steps to improve financial management and accountability.
- After pointing out that the delivery kit and materials were not provided while filling out the questionnaire, the medical officer said that they have been provided now. This suggests that there may be issues with follow-through or communication within the health center.
- Based on the information provided, it appears that there are ongoing efforts to improve the infrastructure and services provided by the sub-centres in various villages. The repair of sub-centres in Son, Khadkya, and Kuktar is underway, and weighing machines have been made available in Son and Kuktar after concerns were raised.
- Additionally, medical officials have addressed the lack of electricity in all three sub-centres, and a Jan Arogya Samiti is being established after a meeting with the THO and provision of the GR.
- Several demands have been made for improvements in other sub-centres, such as the request to shift the Bhusha sub-centre and Chikhli PHU to Savarya Digar due to accessibility issues during the monsoon season. Requests for a new substation in Genda village and a new sub-centre in Thuvani for Keli village have also been made.
- The Gram Sabha raised a question regarding the wall compound and repairs in the Khadkya sub-centre, which led to the initiation of an OPD. The Son and Kuktar sub-centres had no electricity and water facilities initially, but these issues have been addressed through the provision of credit. The OPD is now being conducted in these sub-centres.
- A letter has been submitted to various authorities regarding the construction and repair of Keli, Chinchkhedi, and Roshmal sub-centres, which were discussed in a sub-divisional level core committee meeting. The first meeting of the sub-centre's public health committee was held in Thuvani, and it was decided that ANM and MPW would attend every meeting. The committee also decided to open a joint bank account for the CHO.
- The gram sabha discussed the construction of electricity, water, and toilets in the SON sub-centre. The provision of facilities was also discussed in the public health committee.
- It was decided in Kuktar to follow up on painting and minor repairs, water supply from Gram Panchayat, and start OPD services regularly.
- In Khadkya, it was decided to install a gate at the sub-centre soon and provide electricity, water, and toilets as soon as possible. OPD services were confirmed to start on a day-to-day basis.
- The OPD services have started in Genda. Initially, migrant laborers were reluctant to get vaccinated, but after explaining the importance of vaccination, they were persuaded to get it despite not having their Aadhaar cards.
- In Son PHC, the immediate provision of delivery kits and materials was decided upon in the RKS meeting. A request was submitted to the DHO for at least one ANM to be posted at Son-PHC for OPD services, as 58% of ANM posts in the district were vacant. The issue of drinking water at Roshmal Primary Health Center and building quarters for the staff was also raised and a detailed statement was given to the Taluka Medical Officer Dhadgaon and the higher authorities.
- The primary health center in Bilgaon faced the most significant issue of water, despite a new PHC being built at a cost of nearly six crores. After Medhatai Patkar's visit and video about the accommodation facilities and lack of water, the relevant authorities were informed, and the problem was finally resolved. Minor repairs were also required in employee quarters, and the issue was raised after continuous follow-up.

- There was a discussion about shifting the sub-centre of Bhusha to Savarya Digar, and orders were to be issued from the district level regarding the expenditure of the budit majuri (wages lost scheme) at the PHC level. Vacancies were to be filled under taluka transfer and through a new recruitment process. The ambulance of Son Primary Health Center was repaired, and the CEO assured that the ambulance of any PHC would provide all the necessary services.
- In Chikhli, there was a discussion about shifting the PHU to Savrya Digar village. A camp was planned to register children under one year of age if their births were not registered. It was discovered that the contractor in charge of delivering the THR was keeping it for himself, and a new contractor was employed after the issue was raised in the meeting.
- In Bilgaon PHC, the first meeting this year was held after the Covid pandemic. It was decided to pay the cleaning lady Rs.1000 per month, conduct OPD every week on Monday and Friday at the sub-centre by Geeta Padvi and Pratap Pavara (ANM, MPW), install a motor to remove water that accumulates at the bottom of Tarangata Hospital, pay Rs 600 per month to Jalamsingh Pawara to arrange drinking water for patients and staff, pay Rs.1500 per month for maintaining the accounts book, and conduct OPD for two days every week at all sub-centers.
- The Son Primary Health Center has taken several important decisions to improve its services. To ensure a regular water supply, the PHC has decided to acquire a 500-liter water tank. Pregnant mothers who prefer to get their sonography examinations done in private hospitals will be provided with a slip from the PHC that can be submitted to Murli Diagnostic Center in Shahada to get their test done free of cost. Additionally, sub-centers that have not been provided with weighing machines and delivery kits will be supplied with them soon.
- To address the issue of vacant posts, the PHC has decided to pursue the filling of 11 vacant positions ranging from Constable to Medical Officer. The PHC has also taken steps to ensure the safety of its employees by arranging for them to take turns residing in the premises after 4 p.m.
- To maintain the quality of services, the Patient Welfare Committee and the Taluka Health Officer conduct regular inspections and reviews of water, electricity, and related services in all health centers. These efforts demonstrate the commitment of the Son PHC to provide the best possible care for its patients.

**Efforts have been made by Jan Arogya Samiti and Health Communicator to address the issues faced by Primary Health Center Arogya Vardhini Kendra, Block- Bhor Dist-Pune**

1. The healthcare facility in Block Bhor, Dist-Pune's "Jan arogy samiti," worked tirelessly to address various challenges to provide the best possible care for its patients. One of the challenges that were identified was the leakage in the roof of the building. The facility promptly started repairs and even received follow-up support from Zilla Parishad members to resolve the issue as quickly as possible.
2. Another challenge the facility faced was reimbursing expenses incurred by health workers. A meeting was held with THO and MO to discuss the matter and find a solution. As funds arrived at the end of March, the focus was on emergency planning and spending only on essential needs.
3. However, the sarpanch of the main village and surrounding villages were not ready to give time to sub-centres located in Kelwade, Jambhli, and Shivre. This posed a challenge for the healthcare facility as it affected their ability to provide medical care to the residents in these areas. Despite this obstacle, the healthcare facility remained committed to finding a solution and providing the necessary care to all of its patients.
    - The healthcare facility located in Block Bhor, Dist-Pune's "jan arogy samiti" worked to find solutions to various healthcare problems. One of the steps taken was to hold a discussion with gram sevak and BDO to make gram panchayat funds available for solving health problems.

- Another positive development was that the villages of Karandi under Degaon sub-centre provided room for OPD from Gram Panchayat. This allowed patients to receive treatment and care more conveniently.
- To ensure access to clean drinking water, the sarpanch of Sarola provided temporary drinking water jars in the sub-centre. This helped to improve the sanitation and health of the local residents.
- In addition, the healthcare facility also made progress in improving the drainage system in the area. Drainage line work was ongoing at Nhavi to improve the overall health and safety of the community.
- To ensure effective communication and coordination, the stalled JAS meetings of all eight sub-centres were held, with constant contact and follow-up with Sarpanch, CHO, and ASHA being done.
- In an effort to improve the functioning of the sub-centres, it was decided to install duty board and drug board, and a written order was followed up at the district level for that. Additionally, follow-up from sarpanch, taluka officer, and ZP members led to filling the Kelwade MPW and Kapurhol ANM posts.
- To promote health awareness, a Jan Arogya Samiti board was installed in Jambhli sub-centre, and health screening of malnourished children was conducted under Kikvi, Jambli sub-centre.
- To ensure effective management of resources, separate accounts of CHO and ANM were opened in Kasurdi, and a room was sanctioned by Gram Panchayat for Kasurdi sub-centre.
- The process of generating health ID of patients was implemented at all sub-centre levels, and in Sarola, cupboards were purchased to store medicine.
- Overall, these initiatives helped to improve the quality and accessibility of healthcare services in the area, and the healthcare facility continued to strive towards providing the best possible care for its patients.
- A health worker plaque was installed, which marked an important milestone for the healthcare facility in Block Bhor, Dist-Pune. The plaque was a symbol of recognition and appreciation for the dedication and hard work of the health workers.
- People's participation in health activities increased significantly, which was a significant achievement. The healthcare facility worked closely with the local community and encouraged them to participate in various health-related initiatives.
- The sarpanch played a vital role in deciding on health activities, and the CHO began to discuss problems with committee members. This collaborative approach helped to identify and address various health-related challenges in a timely manner.
- Screening of malnourished children was conducted, and people's participation was successful in providing nutritious food to children. The CHO took a good initiative in child screening and counseling for parents, which helped improve children's health outcomes.
- 15 JAS formations and orientations were conducted in time, which helped to educate the local community about various health-related initiatives and services.
- Drug supply improved, and follow-up was done by the MO and THO to ensure that the facility had adequate medication for the patients.
- Efforts and discussions were ongoing for the Karandi sub-centre space issue. The issue was resolved when the Shivre Gram Panchayat was approached to prepare a hall for meetings and guidance of mothers and ASHAs.
- Various decisions were made based on the visits to the sub-centres and the Jan Arogya Samiti formed under the sub-centre. The sarpanches' workshop and personal meetings helped identify and address various health-related challenges in the area.
- The villages of Karandi under the Degaon sub-centre provided a room for OPD from the Gram Panchayat, and a room for OPD was made available by the Gram Panchayat in Kambare village. The Sarpanch of Kasurdi village also made a decision to provide a separate room.

- Under Jogwadi phc, an individual had generously offered to donate land for a sub-centre in Karandi village. The Aarogyavardhini Kendra staff installed a year-wise movement board and a board indicating the availability of medicine stock. Additionally, a proceedings book of Jan Arogya Samiti meetings was established. The Jan Arogya Samiti took funds from gram panchayats to increase health awareness, and letterhead was created to represent the organization. Written letters were sent to all parts of the Gram Panchayat on behalf of Jan Arogya Samiti to help spread the word about the group's efforts to improve health care in the area.
- In Nhavi, the gram sevaks and committee members discussed and decided to fill potholes on the road in front of the sub-centre. The repair cost was paid from the 15th finance commission fund. The Jan Arogya Samiti committee also actively participated in conducting health check-up camps for women. Additionally, a comprehensive health check-up and distribution of medicines were provided to the workers during the Ashadhi Wari pilgrimage. The PHC also set up ex-servicemen inspection camps to provide healthcare services to retired soldiers. These efforts demonstrate the commitment and dedication of the Jogwadi PHC in providing accessible and quality healthcare services to the community.
- In Sarola, the CHO Madam wrote a letter to the Gram Panchayat requesting the provision of drinking water and temporary toilet facilities. The sanitary napkin vending machine was activated, providing women with greater access to menstrual hygiene products. In Kasurdi, the demand for dustbins for the segregation of wet and dry waste was made by Class 7 children of Zilla Parishad School. The sub-centers in Reed, Shivre, and Kapurhol have established effective communication and dialogue with gram sevaks to secure financial provisions for their health initiatives.

**Efforts to Improve Healthcare Services at Rural Hospital in Bhor Block"**

- Efforts were made to resolve problems at the rural hospital level in Bhor block. The hospital faced various challenges, including unsanitary toilets, a shortage of health workers, and the closure of other services during the COVID-19 pandemic. As a result, many patient queries were pending.
- To address these issues, a meeting of the patient welfare committee was conducted. The committee decided to pay wages for cleaning work from their funds, which helped improve the sanitary conditions of the hospital. Additionally, the hospital conducted comprehensive health check-ups to provide better services to patients.
- Another positive outcome of these efforts was improved adherence to maternal pregnancy checks and infant vaccination schedules. This was a significant achievement for the hospital, as it helped ensure that pregnant women and infants received the necessary care and attention.
- To address the shortage of health workers, the hospital requested the Chief Medical Officer to fill the vacant position of an X-ray technician. This step helped improve the hospital's diagnostic capabilities and ensured that patients could receive timely and accurate diagnoses.
- Furthermore, the hospital successfully followed up with the Tribal Health Officer to get vaccinations for the Katkari tribal community. This was an essential initiative, as it helped ensure that the tribal community received the necessary vaccinations and healthcare services.

In conclusion, the efforts made to address the challenges faced by the rural hospital in Bhor block have been commendable. These efforts have helped improve the quality of healthcare services provided, and they serve as an example of how effective collaboration between various stakeholders can help address complex healthcare challenges.

**Efforts to Improve Healthcare Services at Rural Hospital in Ambegaon Block"**

- Efforts were made to address the challenges faced by the rural hospital in Ambegaon block. One significant challenge was the absence of a relevant person for the X-ray. The Chief Medical Officer was requested to fill the vacant position to address this, which helped improve the hospital's diagnostic capabilities.
- These efforts at the rural hospital level in Ambegaon block helped improve the quality of healthcare services. The hospital could provide timely and accurate diagnoses with the availability of X-ray services, and the tribal community could receive necessary vaccinations. These initiatives demonstrate how effective collaboration between stakeholders can address rural hospitals' complex healthcare challenges.

**Several positive changes were observed in the healthcare sector in Bhor, Ambegaon (Pune dist.), and Dhadgaon block (Nandurbar dist.)**

- One of the significant improvements was an increase in the participation of Sarpanch, Gram Sevak, and Asha workers, along with the inclusion of self-help groups, school children, and teachers in healthcare committees. Public awareness was created about the thirteen services provided through the sub-centers, which helped improve access to healthcare services.
- Regular interactions between the Community Health Officer (CHO) and the people helped ensure that the problems faced by people were addressed promptly. The CHO also focused on setting up a public health committee to address health-related issues effectively. The Jan Arogya Samiti (JAS) was formed, and the gram panchayats started participating in sub-centers, which helped improve access to healthcare services in rural areas.
- Several sub-centers were opened for OPD services at least two days a week, and drug stocks were ensured at the Primary Health Centers (PHC). Vaccinations for children were also started, and employees were present every day. The JAS committee meetings were conducted regularly, and the demands for regular meetings of JAS Committees started coming from the district level.
- The villagers became more aware of healthcare services and started asking questions about the visits from the ANM and MPW. They also inquired about government subsidies, breastfeeding grants, and the food served in Anganwadis. These inquiries helped ensure that the villagers received all pertinent information and had access to necessary healthcare services.

In conclusion, these positive changes observed in the healthcare sector of the above three blocks helped improve access to healthcare services and created public awareness about the importance of healthcare. The inclusion of different stakeholders in healthcare committees and regular interactions with CHOs ensured that the problems of people and health workers were addressed promptly.

**Social audit of Health Wellness Centers (HWCs)**

Jan Arogya Samiti conducted a social audit of Health Wellness Centers (HWCs) in Maharashtra's Bhor, Ambegaon, and Dhadgaon blocks. The audit team, consisting of activists, Samiti members, and health center staff, inspected numerous facilities and records. They assessed aspects such as infrastructure, hygiene, equipment, drug supply, vacancies, and referral services. The social audit aimed to identify areas of improvement and promote transparency and accountability in the healthcare system.

**The information that emerged from the social audit is as follows:**

| |
|---|
| **Sanitation in Arogyavardhini Center-** (toilets, premises cleanliness, waste management) |
| **Drinking water-** (water availability, filter) |
| **Awareness materials and posters -**(services, drug stores, committees, schemes, diseases etc. boards, posters) |
| **Pills and medicines-** (record board, stock register, requisition file, allotment records, excess stock) |
| **Equipment-** (stethoscope, altimeter, oximeter, thermometer, BP device, fital doppler, weight fork) |
| **Infrastructure-** (separate room for examination, electricity meter, wheelchair or ramp, furniture, construction) |
| **Registers and Records-** (Accounts, Bills, Audit, Guidelines, Grievance Book, Meeting Book, Registers) |

**Observations during the social audit at Arogyavardhini Kendra in Bhor Block**

| Services | Jogwadi PHC | | | Nasrapur PHC | | | | | | | Bhongvali PHC | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Alande | Karandi | Bhutonde | Harnas | Kapurhol | Kasurdi | Kelavade | Jambli | Degav | Velu | Shivare | hatve | Kikavi | nahvi | Salora |
| Sanitation in HWC's Center | 66.7 | 0 | 0 | 100 | 83.3 | 50 | 100 | 100 | 16.7 | 83.3 | 100 | 83.3 | 100 | 66.7 | 83.3 |
| Drinking water | 20 | 0 | 0 | 0 | 40 | 20 | 100 | 100 | 0 | 0 | 20 | 40 | 40 | 20 | 60 |
| Awareness materials and posters | 100 | 0 | 0 | 100 | 75 | 25 | 75 | 100 | 25 | 75 | 75 | 50 | 75 | 75 | 75 |
| Pills and medicines | 100 | 0 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 80 | 100 | 100 | 100 |
| Equipment | 100 | 0 | 0 | 75 | 87.5 | 87.5 | 100 | 100 | 75 | 87.5 | 87.5 | 75 | 100 | 100 | 87.5 |
| Infrastructure | 100 | 0 | 0 | 66.7 | 66.7 | 0 | 0 | 50 | 0 | 83.3 | 50 | 83.3 | 100 | 66.7 | 66.7 |
| Registers and Records | 100 | 0 | 0 | 100 | 90 | 90 | 100 | 90 | 100 | 90 | 100 | 90 | 90 | 80 | 100 |

- It appears that during the assessment of health services in Jogwadi, Bhongwali, and Nasrapur in Bhor, the condition of all services, such as the functioning of centers, free medicines, check-ups, registration, presence of treatment staff, cleanliness of toilets, cleanliness of premises, and waste management were observed to be good. Drinking water, equipment, infrastructure, registers, and records were also well maintained, except for sub-centers with no drinking water or filter facilities.
- Alande and Harnas in Jogwadi were found to be functioning well except for sanitation and check-ups. However, in Karandi and Bhutonde, all services, from basic facilities to free medicines, check-ups, equipment, sanitation, and record-keeping, were observed to be in critical condition.
- Overall, this assessment highlights the need for continued attention and improvement in the provision of healthcare services, particularly in sub-centers, to ensure that all communities have access to high-quality healthcare services.

**Observations during the social audit at Arogya vardhini Kendra in Ambegaon Block**

| | Dimbhe Khurd PHC | | | | | Taleghar PHC | | | | Adiware PHC | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Services** | **Pimpalgaon ghode** | **Ganagapur budruk** | **Gangapur Khurd** | **Shinoli** | **kanse** | **Pokahri** | **Kushire budruk** | **Patan** | **Jambhari** | **terungan** | **malin** | **aahupe** | **Borgahr** | **fulavade** |
| **Drinking water** | 40 | 40 | 0 | 100 | 60 | 100 | 100 | 0 | 100 | 100 | 40 | 40 | 100 | 80 |
| **Awareness materials and posters** | 75 | 75 | 50 | 100 | 75 | 75 | 75 | 0 | 75 | 75 | 50 | 100 | 100 | 75 |
| **Pills and medicines** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Equipment** | 100 | 87.5 | 87.5 | 100 | 100 | 87.5 | 87.5 | 75 | 87.5 | 87.5 | 100 | 100 | 87.5 | 87.5 |
| **Infrastructure** | 100 | 83.3 | 83.3 | 83.3 | 100 | 83.3 | 83.3 | 0 | 83.3 | 100 | 83.3 | 50 | 83.3 | 83.3 |
| **Registers and Records** | 90 | 100 | 70 | 90 | 100 | 70 | 70 | 70 | 70 | 80 | 70 | 90 | 70 | 60 |

-

- During the assessment of Arogyavardhini Centers in Adivare, Taleghar, and Dimbhe in Ambegaon taluk, it was found that the problem of water had come up in 10 centers out of the 15 sub-centers. Although the problem of water has been solved in four places, it was still observed in Pimpalgaon, Gangapur Bu, Gangapur Khu in Dimbhe, Patan in Taleghar, and Malin and Ahupe in Adivare.
- According to patient feedback, the staff behavior and communication at the centers and sub-centers were reported to be good. Patients also reported receiving free medicines, check-ups, home visits, and good facility conditions at the centers.
- However, during the inspection conducted by the Public Health Committee, it was found that all the services and facilities except sanitation and drinking water were being implemented well. These issues need to be addressed to ensure that all Arogyavardhini Centers are able to provide high-quality healthcare services to the communities they serve.
- Overall, this assessment highlights the need for continued attention and improvement in the provision of healthcare services in Arogyavardhini Centers, including addressing issues related to water supply, sanitation, and other facilities.

**Observations during the social audit at Arogyavardhini Kendra in Dhdagaon Block**

| | PHC | | | Sub center | | | |
|---|---|---|---|---|---|---|---|
| | | | | Roshmal | Son | | |
| **Services** | **Son** | **Bilgaon** | **Roshamal** | **Keli (Nimgahvan)** | **Kukarata** | **Khdakya** | **Son** |
| **Sanitation** | 100.0 | 83.3 | 100.0 | 0.0 | 66.7 | 33.3 | 66.7 |
| **Drinking water** | 80.0 | 60.0 | 60.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Awareness materials and posters** | 75.0 | 75.0 | 75.0 | 75.0 | 75.0 | 50.0 | 0.0 |
| **Pills and medicines** | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 80.0 |
| **Equipment** | 100.0 | 100.0 | 100.0 | 62.5 | 75.0 | 37.5 | 100.0 |
| **Infrastructure** | 83.3 | 100.0 | 83.3 | 33.3 | 16.7 | 50.0 | 66.7 |
| **Registers and Records** | 90.0 | 90.0 | 90.0 | 90.0 | 50.0 | 10.0 | 50.0 |

- Based on the information provided, it appears that the Public Health Committees have been working to identify and address issues related to construction, repairs, and facilities in health centers in the Dhadgaon taluka area. Specifically, the committee has noted a lack of toilet facilities, accommodation facilities for staff, and separate rooms for childbirth in some sub-centers. The Jan Arogya Samiti has also been working on issues related to power supply and water problems in certain sub-centers.
- While some improvements have likely been made since the committees began their work, there is still a need for further improvements in water and sanitation facilities and infrastructure facilities such as electricity. It is important for the committees and other stakeholders to continue to follow up on these issues and work towards addressing them in the future.

## REPORT ON PRIVATE HEALTH SECTOR AND URBAN HEALTH PROGRAM

Action on 482 complaints regarding overcharging by private hospitals for COVID treatment, this audit process was completed under the project.

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

- District level review meetings with the government officials for accelerated audit process.
- Coordination with Pune, Solapur, Nashik, Aurangabad and Ahmednagar district-level officials (CS, MPJAY, PMC, etc.) All meetings were organized by the Civil surgeon as secretary of the audit committee.
- Broadcasting refund stories and other key messages on social media

**1. Online meetings with State health officials**

- Follow-up meetings and near-daily coordination with the CEO-MJPJAY and the representative of the network regarding the review and technical issues raised during the audit process.

**2. Meetings on a regular basis and guiding and supporting the complainants**

- State level online meeting with complainants to update them regarding the audit process.
- Conducting meetings with Ahmednagar, Nashik, Solapur, Aurangabad complaints during the district level review meetings.
- Technical guidance during the audit process to the complainant on a case-to-case basis.
- Support and counselling of complainants when they are pressurized by the private hospital and their goons.
- All types of update to 480 complainants through social media.

**Total nine district 63 Complaints from the ten districts were resolved successfully with Rs. 16,50,191 refunded to the complainants.**

| Nos | Category | Out of 482 |
|---|---|---|
| 1. | Refund received | 63 |
| 2. | No OC as per completed Audit | 65 |
| 3. | Refund order by official but amount not received | 34 |
| 4. | Audit process not completed | 71 |
| 5. | incomplete/invalid Audit process | 20 |
| 6. | Hospital response to Auditor is not satisfactory needs further clarification (non-covid, 20%) | 16 |
| 7. | Hospital authority no longer valid | 2 |
| 8. | Patients has withdrawn complaint in writing / communicated to JAA | 105 |
| 9. | No information about the status | 102 |
| 10. | Other | 4 |
| | **Total** | **482** |

Lessons from the audit process

- Undoubtedly instances of gross overcharging and profiteering are wide spread. Private hospitals used pandemic for profiteering. Government must control the rates in the private hospitals. This is a minimum expectation.
- Only controlling overcharging is insufficient, there is a need for patient friendly, easily accessible, fast track grievance redressal mechanism.
- Helplessness of patients primarily a result of power asymmetry and knowledge hierarchy.

- Analysing overcharging is a complex exercise it involved steps like checking hospital bills, advising or counselling of the complainant, complainant occasionally bearing the backlash of hospitals and facing hospital goons, significant follow up with Collector and Civil Surgeon
- Collectivisation of affected and aggrieved patients'/families as uphill task.
- Focus is not exclusively on getting refund, but also to create a popular narrative on profiteering tendencies of private and corporate hospitals.
- Using overcharging and patients' rights as a lens our attempt is to increase awareness of Patients' rights charter, advocacy for rate display, and push policy makers to establish a grievance redressal mechanism

**Media coverage**

व्यथा कोविडरुग्णांची, कथा परताव्याची

वैद्यकीय दरांचे नियमन हवेच

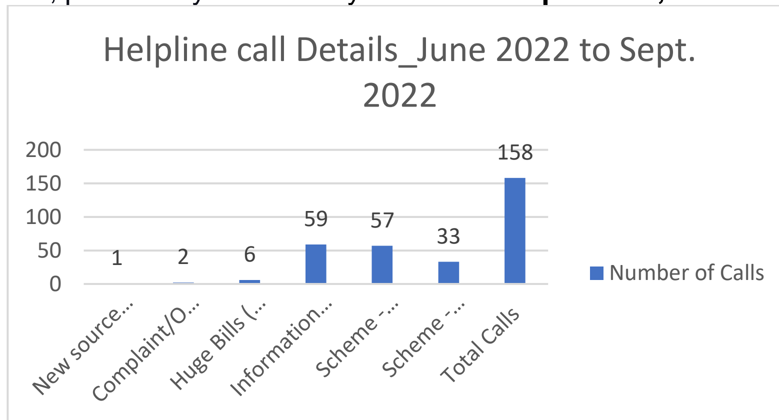
**URBAN INTERVENTION- PUNE CITY**

**Training workshop and information dissemination of** program about the key health schemes and related entitlements. Emphasis will be on providing actionable information to people. We see the information dissemination program as an essential aspect of empowering communities to demand entitlements, as mentioned in the schemes. Focusing on urban poor (esp. domestic workers, unorganised sector workers) organisations, we conducted seven workshops with community level facilitators of the CFAR, YARDI organizations and Nirman organisation's Community Mobilisers (CM-who are based in *bastis*) and community representatives at Rashtra Seva Dal, Padmavati, Aundh, Sinhgad road, Ghole road, Bhavanipeth, Bibvewadi, Kondhwa, Dhankawadi, Yerwada eight ward office covered in this workshop. All CMs represent more than 100 slum pockets of Pune urban poor area.
**The workshop covered the content** i.e. Mapping of health services around the slums, detailed information and motivation for the awareness of scheme- Shahari Garib Vaidyakiy Sahayya Yojana, charitable hospital's free beds for poor patients, Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY), public health services and Patients' rights charter, etc.

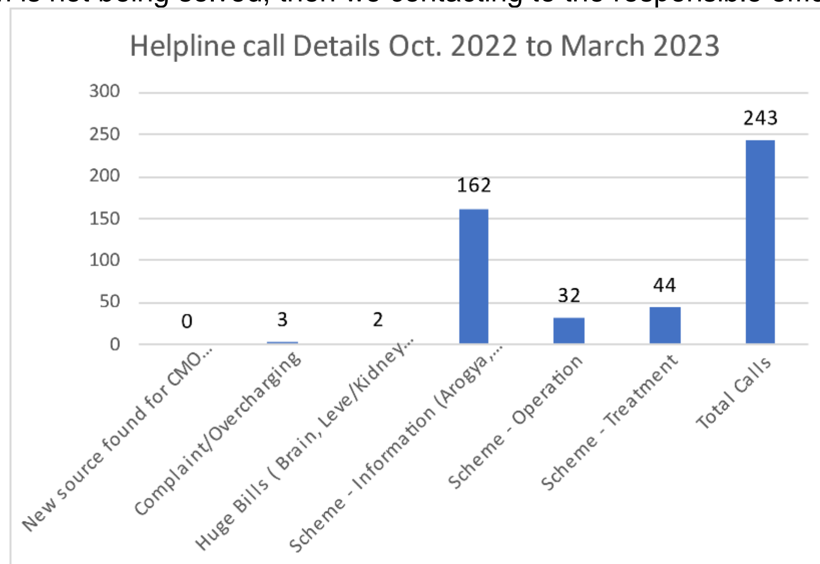
**Workshop Photos**

**Impact-** poster putting in community level

**Telephone Helpline** we would also facilitate care for patients who need services through publicly financed insurance schemes by linking the patients with appropriate hospitals, including enrolled private hospitals. Technical assistance would be provided to patients, enabling them to negotiate the complex pathways of beneficiary enrolment, entitlement of packages of services, empaneled hospitals etc., involved in accessing care under health insurance schemes, particularly MPJAY. By the end of **September, 159 calls were received.**




**October to March 2023, 243 calls were received from helpline.** Majority of calls have been queries **for information, help and guidance** regarding how to avail schemes. Every effort is made to resolve the matter of the concerned patient as per the guidelines of the Government. But still the problem is not being solved, then we contacting to the responsible officers.




**Publicity of Helpline**

- Maharashtra Times covered news of the Helpline.
- 9000 Pamphlets distributed in Lokmat newspaper.

- Broadcasting the poster in Pune groups.

**Prepared four questionnaires/tools on Urban health services.**
- City level infrastructure (Overall)
- Dispensaries
- Maternity and referral hospital
- City level Hospitals

**Impact**
- We have created a WhatsApp group for the dissemination of schemes and other information to 75 CM. At the same time, there is evolving space for immediate guidance for the avail schemes for admitted patients.
- Community Mobilisers took an initiative for awareness and pasting posters of the Patients' rights charter in their community in Padmavati area.

We are also facilitating care for patients who need services through publicly financed insurance schemes by linking the patients with appropriate hospitals, including enrolled private hospitals. Technical assistance was provided to patients, enabling them to negotiate the complex pathways of beneficiary enrolment, entitlement of packages of services, empaneled hospitals etc., involved in accessing care under health insurance schemes, particularly MPJAY.

**Example of Impact stories from SATHI Helpline-**

*Ramesh (name changed) from Sangli district, had come to Pune for some work. He suddenly developed stomach pain, so he went to a multispecialty hospital in Pune City. He was immediately admitted to the ICU. He remained hospitalized for five days. He asked the doctor, 'What is the matter?', but did not get a satisfactory answer. He was asked to make some tests and pay money every day. Till now the family had given one and a half lakh rupees. When Ramesh started feeling better, the relatives requested to the hospital for discharged. A total bill of two and a half lakhs was handed over to relatives for five days. 1.5 lakh has been paid so far. But the hospital said that the patient cannot be discharged until the outstanding bill of one lakh is cleared. The hospital should give information about all the diseases, report and detailed bill (itemized bill) in advance. The hospital should have given an estimate of the cost of the treatment well in advance. The law (MNHRA- Maharashtra Nursing Home Registration Act, 2021) has now made it mandatory that the bill be collected in the same way as the rate sheet in the hospital. But the hospital flatly refused to give the test report and detailed bill to Ramesh's family.*

*Health workers in Sangli got information about it at around 9 pm and contacted to SATHI team. SATHI team member immediately called the hospital, informed them about the amended Patient Welfare provisions of the Act MNHRA and demanded the hospital's test report, detailed bill and hospital's Rate Card. The hospital did nothing about it. The hospital understood the seriousness of the situation. And... the hospital negotiate the amount and discharged Ramesh immediately.*

*Yes... every patient has the right to receive information about treatment, estimated cost, detailed bill. And every hospital is bound by law to enforce patients' rights.*

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

**Study title- Analysing landscape and impact of German development investments in India's healthcare sector from People's perspective**

**Phase I of the study**

We have completed the following activities in first phase of the project-

**a. Desk Research**

- Submission of study proposal for ethics review to the Institutional Ethics Committee of Anusandhan Trust and received ethics approval for the study.
- Completion of desk research for first identifying German DFIs which have been investing in India's healthcare, mapping their investment with details of the recipient using web searches for related websites, annual reports, strategic reports, financial reports, news coverage, press reports, narrative literature, business intelligence reports, market surveys and recipients' websites including hospital websites.
- Organising, screening and curating relevant data from a repository of information collated from multiple sources.
- Analysis of online patient reviews of specific hospitals selected for the case study

**b Case studies-**

- Selection of a case study- recipient hospital which is currently receiving direct or indirect investments by DEG was set as selection criteria for the case study. Accordingly, it was decided to include two case studies- One of a private corporate hospital based in Eastern India, and the second focused on Union government's health insurance scheme- PMJAY, as part of the Indo-German project for UHC.
- Identifying potential respondents such as representatives of DEG/KfW/BMZ/GIZ, representatives of Indo-German association for UHC (PMJAY), India office representatives of these entities, medical professionals, management persons and patients from recipient hospitals.
- Respondents were identified based on the review of a variety of literature and information, including news reports, press briefings of investment companies, websites, and related contacts from the health sector including medical practitioners, patient advocates and health activists, with a snowballing approach.
- Conduction of 16 qualitative interviews through in-person and online modes. The interviewed respondents include India office representative of GIZ/BMZ, Indo-German association for UHC (PMJAY), medical professionals, management persons from recipients, health activists and researchers, government official concerned with DEG funded project, patients,
- completion of transcription of all the recorded interviews and preliminary analysis, as well as preparing a draft note on research findings.

**Phase II of the project (Jan 2023- March 2023)**

In the project's second phase, the publication of the study report and conducting dissemination of it is expected. So far, the following has been the work progress-

- A detailed study report outline was prepared and shared with RLS.
- Writing emails to three more potential respondents and had an informal interaction with three potential respondents for the case studies
- Compiling and reviewing key documents, study reports and papers on Development Finance Institutions and bilateral/multilateral investments (around 30 such documents have been searched and marked).
- Preparing a draft of the study report using desk reviews and seeking some additional information from web searches.
- The first draft of the study report is completed and sent for external review to one reviewer.

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

SHNL- SATHI Health Communication and Narrative Lab

**Part – I**

**'Health Communicator Programme' workshop**

To develop a better understanding of the Health Communicator Programme two days' workshop was organized for selected six Health Communicators on 5th and 6th April 2022 at Raviraj Hotel, Deccan Gymkhana, Shivajinagar Pune. During this workshop, Dr. Dhananjay Kakade talked about SATHI's perspective on the overall public and private health sectors. He also talked about the Narrative concept in detail. Discussion regarding the primary model of the Health Communicator programme, roles and responsibilities of selected six Health Communicators was also held during this workshop. This was decided in the Health Communicator Workshop that every person working as a 'health communicator' will work in at least 2 districts of Maharashtra.

**Tasks conducted by the Health Communicators**
- All six communicators collected the six stories each.
- Published article in Diwali Ank of Aksharlipi - - 'अफवांच्या धुक्यात वाट चुकलेली माणुसकी' by Ms. Heena Kausar Khan – October - 2022
- Two video stories published in the local news Portal- prepared by Sachin Deshpande
- Jagalya news portal will publish two stories in the month of November 2022

**Salaam Work -** Salaam Pune is a community magazine. We collaborate with Salaam for reaching out to the working-class community. We anticipate SALAAM will play a catalytic role in raising awareness of Health and Nutrition schemes and Patients' rights in slums.

**Broadcasting information and knowledge -** we broadcasted 45 posters, 13 articles and 3 videos posts in 25 weeks.

**Mainstream media -**

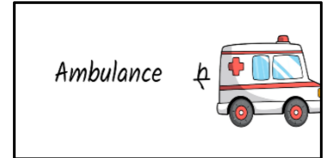
- Article (11) series on Patient's Rights Charter is published in Lokmat newspaper. Various people & Groups including Doctors has been contacted after published.
- More than fifteen articles published in Sakal, Loksatta, Sadhana and Lokmat.
- A short film series in process on Audit-refund of overcharging by private hospitals during the COVID 19 treatment.
- AAH (Aarogya Hakk)- Two issue published in social media and Email.
- We developed four questionnaire/tools for the analysing urban public health services.

**Part-II**

**Communication and narrative building-**

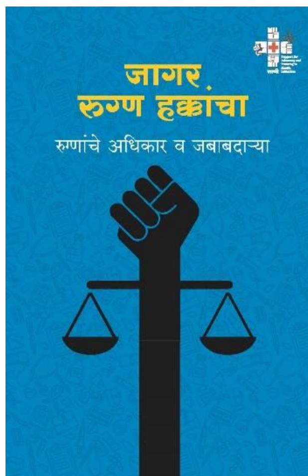
- Nine audio messages on **schemes, Patients' rights, women's rights** and health information.

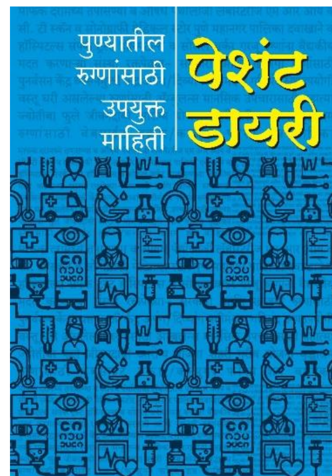
- Seven videos on **women's health issues** occasion on international women's day and COVID anniversary. Out of seven videos *Kapada badalanyachihi soy nasate- video of the sugarcane worker became a hit. 64k views for this video.*
- **Health4All series** going on the occasion of world health day.
- Animation film- Ambulance पे मीटर
- Please see all videos - https://www.youtube.com/@sathicehat/videos
- Work is in progress to develop **patients' rights poster in Hindi.**

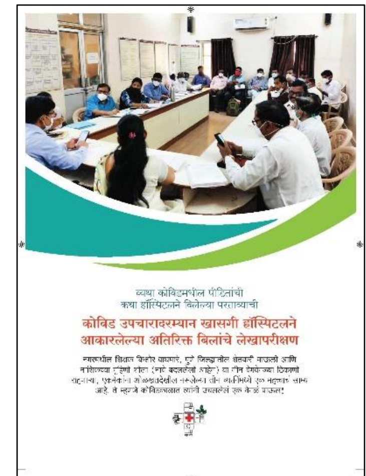



**Publications (Paper copies)-**

- 500 copies of informative booklet of Jagar Rugn Hakkancha on PRC and NHRA/MNHRA
- Published (re-print) Patient Diary for Pune citizen
- Audit flyer Marathi and English on Action on overcharging for COVID treatment by Private Hospitals in Maharashtra.




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

Action on a 482 complaint regarding overcharging by private hospitals for COVID treatment, this audit process was completed

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

- District level review meetings with the government officials for accelerated audit process.
- Coordination with Pune, Solapur, Nashik, Aurangabad and Ahmednagar district-level officials (CS, MPJAY, PMC, etc.) All meetings organized by the Civil surgeon as secretary of the audit committee.
- Broadcasting refund stories and other key messages on social media

**Online meetings with State health officials**

- Follow-up meetings and near-daily coordination with the CEO-MJPJAY and the representative of the network regarding the review and technical issues raised during the audit process.

**Meetings on a regular basis and guiding and supporting the complainants**

- State level online meeting with complainants to update them regarding the audit process.
- Conducting meetings with Ahmednagar, Nashik, Solapur, and Aurangabad complaints during the district level review meetings.
- Technical guidance during the audit process to the complainant on a case-to-case basis.
- Support and counselling of complainants when they are pressurized by the private hospital and their goons.
- All types of updates to 480 complainants through social media.

**Total nine district 63 Complaints from the ten districts were resolved successfully with Rs. 16,50,191 refunded to the complainants.**

| **Nos** | **Category** | **Out of 482** |
|---|---|---|
| 11. | Refund received | 63 |
| 12. | No OC as per completed Audit | 65 |
| 13. | Refund order by official but amount not received | 34 |
| 14. | Audit process not completed | 71 |
| 15. | incomplete/invalid Audit process | 20 |
| 16. | Hospital response to Auditor is not satisfactory needs further clarification (non-covid, 20%) | 16 |
| 17. | Hospital authority no longer valid | 2 |
| 18. | Patients has withdrawn complaint in writing / communicated to JAA | 105 |
| 19. | No information about status | 102 |
| 20. | Other | 4 |
| | **Total** | **482** |

### Lessons from the audit process

- Undoubtedly instances of gross overcharging and profiteering are widespread. Private hospitals used the pandemic for profiteering. Government must control the rates in private hospitals. This is a minimum expectation.
- Only controlling overcharging is insufficient, there is a need for patient friendly, easily accessible, fast-track grievance redressal mechanism.
- Helplessness of patients is primarily a result of power asymmetry and knowledge hierarchy.
- Analysing overcharging is a complex exercise it involved steps like checking hospital bills, advising or counselling the complainant, complainant occasionally bearing the backlash of hospitals and facing hospital goons, significant follow up with Collector and Civil Surgeon
- Collectivisation of affected and aggrieved patients'/families as uphill task.
- Focus is not exclusively on getting refund, but also to create a popular narrative on profiteering tendencies of private and corporate hospitals.
- Using overcharging and patients' rights as a lens our attempt is to increase awareness of Patients' rights charter, advocacy for rate display, and push policy makers to establish a grievance redressal mechanism

### Media coverage

व्यथा कोविडरुग्णांची, कथा परताव्याची

वैद्यकीय दरांचे नियमन हवेच

### District level workshop on Public and private health sector

We conducted five district level workshops on lessons from COVID, Experiences form the private health sector and awareness of Patients' rights Charter and MNHRA (Maharashtra Nursing Home Registration Act) Kolhapur, Ichalkaranji, Nashik, Sangli and Solapur.

**National level workshop on private health sector in May 2022**

National-level workshop on the private health sector in May 2022 On 13th May 2022, SATHI organized a national workshop on Patients' rights and regulation of private healthcare in India, in New Delhi. This workshop is attended by health activists from various states. The objective was to facilitate sharing of the widespread popular experiences about exploitation by private hospitals during COVID, and to channelise this into a powerful public discourse on ensuring patients' rights and regulation of private hospitals. Additionally, workshop sessions were planned to identify emerging spaces and strategies to ensure social accountability of the private healthcare sector in the post-COVID situation.

## 12. Focus On Finalising the Work Plan for the COPASAH South Asia Regional Hub Phase II (PAI)

**Research component-**

As part of the research component under the COPASAH project, a study on 'understanding the implementation of rate regulation of private hospitals during the COVID pandemic' was conducted. The study included in-depth interviews with 100 respondents plus 11 in-depth interviews with key stakeholders, including- govt officials, doctors, and civil society representatives. Subsequently, data entry of bills of each patient, data cleaning, filling the gaps, conducting transcriptions of all the 100 recorded interviews, and data coding in the RQDA library of R software was done. Codes were generated inductively, and the coding of all 100 transcripts was completed.

The paper titled- 'Overcharging by Private Hospitals during the COVID Pandemic in India: A Patient-based Analysis of Rate' was submitted to peer-reviewed journal- Int J Med. Public Health. In Feb 2023 and it has been accepted for publication. The journal will shortly publish it. In addition, one Marathi article was published in Loksatta, and one short article in English was published in The India Forum.

## 13. Analysing medicine expenditures, preventing overcharging and patients' rights violations in context of COVID epidemic in Maharashtra (Thakur Foundation)

Fact finding and capacity building to check overcharging and protect patients' rights in context of private hospitals under Thakur Foundation.

**Selection of cities and facilitators:** We finalized three cities of Maharashtra for the intervention: Pune, Nashik and Sangli. Facilitators for implementation of the pilot initiative were selected in each of these cities.

**City level preparatory workshops/meetings:** We have organised city level orientation workshops for CSOs, community-based organisations and active community representatives to orient them regarding various provisions including Patients' rights charter, display of rate card, key government orders such as updated Maharashtra Nursing Home Registration Act, 2021 (MNHRA) rules, and Grievance Redressal Cells expected to be implemented by all private hospitals under each Municipal Corporation. We have provided them fact finding formats along with access to an online Google form to enable the required fact-finding process regarding the status of implementation of these provisions in various private hospitals. Based on the open discussion during workshops, we have prepared action plans in all the three cities.

A. **Nashik workshop -** On 15 October 2022, total of 125 participants attended the workshop. Urban citizens including mostly working class, lower middle-class people and labour organisers, social activists actively participated in the workshop. Nodal health officer of Nashik Municipal Corporation, ex-Corporators and advocates, senior leaders of workers organizations also participated in the workshop.

B. **Pune workshop -** Held on 17th October 2022, total 50 participants attended the workshop. We appealed through social media platforms to encourage voluntary registration for workshop. Participants from different sections of society and organisations attended this workshop including CSOs, citizen groups, patient victims, journalists, mass organisers etc.

C. **Sangli workshop –** Held on 8th November 2022, total 45 participants attended the workshop. Here too we had participants from different sections of society i.e., CSOs, citizen groups, patient victims, doctors, RTI activists and social activists etc.

1) **Meetings with concerned officials-** Meetings with government officials in respective cities, to promote implementation of patient protection provisions by private hospitals falling under their jurisdiction is an ongoing task. The first round of meetings with MOH (Medical officer of Health) of respective Municipal corporations has been completed in Pune, Nashik and Sangli cities. We also had a meeting with the Additional Commissioner regarding in Nashik. We have meet with DLSA (District Legal Services Authorities) in Sangli, Pune and Nashik.

2) **Fact finding of status of implementation of key patient-oriented provisions-** The fact-finding process of the implementation of the key patient-oriented provisions i.e., Patients' Rights Charter, Rate Card, Grievance Redressal Cell in private hospitals is in process. **We have completed citizen fact finding visits to around 100 hospitals (mostly private hospitals)** to document the status of above-mentioned provisions in each hospital. Information from the fact-finding form has been entered into the designed online Google form. For these hospital visits area facilitators, civil society groups participated in each city. City wise analysis of collected information has been completed for Sangli, Nashik and Pune cities.

3) **City level events-** in each city we have been completed city level event to implementation of PRC provisions under MNHRA. We had facilitated dialogue with officials and key stakeholders to promote implementation of measures to protect patients' rights and regulate private hospitals in public interest.

4) **Functioning of** Grievance Redressal Cells (**GRC)-** After persistent follow-up at various levels, the toll-free numbers for patient GRCs in Sangli, Pune as well as Nashik cities have been launched by respective Municipal corporations. This was one of the major outcomes expected from the project, which has been achieved. Along with this, in all three cities as part of the project, follow ups have been underway to ensure that the recently launched GRCs become fully functional, so that patients approaching these helplines can be adequately supported.

## 14. Community Action for Nutrition (CAN), supported by Tribal Development Department

End line assessment of CAN project has been planned and it will be conducted shortly. Communication with The Commissioner, Tribal Research and Training Institute is under process.

## 15. Conducting Training, developing material & technical inputs for Jansavad etc. (Econet).

As per activities planned in this project, developed and provided various questionnaires and material as well as technical support and guidance required for public health infrastructure mapping and data collection on access to government health schemes. Organised an orientation training on community based monitoring and planning process of public health services. Preparation for organising public dialogue has been initiated.

## 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-1, English- 1 = 2
6. Books- 3585
7. Bound Volumes- 200
8. Reference Books- 130

**Publications in Marathi & English during the period April 2022 to March 2023**

| No. | Particulars of Publication | Date of Publication |
|---|---|---|
| 1. | Parivartanachya Goshti | June, 2022 |
| 2. | Punyatil Rugnansathi Upyukt Mahiti- Patient Diary | June, 2022 |
| 3. | Gaon Gat Prashikshan Pustika - Gram panchayat staravar yenare Arogyavishyak vividh Nidhi ani tyancha Lokabhimukh Vapar- Booklet | June, 2022 |
| 4. | Maza Patient, Tyache Adhikar v Jababdarya poster | June, 2022 |
| 5. | Balkache Arogya Card | July, 2022 |
| 6. | Balkache Lambi va Unchinusar Vajan (SAM MAM Gradation Chart) | July, 2022 |
| 7. | 1) Growth Chart Vayanusar Vajan (Janmate 5 Varshe) (Boys & Girls) | July, 2022 |
| 8. | Asha, Karyakarti / Poshan SakhiSathi Poshan Samvad Pustika | July, 2022 |
| 9. | Protocal Va Margadarshak Suchana | July, 2022 |
| 10. | Posters-<br>SATHI Health Narrative Lab- the broadcasting information about the key health schemes and related entitlements.<br>• Overcharging by private hospitals during the Covid treatment- Audit & Refund Process<br>• MJPJAY<br>• Charitable Hospitals<br>• Public Health Services Schemes<br>• Poshan related information<br>• Ashache Pan | August, 2022 |
| 11. | Mata-Bal Aarogya poshan sudharnyasahti Arogya Sathi Karyakram - Amaravati - Brochure | August, 2022 |
| 12. | Kharya Arthane Har Ghar Dastak_Maharashtratil Gramin/Adivasi Gavanmadhye Covid-19 Lasinchi Mahiti ani pratyaksha Lasikaran Prakirya Ahaval-2022 | August, 2022 |
| 13. | Mata-Bal Aarogya poshan sudharnyasahti Arogya Sathi Karyakram - Yavatmal- Brochure | September, 2022 |
| 14. | Pune Shaharatil Shahari Garibansathi Mata-Bal Arogya v Poshan Sudhar Prakalp Mata-Bal Arogyasathi- Guide book | September, 2022 |

| No. | Particulars of Publication | Date of Publication |
|---|---|---|
| 15. | A how-to Guide on conducting Witness Seminars | October, 2022 |
| 16. | Hoy Amchya Gavatail Sarkari Davakhana Amhi Badalala, Ambegaon, Dist-Pune- patrak | October, 2022 |
| 17. | Prashan Tumche Uttar Sathiche - Help desk patrak | October, 2022 |
| 18. | Jagar Rugna hakkancha- Rugnache Adhikar v Jababdarya-Booklet | October, 2022 |
| 19. | Hoy Amchya Gavatil sarkari davakhana amhi badalala (Pune)-Patrak | October, 2022 |
| 20. | Mata v Bal Arogya Sudhar Pune Shahar Prakalp, Mahiti v Sammati patrak | October, 2022 |
| 21. | Mata v Bal Arogya v Poshan Sudharnyasathi - Arogya Sathi Karyakram Sticker | November, 2022 |
| 22. | Pohoch.. Advasi Mahilanche 'Mata Arogya Seva ani Yojannparyant'- brochure | December, 2022 |
| 23. | Gaon, Arogya Poshan Pani Purvatha v Swachhata Samiti Patrak | January, 2023 |
| 24. | Hakkache Card - Rugnanche Hakka v Jababdarya | February, 2023 |
| 25. | 1) Sadhya Garodar Mahilanchi Prashnavali (Mata-Bal Arogya v Poshan Seva sudhar prakalpatanrgat, Baseline Survey)<br>2) Gavatil 0 Mahine te 36 Mahine Mulanchi Prashnavali (Mata-Bal Arogya v Poshan Seva sudhar prakalpatanrgat, Baseline Survey ) | February, 2023 |
| 26. | 1) Pradhan Mantri matrutva Yojana Poster<br>2) Janani Suraksha Yojana Poster | February, 2023 |
| 27. | Jan Aorygachya Dishene Jan Arogya Samiti, JAS Booklet | March, 2023 |
| 28. | Investigating Overcharged Medical Bills and Ensuring Accountability of Private Hospitals during COVID in Maharashtra- Brochure | March, 2023 |
| 29. | AAH Newsletter Ank January, February & March. 2023 (3 Ank) | March, 2023 |
| 30. | Forming and Empowering Village Groups to Improve Women's Access to Maternal Health Services and Schemes -Brochure | March, 2023 |

**STAFF DETAILS AS ON 31ST MARCH 2023**

| Sr.No. | Employee Name | Designation | Gross Salary | Name of Centre |
|---|---|---|---|---|
| 1 | Saramma Mathew | Chief Finance & Administrative Officer | 152334 | AT |
| 2 | Sangeeta Rege | Director – CEHAT | 192000 | AT |
| 3 | Dhananjay Kakade | Director – SATHI | 192000 | AT |
| 4 | Monika Renni | Executive Assistant / Secretary | 48009 | AT |
| 5 | Diana Thomas | Senior Research Associate | 56055 | CEHAT |
| 6 | Ashwini Chougule | Senior Research Associate | 57430 | CEHAT |
| 7 | Radha Pandey | Secretary | 38886 | CEHAT |
| 8 | Rajeeta G. Chavan | Research Associate | 47594 | CEHAT |
| 9 | Shilpa Kompelli | Research Associate | 47594 | CEHAT |
| 10 | Swati S. Pereira | Junior Administrative Officer | 56055 | CEHAT |
| 11 | Shobha Kamble | Office Assistant | 29227 | CEHAT |
| 12 | Ajinkya Deshmukh | Research Associate | 46469 | CEHAT |

| | | | | |
|---|---|---|---|---|
| 13 | Sudhakar Manjrekar | Office Assistant | 29227 | CEHAT |
| 14 | Amruta Bavadekar | Research Officer | 75896 | CEHAT |
| 15 | Pramila P. Naik | Administrative Officer | 76221 | CEHAT |
| 16 | Sanjida Arora | Research Officer | 75896 | CEHAT |
| 17 | Mukul Bhowmick | Senior Research Associate | 19052 | CEHAT |
| 18 | Pratikshya Priyadarshini | Senior Research Associate | 57430 | CEHAT |
| 19 | Aarohi Damle | Research Associate | 23910 | CEHAT |
| 20 | Yogita Shivankar | Secretary | 38186 | CEHAT |
| 21 | Jessy Jacob | Junior Administrative Officer | 31823 | SATHI |
| 22 | Ramdas Shinde | Junior Administrative Officer | 51578 | SATHI |
| 23 | Ravindra Mandekar | Office Secretary | 40122 | SATHI |
| 24 | Swapnil Vyavahare | Project Associate | 43973 | SATHI |
| 25 | Tushar Khaire | Administrative Assistant | 44603 | SATHI |
| 26 | Deepali Yakkundi | Senior Project Officer | 57399 | SATHI |
| 27 | Shakuntala Bhalerao | Project Officer | 53038 | SATHI |
| 28 | Sharada Mahalle | Project Officer | 53038 | SATHI |
| 29 | Shweta Marathe | Senior Programme Coordinator | 64439 | SATHI |
| 30 | Trupti Malti | Senior Project Officer | 59949 | SATHI |
| 31 | Urmila Dikhale | Senior Administrative Officer | 64439 | SATHI |
| 32 | Bhausaheb Aher | Senior Project Officer | 61649 | SATHI |
| 33 | Hemraj Patil | Senior Project Officer | 57399 | SATHI |
| 34 | Shailesh Dikhale | Senior Project Officer | 59949 | SATHI |
| 35 | Meena Indapurkar | Office Assistant | 14751 | SATHI |

| **Slabs of gross monthly salary including benefits** | **Female** | **Male** | **Total Staff** |
|---|---|---|---|
| <5000 | 0 | 0 | 0 |
| 5001-10000 | 0 | 0 | 0 |
| 10001-25000 | 1 | 1 | 2 |
| 25001-50000 | 8 | 5 | 13 |
| 50001-100000 | 13 | 4 | 17 |
| >100000 | 2 | 1 | 3 |
| **Total** | 24 | 11 | 35 |

| **Sr.No.** | **Name of the Board Members** | **Position on the Board** | **Honorarium paid for the financial year 2022 - 2023** |
|---|---|---|---|
| 1 | Dhruv Mankad | Trustee | 0.00 |
| 2 | Jaya Sagade | Trustee | 0.00 |
| 3 | Mohan Deshpande | Trustee | 0.00 |
| 4 | Padma Prakash | Trustee | 25,800.00 |
| 5 | Padmini Swaminathan | Trustee | 18,240.00 |
| 6 | Vibhuti Patel | Managing Trustee | 34,240.00 |

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

**Name of the Public Trust:** **ANUSANDHAN TRUST** **Regn. NO.E-13480, dt.30-08-91(Mumbai)**
**ABRIDGED BALANCE SHEET AS AT:** **31st MARCH, 2023**

| FUNDS & LIABLITIES | RS. | RS. | PROPERTIES & ASSETS | RS. | RS. |
|---|---|---|---|---|---|
| **Trust Fund or Corpus** | | 30,055.00 | | | |
| **Reserve Fund** | | - | **Immov. Properties** | | |
| | | | Book value of immoveable property | | |
| **Employee Social Security and Welfare Fund** | | 65,18,821.14 | as on 31st March 2023 | | 9,08,499.03 |
| **Research & Education Fund** | | 1,34,79,915.61 | **Moveable Properties** | | |
| | | | Book value of moveable property | | |
| **Maintainence & Overheads Fund** | | 42,94,755.85 | as on 31st March 2023 | | 16,23,466.06 |
| **Building Fund** | | 1,41,03,932.80 | Advances | | |
| | | | Tax deducted at source | 19,67,648.00 | |
| **Earnest Money Deposit** | | 5,00,000.00 | Deposits | 86,933.00 | |
| | | | Employees | - | |
| **Liabilities** | | 8,252.00 | Contractors | 30,72,340.00 | |
| | | | Advance for purchase of immoveable assets | 52,64,647.00 | |
| | | | Balance with GST Authorities | 23,329.00 | 1,04,14,897.00 |
| **Income & Expenditure Account** | | | **Outstanding Income (Accrued Interest)** | | 5,14,315.97 |
| Balance as per last balance sheet | 6,16,89,554.84 | | | | |
| Less: Deficit as per Income & Expenditure Account | (88,42,716.31) | 5,28,46,838.53 | **Cash & Bank Balances** | | |
| | | | Bank balances | 3,06,96,806.22 | |
| | | | Fixed Deposits with Banks | 4,65,67,891.01 | |
| | | | Cheques on hand | 10,49,695.64 | |
| | | | Cash & Cheque in hand | 7,000.00 | 7,83,21,392.87 |
| **TOTAL** | | **9,17,82,570.93** | **TOTAL** | | **9,17,82,570.93** |

Place: Mumbai
Dated: 22nd August 2023

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

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

**Name of the Public Trust:** **ANUSANDHAN TRUST**
**ABRIDGED INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED** **31ST MARCH 2023**

| EXPENDITURE | RS | RS. | INCOME | RS. | RS. |
|---|---|---|---|---|---|
| **To Expenditure in respect of properties** | | 7,81,655.92 | **By Interest earned** | | 32,02,031.00 |
| **To Establishment expenses** | | 4,33,823.00 | **By Grants** | | 5,64,71,048.50 |
| **To Depreciation** | | 5,51,276.11 | **By Donation** | | 48,000.00 |
| **To Amount Written off** | | - | **By Grants administration income** | | - |
| **To Loss on Sale of Asset** | | - | **By Profit on Sale of Asset** | | 1,533.03 |
| **To Amount transferred to reserve** | | | **By Income from other sources** | | |
| **or Specific funds** | | 36,75,813.67 | Contribution to publication & database | - | |
| | | | Consultancy Fees | 53,000.00 | |
| **To Expenses towards objects of the Trust** | | 6,31,88,760.14 | IEC Review Charges | 13,000.00 | |
| | | | Award Money | - | |
| | | | Royalty | - | 66,000.00 |
| | | | Deficit Carried over to Balance sheet | | 88,42,716.31 |
| **TOTAL** | | **6,86,31,328.84** | **TOTAL** | | **6,86,31,328.84** |

Place: Mumbai
Dated: 22nd August 2023