Anusandhan Trust

Annual Report

April 2025 – March 2026

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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.

Centre for Enquiry into Health and Allied Themes (CEHAT)

Annual Report 2025 – 2026

Cehat

1. Research

a. Deepening health system response for VAW/G

The project aims to deepen CEHAT's existing work with the health system to ensure a gender sensitive and comprehensive healthcare response and quality of care to survivors of Violence against Women/Girls (VAW/G). The work focuses on demonstrating feminist crisis intervention services to survivors through 'Dilaasa' centres in 12 public hospitals in Mumbai, in the form of psychosocial counselling, safety planning, medico-legal support, multi-stakeholder coordination and referrals to needs-based services. Monitoring of the services through regular visits and meetings as well as capacity building of health care providers (HCPs) and the Dilaasa teams to ensure effective service provision is also undertaken.

I. Presentation at Maharashtra Mahila Arogya Hakk Parishad

The team presented its experiences on the challenges faced by adolescents and young women in accessing sexual and reproductive health care such as the restrictions on their reproductive autonomy, the fear and biases of the healthcare providers, the extra-legal requirements imposed by the hospitals, the contradictions between the laws and the social stigma surrounding it. The programme was attended by women's rights activists and organisations from across Maharashtra.





II. Paper Presentation at National Conference on Restorative Justice



During the National Restorative Justice Week in November, CEHAT colleagues participated and presented a paper on "Institutionalising Restorative Approaches within Health-System Responses to GBV" at the National Conference on Reimagining Justice: Exploring Restorative Approaches in the Indian Context organised by Enfold Proactive Health Trust, Christ (Deemed to be) University, Counsel to Secure Justice, and Ashiyana Communities Foundation in Bengaluru. The presentation examined gendered harms historically produced through medical practices and highlighted how initiatives such as Dilaasa and the Comprehensive Health Systems Response to Sexual Violence are advancing survivor-centred, restorative models of care.

b. Mainstreaming Gender in Medical Education in India

I. Upscaling Gender in medical education (GME) project

The previous year, CEHAT received a Design Phase Grant to develop a systems-change strategy for mainstreaming gender in undergraduate medical education. During the year, CEHAT completed the design phase and submitted the final systems-change prospectus. Drawing on evidence generated through CEHAT's implementation experience and consultations with medical educators and experts, the prospectus outlines a roadmap for strengthening gender integration within undergraduate medical education.



The systems-change strategy is organised around five interconnected areas: 1. understanding the structural barriers that continue to make medical education gender-blind; 2. articulating a vision for a gender-responsive medical education system; 3. identifying pathways for institutional and policy change through faculty development, curriculum reform and 4. stakeholder engagement; strengthening CEHAT's organisational readiness to support scale-up; and 5. developing a learning, monitoring and evaluation framework to document outcomes and guide implementation. The prospectus will inform the next phase of the initiative as CEHAT works towards expanding Gender in Medical Education across institutions and states.

II. Pre-post study at Pramukhswami Medical College, Karamsad

CEHAT initiated a collaborative research study with Pramukhswami Medical College (PSMC), Karamsad, Gujarat to evaluate the implementation of gender-integrated undergraduate medical education. The study adopts a pre-post design to assess changes in medical students' knowledge, attitudes and perceptions following gender-integrated teaching across five disciplines: Community Medicine, Obstetrics and Gynaecology, Internal Medicine, Psychiatry, and Forensic Medicine and Toxicology.



Building on CEHAT's earlier evaluation of Gender in Medical Education in Maharashtra, the study follows students over one academic year using a validated assessment tool developed by CEHAT. The findings will provide evidence on the implementation of gender-integrated teaching within undergraduate medical education.

III. Outcome Harvesting Evaluation

After more than a decade of implementing the Gender in Medical Education (GME) initiative across multiple institutions, CEHAT initiated an Outcome Harvesting evaluation to systematically document the changes emerging from the programme and understand how these changes occurred. Outcome Harvesting is a qualitative evaluation approach that identifies significant changes in behaviour, practices, institutional processes and policies, and then works backwards to examine how the programme contributed to these outcomes. It is particularly

useful for evaluating complex interventions where change is gradual, non-linear and influenced by multiple actors.

The evaluation seeks to understand changes in teaching practices, clinical care, institutional processes and policy engagement among medical educators trained through the GME initiative. Using qualitative interviews, documentation review and survey findings, the study will document outcomes across medical colleges and identify the enabling factors and challenges that have shaped implementation. The findings will help strengthen the GME programme, inform future scale-up, and generate evidence on pathways for integrating gender into medical education.

c. Scaling up health system response to and prevention of domestic violence in Aurangabad, Maharashtra: A randomised control trial

Violence against women is a serious public health issue, and gender inequality concern. The World Health Organization's Clinical and Policy Guidelines on Responding to Intimate Partner Violence and Sexual Violence against Women (2013) recommend the integration of violence response into primary healthcare systems. However, there is limited evidence from low- and middle-income country settings on how such integration can be achieved effectively, especially at the primary healthcare level and through the engagement of community health workers (CHWs) in prevention. This is a collaborative project between CEHAT and MASUM, with CEHAT serving as a research partner overseeing research activities and MASUM leading the intervention component & technical support from World Health Organization (WHO) & George Washington University (GWU). Project aims to strengthen the health system's response to and prevention of VAW in Maharashtra, India, by embedding WHO-recommended practices into primary healthcare services. Various research activities including a formative research, baseline cross-sectional survey, baseline knowledge, attitude and practice survey of health worker and baseline facility readiness was carried out.

I. Baseline Data Collection

During the reporting period, CEHAT made substantial progress in generating evidence to strengthen the health system response to violence against women through baseline research.

We completed a large cross-sectional survey among 12,459 women attending 35 primary health facilities across intervention and control blocks to estimate the prevalence of violence against women and health-seeking patterns. Team also carried out data cleaning, source verification and preliminary analyses of this data to compile a baseline report.

A pre and post-test survey of knowledge, attitude and practice survey was carried out with ASHA workers in two intervention and two control blocks. A total of 979 pre-tests (Intervention=547, Control= 432) and 542 post-tests was completed by CHWs. Thus, a total of 542 CHWs completed pre- and post-tests in intervention blocks. The entry of this data was carried out in OpenClinica as this survey was entirely administered through paper-based forms. The data was matched with physical logs to address any discrepancies. The team also developed a digital system in OpenClinica for routine entry of health facility register data and generated quarterly analyses of violence-related cases registered in participating health

facilities. The data from the health facility registers is routinely analysed and shared with MASUM team to facilitate ongoing monitoring of the intervention.

Based on all the baseline research activities, an internal baseline report was compiled and presented in a webinar organised by George Washington University. We also developed a protocol paper based on the project, which was submitted to BMC Health Services Research.

d. Building stronger evidence on gender-based violence towards young girls and women at the grassroots level in India

The project was focused on strengthening grassroots organisations' capacity to document, manage, and analyse service-related data on gender-based violence (GBV). By doing so, the initiative aimed to generate evidence that could inform interventions, amplify survivors' voices, and influence systemic responses to young girls' and women's vulnerabilities in India.



CEHAT's work with grassroots organisations including Association for Advocacy and Legal Initiatives Trust (AALI), Rajsamand Jan Vikas Sansthan (RJVS), Sahjani Shiksha Kendra (SSK), Nazariya, Jagori, Equidiversity Foundation, Vishakha and Anandi was focused on building their capacity to maintain and analyse their service data effectively. All eight organisations from this cohort actively work with girls and women across their life cycle and in different capacities, from education and leadership building to VAW interventions and legal aid. By building the research capacities of these grassroots organisations to organise and analyse their service data, the initiative helped strengthen on-field interventions with girls and women. For instance, the data from EDF showed that child marriage/early marriage continued to pose a structural risk that increased vulnerability to domestic violence. At the same time, analysis of their records highlighted the need to revisit their interventions strategies with respect to young girls and women. This was especially true in cases of choice or partner, child marriage and human trafficking. In the districts of West Bengal where EDF works trafficking and child marriage are a grave issue. But often, in cases of choice of partner and elopement, often get reported by parents' and families as child marriage or trafficking cases. The EDF team is working on re-evaluating how they distinguish these cases and provide appropriate support to young girls across these situations, including how they engage with the natal family exercising control over girls' choice, freedom and mobility.

RJVS found that survivors from traditional marriage practices like Nata Pratha, Ata-Sata, or child marriage often take longer than three years to report violence. This indicated that organisations must work towards developing comprehensive intervention strategies that recognise the continuum of violence, with changing perpetrators, ranging from natal family pressures and control to violence within marital households. Organisations also record data on age, gender, caste, religion, sexuality, forms of violence, help-seeking behaviour, etc. to better guide how they intervene in VAW cases. When organisations organised and analysed these

data points, crucial information on the intersectional nature of violence and vulnerabilities also emerged. The key learnings from this evidence can help organisations develop an intersectional approach to their work with girls and young women. At the same time, organisations are filling a key evidence gap by providing nuanced and contextual information on the nature of violence and the (in)formal redressal mechanisms accessed by girls and women. As in the case of SSK, which closely documented 'compromise' in cases of VAW. Their factsheet highlighted the realities of navigating compromise between families, sometimes facilitating settlements for women's immediate safety and survival, while in other grievous cases of murder and rape, resisting pressure for compromise and supporting survivors and their families in seeking justice.



e. Mapping Gender-based Violence in Public Spaces

This year, CEHAT completed a 3-year exploratory study aimed at mapping the evolving landscape of civil society interventions addressing gender-based violence (GBV) in Public Spaces in India. It approached public spaces as dynamic and lived spaces, where violence co-exists with mobility, work, habitation, leisure and socio-cultural participation. Violence becomes a tool for social control, changing the way these spaces are experienced, used, and accessed, especially by marginalised groups. Women, girls, transqueer persons and differently abled persons often bear the double burden of GBV in public spaces and structural exclusions, impacting their ability to fully participate in public life through education, healthcare, gainful employment, political action, etc.





It was against this background, that the study captured the experiential knowledge of civil society organisations and synthesised the range of grassroots strategies used to address this issue. We adopted a multi-stage research methodology, where data emerging from one stage of the research guided the methods and analysis of the next stage of the study.

Thirty-one organisations contributed to this research. They completed a written questionnaire and participated in a two-day participatory workshop to share nuanced information about their interventions. Four participatory workshops were conducted between May-June 2025, and each workshop represented a unique but interlinked dimension to addressing the issue. The four dimensions of

work include: improving infrastructure, transforming gender norms, promoting livelihoods and strengthening response. Contributing organisations shared their expertise on building interventions that address multidimensional risks that increase vulnerability to violence in public, as well as the protective strategies and activities they use to mitigate these risks. The CEHAT research team presented the findings using the Social-Ecological Model, examining how risks and protective factors interact across individual, relational, community, and societal levels. Validation meetings were held with the contributors to triangulate and confirm the findings.



The final report ***And Still We Walk*** was launched at a dissemination meeting in March 2026, where the contributing organisations were joined by peers, academics, researchers and development practitioners' working to end gender-based violence.

2. Training and Education

a. Training of Trainers (ToT) at Pramukhswami Medical College, Karamsad

CEHAT entered into a Memorandum of Understanding (MoU) with Bhaikaka University, Karamsad to pilot the Gender in Medical Education initiative at Pramukhswami Medical College. The collaboration aims to integrate gender into undergraduate medical education through faculty development, curriculum review, development of teaching – learning and assessment methods, research, documentation and dissemination. The partnership also includes a pre-post evaluation to assess changes in students' knowledge, attitudes and perceptions following gender-integrated teaching.



As part of this collaboration, CEHAT organised a three-day Training of Trainers (ToT) programme from 24–26 June 2025 for 37 faculty members from pre-clinical, para-clinical and clinical departments. The programme introduced faculty to concepts of gender and health, intersectionality, gender-based violence, ethics, disability and inclusive healthcare, and approaches for integrating gender into undergraduate teaching. Participants developed discipline-specific lesson plans aligned with the Competency-Based Medical Education (CBME) curriculum for implementation within their departments.

b. Continuing Medical Education Workshop on Integrating Gender in Medical Education

CEHAT, in collaboration with the Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, organised a three-day Continuing Medical Education (CME) workshop in Mumbai on Integrating Gender in Medical Education, from 6–8 February 2026. Twenty-two medical educators from institutions across the country participated in the workshop.

The workshop explored gender as a social determinant of health and discussed themes including intersectionality, gender-based violence, healthcare for sexual and gender-diverse communities, ethics, family planning, and integration of gender within AETCOM and the Competency-Based Medical Education curriculum. Interactive teaching methods, case discussions and lesson planning exercises enabled participants to develop approaches for integrating gender into undergraduate teaching.

c. Training of Field Investigators



We organised a one-day closure meeting with field investigators who conducted a cross-sectional survey. In this meeting, the field investigators shared their experiences and learning from the field.

d. Capacity Building of grassroot organisations on Violence against young women & girls

CEHAT continued its engagement with the existing cohort of seven organisations i.e. Jagori, Nazariya, SSK (Sahjani Shiksha Kendra), RJVS (Rajsamand Jan Vikas Sansthan), Vishakha, AALI (Association for Advocacy and Legal Initiatives Trust), and ANANDI. Following earlier workshops on data validation, data entry and data cleaning, CEHAT continued to provide handholding support through regular virtual meetings to address their questions, test the MIS sheets, and troubleshoot any data entry challenges. Feedback was incorporated through continuous revisions and refinements to the MIS. During this period, CEHAT also expanded the cohort to include the Equidiversity Foundation (EDF) based in West Bengal. A three-member team from EDF's intervention and research unit was invited to Mumbai for a workshop focused on streamlining their intake and documentation formats, and to discuss data validation and data cleaning processes.



In December 2025, all eight organisations participated in an intensive 2-day workshop on data analysis and research writing. Here, the focus was data interpretation and presentation of findings using the revised data sets and MIS sheets developed and maintained by organisations. Using participatory methods, the workshops focused on identifying research topics, the framework of analysis, describing the research methodology, and contextualising and presenting the findings.

e. Workshops on Monitoring Methods for Domestic Violence Interventions

Over the past few years, CEHAT has worked to strengthen the intra-sectoral capacity for GBV data collection and management. Our work focuses on developing an accessible and inclusive methodology for data management, MIS development and standardisation of data entry at the organisation level. The outcome has been the improved organisational resources and commitment towards evidence building on contextual trends and effective strategies to address GBV across diverse grassroots contexts. To this effect CEHAT participated in the AMAN Network, a national level network of feminist organisations, working to end domestic violence. A validation meeting was held with AMAN members to support the revision and refinement of the Standard Operating Procedures (SOP) for maintaining service data on DV and GBV at large. In addition, a consensus-building workshop with 23 AMAN organisations facilitated alignment on a set of common minimum indicators of change at the survivor, community, health system, and justice system levels. Together, these efforts lay the foundation for more standardised, comparable, and actionable GBV data systems, which strengthen the sector's ability to generate evidence, design interventions and support policy engagement.

f. Capacity Building of Muktha Teams

The Muktha counsellors were trained by the Samvidhaan Fellows under the Nyaaya initiative for skill building of counsellors around the laws and legal rights of survivors of violence.

g. Training of Trainers under Muktha initiative



Due to large scale transfers of health care providers in the department, most of the trained doctors and nurses in each of these five hospitals had moved out. To establish Muktha therefore we had to conduct a second round of Training of Trainers (ToT). The first three days of the five-day ToT was conducted at Arogya Soudha in February 2026 for over 35 healthcare providers.

h. Training of Health Care Providers (HCPs) on recognising and responding to VAW/G





CEHAT conducts periodic trainings for HCPs across 12 peripheral hospitals in Mumbai which have Dilaasa crisis centres for survivors of violence. Given the frequent transfer of HCPs across hospitals, continuous induction of new staff into clinical identification of violence against women and children (VAW/G) and appropriate referral pathways, is crucial. In the period between April 2025 and March 2026, 14 orientation trainings were conducted across 12 hospitals (including 3 maternity homes). The trainings aim to equip HCPs—including doctors, nurses, and other medical staff—with the knowledge and skills to recognise clinical signs and health consequences of violence. Other components include psychological first aid using the WHO-LIVES framework, and an introduction to the services provided by Dilaasa centres. 4 of the 10 trainings was on comprehensive health system response to survivors of sexual violence, including proper medico-legal examination and documentation according to the guidelines by the Ministry of Health and Family Welfare (MoHFW). In total, 344 HCPs participated in these trainings. Some of these HCPs have now started co-facilitating trainings in their hospitals and also proactively sensitising other hospital staff towards VAW/G, ensuring regular training and participation from others.





i. Monitoring Committee Meetings



The Monitoring Committee Meetings (MCMs) create a space for the HCPs and the Dilaasa teams to discuss the response of the hospital to cases of VAW/G and assess the quality of care provided. The committee at each hospital comprises of doctors and nurses from key departments as well as the Dilaasa and CEHAT teams. CEHAT also conducts a review of the medico-legal examination of sexual violence proformas in consultation with the HCPs to understand any gaps in the protocols or documentation and suggest ways to address them. CEHAT facilitated 2 MCMs across 2 hospitals in this period. These meetings have enabled the hospitals to bring about changes in their procedures and practice.

Examples of issues that emerged from MCMs:

1. During an MCM, the HCPs raised a question about whether it is the hospital's responsibility to present the child before the Child Welfare Committee and keep them admitted until it happens. It was clarified that it is the police's responsibility to do the same and the hospital can discharge the survivor if she is medically fit and safe at home.
2. The HCPs at one of the hospitals shared that they had confusion and queries around the technicalities of sample collections in cases of sexual violence. Based on this, the CEHAT team arranged a meeting between the senior doctors of the gynaecology department and the Forensic Science Laboratory (FSL) where their questions were addressed.

j. Capacity building of Dilaasa teams through case presentations



Regular case presentations are conducted as a capacity building exercise for the Dilaasa teams, with the objective of monitoring the quality of services provided and facilitating a peer learning process. The teams share their experiences and challenges while dealing with cases of VAW/G and receive inputs from their peers, facilitators and external resource persons. Ideas, suggestions and best intervention practices are generated through the discussion. 6 case presentations were conducted during this period across themes such as 1. Challenges with hospital procedures, 2. Understanding neurological disabilities and addressing challenges related to sexual, physical and emotional abuse to support legal process, 3. Successful Cases, Homeless and Runaway Women/Girls, 4. Technology-facilitated Gender-Based Violence.

Examples of case presentation discussions:

1. During the Case Presentation on Responding to Attempted Suicides, a question was raised about how to handle confidentiality when working with children in POCSO cases. Counsellors noted the dilemma: we often reassure a child that "we won't tell anyone", yet the law mandates reporting. The suggested approach was to change the counselling dialogue. Instead of giving assurances that may later be violated, counsellors should say: "You can trust me, and this is a safe space. I will do my best to support you.
2. Counsellors shared challenges faced by the doctors while conducting medical examinations of survivors of sexual violence, especially children who have some form of neurological disability and are not able to communicate the abuse. The experts from Urmi Foundation shared their Sensory Friendly Medical Kits for such survivors and explained the process of eliciting history using the sensory tools such as dolls, kinesthetic sand, sound balls, visual cards (story cards), finger puppets and so on. The major takeaways were the use of reinforcement as the base for behaviour management, sensory integration using the tools and giving step-by-step instructions using short sentences.






k. Capacity Building Session on Medico-Legal Response to Sexual Violence

Members from the CEHAT team presented its health-systems intervention at a workshop on "Sexual Violence and Legal Framework" organised by Urja Trust and the Department of Women and Child Development, engaging stakeholders such as Protection Officers, ASHA and Anganwadi workers, and social workers. The session focused on recognising health consequences of violence, identifying clinical indicators, understanding medico-legal responsibilities, and ensuring survivors' rights within health-system interactions.

l. Exposure visit by Kutch Mahila Vikas Sangathan

As part of CEHAT's knowledge-sharing and capacity-building efforts, the Dilaasa Centre at K.B. Bhabha Hospital, Bandra hosted an exposure visit for 12 grassroots social workers from Kutch Mahila Vikas Sangathan (KMVS), Gujarat, on 9 February 2026. The visit provided an opportunity for the KMVS team to understand the BMC–NHM Dilaasa model as a hospital-based response to violence against women, highlighting the critical role of public health facilities in the early identification, support, and referral of



survivors of domestic and sexual violence. The interaction facilitated an exchange of experiences on institutional responses to violence against women and explored the relevance of integrating similar approaches within community-based support systems.

3. Intervention and Service Provision

a. Psycho-social interventions at Dilaasa centres

CEHAT plays an important role in assisting Dilaasa counsellors in Mumbai as well as counsellors in sites where the Dilaasa initiative is being replicated. The team provides technical guidance on feminist and crisis counselling methods, sharing practical strategies through case-based interventions and ongoing mentoring. CEHAT is also engaged in direct service provision in one of the oldest Dilaasa centres. In addition, the team also assists in challenging cases handled by the other Dilaasa centres. This often requires on-site support, where CEHAT team members work alongside Dilaasa counsellors to navigate particularly sensitive or challenging situations.



The Dilaasa teams handled more than 2000 new cases of domestic violence and sexual violence in the given year. Additionally, they conducted routine follow ups with survivors of ongoing cases and reached out to more than 20,000 women and girls through screening, health talks, and IEC material to encourage them to seek support services and linking them to resources.

b. CEHAT 24x7 Gender-Based Violence Helpline



CEHAT counsellors received more than 600 calls from April 2025 to March 2026 on the 24x7 helpline. The callers included survivors facing domestic violence or sexual violence or their family members, health care providers, and social workers/counsellors from other organisations. Few of the calls were from survivors in a crisis situation and requiring urgent support. Most of the other calls were regarding reporting a case of violence and queries on police not filing complaints of the abuse. Other reasons included survivors seeking legal advice for their ongoing case in the court, abuser getting bail and a fear of re-occurrence of violence from him. Calls from health care providers were primarily related to medical examination; documentation related to medical procedures; and questions about advanced pregnancies and legal recourse for survivors, especially past the legal 24-week period. Other organisations contacted the helpline mainly for referral support to Dilaasa centres. The round the clock helpline service has been of use to survivors as well as HCPs as stated by the number of calls received.

c. Psycho-social interventions at Muktha crisis centre, Bengaluru

A total of 10,778 women and children were identified as survivors of violence, since its inception in 2022 till March 2026. 3761 women and children were referred and supported by the Muktha centre during this period.

4. Engagement with Stakeholders

a. Gender in Medical Education Short Film Series

Recognising the need for creative approaches to strengthen discussions on gender in medical education, CEHAT initiated the development of a series of short films based on the Gender in Medical Education (GME) initiative. The films aim to complement existing teaching modules by using stories and everyday clinical situations to facilitate conversations on gender, ethics and patient care within medical education.

CEHAT partnered with Agents of Ishq (AOI), a digital media platform that creates content on gender, sexuality and relationships, to conceptualise and develop the film series. As part of the creative process, the AOI team participated in a GME training workshop to understand the content, pedagogical approach, target audience and discussions that emerge during the trainings. This was followed by a series of collaborative meetings between the CEHAT and AOI teams to identify key themes, develop story ideas, prepare treatment notes and draft scripts based on the GME modules and the experiences of medical educators.

Adapting teaching modules into short films required an iterative process of script writing, review and revision to ensure that the films remained pedagogically relevant while also being engaging and accessible to a wider audience. The process involved multiple rounds of discussions between the creative and technical teams to balance medical accuracy, gender perspectives and storytelling. Following script finalisation, preparations for production and filming were initiated. The six films explore themes including gender as a social determinant of health, sexual and gender identity, contraception and medical termination of pregnancy, adolescent sexual and reproductive health and rights, violence against women, and gender and mental health.

b. Putting knowledge into practice

During the year, CEHAT actively engaged in and knowledge translation activities to strengthen the health system response to violence against women. Baseline findings from the project were presented at the funders Annual Planning Meeting and disseminated through an internal webinar involving consortium partners, facilitating discussion on key research findings and their implications for programme implementation. Evidence generated through the health facility readiness assessment was shared with MASUM to support the development of Standard Operating Procedures for responding to survivors of violence in primary healthcare settings. CEHAT also participated in bilateral coordination meetings with MASUM and the What Works II, contributing to discussions on the project's theory of change, implementation strategy, governance mechanisms, partner roles, and approaches to maintaining intervention fidelity. Research findings were continuously used to refine training content, monitoring systems, and intervention delivery. In addition, CEHAT engaged with senior officials in the Government of Maharashtra, including the Health Secretary, for the integration of an indicator on violence against women within the state Health Management Information System (HMIS), with the aim of strengthening routine reporting, monitoring, and evidence-informed planning for health system responses to gender-based violence.

c. Session at the Sixth Pre-Budget Consultation of the Feminist Policy Collective



CEHAT team presented their reflections on gender-based violence and the implementation of the PWDV Act over two decades at the national dissemination event organised by SAHAJ and the Feminist Policy Collective. The presentation critically analysed India's policy response over the past decade and underscored the importance of participatory investment in GBV prevention and response, inclusive legal frameworks, fidelity to evidence based practices, and strengthening data systems beyond administrative sources.

d. International Women's Day Celebration



Guided by the spirit of International Women's Day 2026 and the call to advance the rights, dignity, and agency of every woman and girl, the Dilaasa teams marked 8th March 2026 through a range of activities across the 12 public hospitals in Mumbai. Healthcare providers, survivors, and hospital staff came together for awareness sessions, interactive games, street plays, health talks, and celebrations that reaffirmed the collective responsibility of the health system in creating spaces where women are heard, believed, and supported. The activities celebrated not only women's resilience but also the compassion and commitment of healthcare providers who stand alongside survivors in their journey towards safety and healing.

CEHAT also celebrated the occasion with the Dilaasa teams, creating a space for them to pause, connect, and step away from the demands of their routine work. The celebration included activities focused on burnout prevention and self-care, fun games, and a small token of appreciation as an expression of gratitude for their unwavering commitment to their work.





e. International Day for the Elimination of Violence Against Women and 16 Days of Activism against Gender-Based Violence

In observance of the International Day for the Elimination of Violence Against Women on 25 November 2025, the Dilaasa teams aligned their activities with the theme of "UNiTE to End Digital Violence against All Women and Girls." As technology becomes increasingly embedded in everyday life, digital forms of violence are emerging as rapidly growing yet often under-recognised manifestations of gender-based violence. Limited awareness among survivors, communities, and service providers frequently results in these experiences going unrecognised and unaddressed. Against this backdrop, Dilaasa reinforced the critical role of the health system in identifying and responding to violence in all its forms.



Throughout the 16 Days of Activism against Gender-Based Violence, Dilaasa teams extended the campaign beyond hospitals through community outreach and intersectoral engagement. Awareness programmes at schools, colleges, police stations, NGOs, maternity homes, health posts and aanganwadis reinforced the message that preventing violence requires informed communities, responsive institutions, and collective action to ensure that women and girls are safe, supported, and empowered in both physical and digital spaces.

f. World Suicide Prevention Day



World Suicide Prevention Day, observed on 10 September 2025, provided an opportunity for Dilaasa teams to strengthen awareness around the links between violence and suicidal behaviour. Building on the ongoing 2024–2026 World Suicide Prevention Day theme, *"Changing the Narrative on Suicide,"* and its call to action, *"Start the Conversation,"* the teams emphasised the importance of recognising warning signs, encouraging timely support, and creating safe spaces for conversations around suicide prevention and violence against women.



g. World Mental Health Day

On World Mental Health Day, Dilaasa teams organised many creative activities across hospitals to promote conversations on mental well-being among patients and healthcare providers. The observance highlighted the often-overlooked mental health consequences of violence against women, while reinforcing the health sector's role in early identification and support. Recognising that the well-being of healthcare providers is equally vital, the teams also encouraged staff to acknowledge signs of stress and burnout, prioritise self-care, and seek support without stigma, fostering a culture of compassion and resilience within healthcare settings.

h. National Consultation on Access to Abortion

In April 2026, CEHAT participated in a consultation on the *Impact of Medical Boards on Access to Abortion Services*, organised by Jindal Global Law School. Conducted in a clinic format, the consultation brought together researchers, lawyers, and practitioners to discuss research findings, legal and ethical issues, implementation challenges, and recommendations for developing Standard Operating Procedures (SOPs) for medical boards. CEHAT contributed intervention-based insights highlighting how defensive practices by healthcare providers can delay access to abortion, resulting in pregnant persons being referred to courts and medical boards. We also emphasised that medical boards often adopt a moralistic approach to late-term abortions, inadequately consider the psychological and material consequences of continuing a pregnancy, and increasingly frame the health of the pregnant person and the foetus as competing interests.

i. Annual AMAN Network Meeting

CEHAT team attended the annual AMAN network meeting in Hyderabad, contributing insights on emerging concerns such as natal family violence and technology-facilitated violence. The team shared experiences from hospital-based crisis interventions, illustrating how these forms of violence manifest in clinical settings and how Dilaasa teams respond.





j. Short Film on Dilaasa

CEHAT, with support from the Brihanmumbai Municipal Corporation (BMC), is currently producing a short film on Dilaasa. The film follows the journey of a survivor of domestic violence illustrating how compassionate, survivor-centred healthcare can create opportunities for women to disclose violence, access support, and reclaim their lives. It highlights the critical role of healthcare providers in identifying and responding to gender-based violence, while showcasing the Dilaasa model as an effective, health system-based response to violence against women.



5. Documentation and Publication

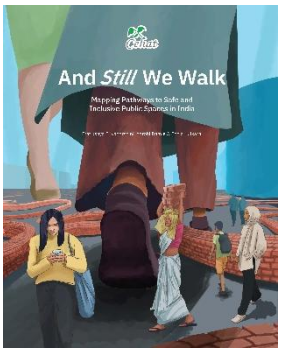
a. Evidence on Violence against Women & Girls



Following the writing workshop, eight organisations tabulated their data sets and organised their findings in a factsheet on several different aspects of VAW. The frontline researchers from each organisation presented their evidence in the form of published factsheets at a dissemination event held in March 2026 in Mumbai. The factsheets are available at this link.

b. And Still We Walk

And ***Still We Walk*** maps civil society efforts to address gender-based violence (GBV) in public spaces across India. Available on the CEHAT website, the report brings together the experiences and grassroots learnings of 31 organisations working on this issue.



Using the internationally recognised Social-Ecological Model (SEM), the report identifies key risk factors that contribute to GBV in public spaces and the protective strategies developed by organisations to address them. These risks and strategies are mapped across the four levels of the SEM—individual, relationship, community, and societal—and organised around four interconnected dimensions of work namely improving infrastructure, transforming gender norms, promoting livelihoods, and strengthening institutional response.

The report aims to serve as a practical resource for organisations, helping them design, strengthen, and monitor programmes to prevent and respond to GBV in public spaces.

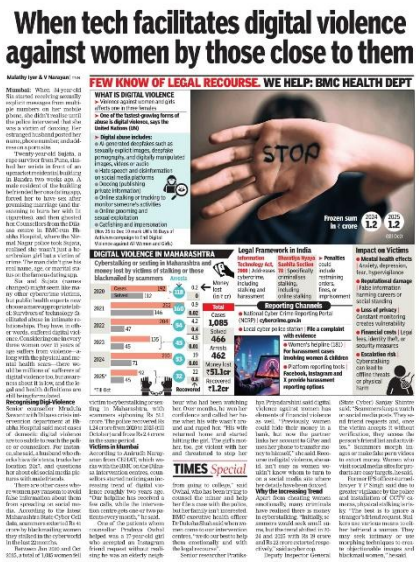
c. Article on challenges faced by young women in accessing MTP in The Leaflet



The post delves into the ethical complexities surrounding adolescent girls' access to reproductive healthcare in India, especially within cases of consensual relationships. It sheds light on the practical challenges arising from legal mandates and societal stigmas, which often prioritise legal compliance over the wellbeing and autonomy of adolescents.

d. Article on technology-facilitated gender-based violence and Dilaasa (The Times of India)

How intimate partner violence has shifted online and everyday technology is used to surveil, control, and extort women including experiences of Dilaasa and CEHAT.



When tech facilitates digital violence against women by those close to them

FEW KNOW OF LEGAL RECOURSE. WE HELP: BMC HEALTH DEPT

Mumbai: When 14-year-old Ria started receiving gradually escalated messages from multiple numbers on her mobile phone, she didn't realise until the police intervened that she was a victim of cyberstalking. Her estranged husband posted her name, phone number, and addresses on a porn site.

Twenty-year-old Sapna, a rape survivor from Pune, also had no idea that a fake Instagram account created in Bhadra two weeks ago. A male resident of the locality had revealed her cross-dressing. Forced her to have sex after promising marriage (and the morning to harm her with 31 injections), and then ghosted her. Counsellors on the Dilaasa centre in BMC-run Bhagwati Hospital in Kandivali and Nagar police took Sapna's complaint she wasn't just a lovelorn girl but a victim of crime. The man didn't grow his real name, age, or marital status on the famous dating app.

Ria and Sapna (names changed) might seem like many other cybercrime victims, but public health experts now see technology-facilitated gender violence (TFGBV) and digitally facilitated abuse in intimate relationships. They have, in other words, suffered similar violence. Considering how in every three women over 15 years of age suffers from violence—a long with the physical and mental health scars—there would be millions of sufferers of TFGBV. Yet, hardly anyone knows about it is low, and the legal and health difficulties are still being worked out.

Recognising Digi-Violence

Senior counsellor Shraddha Sawant with Dilaasa crisis intervention department at Bhabha Hospital said most cases of domestic digital violence survivors unable to reach the police. "Many victims, like Ria, don't even realise what's happening to them. Initially, a husband who checks his wife's texts, tracks her location, logs, and questions her about old social media pictures with male friends.

There are other cases where women are unaware to avoid false information about them from spreading on social media. According to the latest data, women under 30 are the victims by blackmailing women they wished in the cybercrime in the last 22 months.

Between Jan 2021 and Oct 2025, a total of 1,085 women fell victim to cyberstalking scams, ling in Maharashtra, with scammers siphoning Rs 51.1 crore. The police recovered Rs 1.24 crore from 2020 to 2025 (till October) and froze Rs 1.2 crore in the cases reported.

Seeking Assistance

According to Ashwini Nayagaonkar from CEHAT, which runs the helpline, as well as the intervention centres, consultants started noticing an increasing trend of digital violence roughly two years ago. "Our helpline has received a few calls, while the intervention centres get one or two per month. Now, we get 10 to 15 calls.

One of the cyclones whose counsellor Pradnya Dabral helped was a 17-year-old girl who accepted an Instagram friend request without realising he was an elderly neighbour who had been watching her. Over months, he won her confidence and called her home when his wife wasn't around and raped her. His wife returned home and started hitting the girl. The girl's mother, the girl's mother with her, contacted to stop her son. Unable to stop her from going to college," said Dabral, who has been trying to contact the minor and help her files a case with the police, but her family isn't interested.

Dr Tulsi Bhatt, head of the Centre for Excellence in Forensic Sciences, said cyberstalking is the most common form of digital violence against women. "Perpetrators could be anyone, from a stranger to a partner or ex-partner. Victims are often unaware that they are being tracked through spyware or GPS devices installed in their phones or vehicles," she said. Bhatt's team also investigates cases involving deepfakes and AI-generated content.

Dr Pratishtha Singh, a psychiatrist at Bhabha Hospital, said the trauma from digital violence can be as severe as physical abuse. "Victims often develop anxiety, depression, and even suicidal thoughts. The fear of their private photos being misused is constant," she said.

Deputy Inspector General (Cyber) Sanjay Shintre said, "Women should be cautious with social media posts. They should not accept friend requests from unknown people and, once the victim accepts it without verification, they access the person's friend list and start to harass their friends and family members by uploading morphed photos or videos. Women should avoid using social media sites for personal use as much as possible."

Former CP of Greater Mumbai Jaysingh N Chenoy said due to greater vigilance by the police and installation of CCTV cameras, physical stalking cases have come down drastically. "The best is to ignore a stalker. Don't respond to him because various studies have revealed that the mental ailment in the 24 and 2025 with Rs 38 crore and Rs 22 more returned respectively," said Chenoy.

DIGITAL VIOLENCE IN MAHARASHTRA

Cyberstalking or sexting in Maharashtra and money lost by victims of stalking or those blackmailed by scammers

	Cases	Arrests
2020	182	114
	12	8
2021	251	169
	144	97
2022	207	95
	47	40
2023	135	90
	45	30
2024	210	93
	71	32
2025*	92	82
	45	30

*Till Oct

Money lost (in Cr): 0.2, 0.3, 0.82, 4.2, 0.4, 4.5, 0.85, 11, 0.85, 22, 0.8 Recovered

Total Cases 1,085 Solved 466 Arrests 462 Money lost ₹51.1cr Recovered ₹1.2cr

Legal Framework in India

Information Technology Act, 2000 | Addresses cybercrime, including stalking and harassment

Bharatiya Nyaya Sanhita Section 78 | Specifically criminalises stalking, including online stalking

Penalties could include restraining orders, fines, or imprisonment

Reporting Channels

- National Cyber Crime Reporting Portal (NCRP) | cybercrime.gov.in
- Local cyber police station | File a complaint with evidence
- Women's helpline 1363
- For harassment cases involving women & children
- Platform reporting tools | Facebook, Instagram and X provide harassment reporting options

Impact on Victims

- Mental health effects | Anxiety, depression, fear, hypervigilance
- Reputational damage | False information harming careers or social standing
- Loss of privacy | Constant monitoring creates vulnerability
- Financial costs | Legal fees, identity theft, or security measures
- Escalation risk | Cyberstalking can lead to offline threats or physical harm

TIMES Special

ANNEXURE

Publications April 2025 – March 2026

1. Journal Article:

1. Domestic violence against married women in reproductive age group - its causes and impact on their health: A facility based cross sectional study (2025) – Aswar, Nandkeshav; Kale, Kalpana; Deshmukh, Ajinkya & Bavadekar, Amruta – International Journal of Medicine and Public Health, 15(2), 1114-1120 p.
2. To understand the challenges faced by female sex workers in seeking health care in Miraj town (Maharashtra) (2025) – Kale, Kalpana; Aswar, Nandkeshav; Deshmukh, Ajinkya; Rege, Sangeeta & Bavadekar, Amruta – Indian Journal of Public Health Research and Development, 16(2), 165-170 p.
3. Determinants of male partner involvement in utilization of family planning methods: A mixed methods study (2025) – Lokare, Pushpa O.; Deshmukh, Ajinkya; Bavadekar, Amruta; Karanjekar, Vinod D. & Chaudhary, Sanjeev M. – Journal of Integrated Health Sciences, 13(1), 22-31 p.
4. Integrating gender and violence in medical education: A pedagogical intervention (2026) – Bavadekar, Amruta & Deshmukh, Ajinkya – Medico Friend Circle Bulletin (386), February 2026
5. Violence as routine: How institutional conditions shape healthcare workers (2026) – Rege, Sangeeta; Deshmukh, Ajinkya; Angeline, Nancy & Bavadekar, Amruta – Medico Friend Circle Bulletin (386), February 2026
6. Obstetric violence and respectful maternity care in India: A review of the evidence (2026) – Bavadekar, Amruta; Dasgupta, Jashodhara & Khanna, Renu – Medico Friend Circle Bulletin (386), February 2026

2. Books / Reports:

1. Feminist psychosocial intervention approaches to respond to domestic violence against women: Evolution and emerging evidence from India (2025) – Rege, Sangeeta & Bhate-Deosthali, Padma – In Psychosocial Interventions for Social Issues in Contemporary India by U. Vindhya (Ed.), Springer, pp. 61-83, ISBN: 978-981-96-6552-5
2. An analytical report on domestic violence data of Equidiversity Foundation, West Bengal (2026) – Equidiversity Foundation (EDF) & CEHAT
3. Support needs of queer and trans persons: Insights from Nazariya's helpline data (2026) – Nazariya Foundation & CEHAT
4. A step towards gender responsive Panchayat: Insights from Anandi (2026) – Anandi & CEHAT

5. सामाजिक कलंक और हिंसा के अंतर्संबंध: समुदाय के अनुभवों से उभरती समझ (2026) – Vishakha & CEHAT
6. घरेलू हिंसा के मामलों में नारी अदालत की भूमिका: राजसमन्द जन विकास संस्थान के डेटा से मिली समझ (2026) – राजसमन्द जन विकास संस्थान (RJVS) & CEHAT
7. घरेलू हिंसा और महिलाओं के स्वस्थ्य पर प्रभाव: जागोरी के केसवर्क और काउंसलिंग से सिख (2026) – Jagori & CEHAT
8. महिलाओं के खिलाफ हिंसा और समझौते की हकीकत: सहजिनि शिक्षा केंद्र के मामलों का विश्लेषण (2026) – सहजनी शिक्षा केंद्र (SSK) & CEHAT
9. महिलाओं के खिलाफ हिंसा का जीवन चक्र: आली के सेवा रिकॉर्ड से समझ (2026) – Association for Advocacy and Legal Initiatives (AALI) & CEHAT
10. And still we walk: Mapping pathways to safe and inclusive public spaces in India (2026) – Priyadarshini, Pratikshya, Damle, Aarohi & Kulkarni, Pooja – CEHAT, ISBN: 978-81-89042-95-0

3. Blogs:

a. Legal but out of reach: Medical termination of pregnancy remains arduous for India's young people (2025, July 18) – Narayanan, Anirudh & Rege, Sangeeta – The Leaflet.in

4. Media Coverage:

a. Housewives account for 51.36% of female suicides in city: Report (2025, July 20) by Mavad, Asra – Deccan Herald
b. Mumbai's healthcare system shows the public, not the private, matters (2025, September 5) by Dhagey, Jashvitha & Saraf, Nikeita – Question of Cites.org
c. कौटुंबिक हिंसा प्रतिबंधासाठी आता आशा वोर्करही सज्ज (2025, November 8) – लोकमत
d. The power of listening, the power of the LIVES approach (2025, November 19) – World Health Organization
e. Sangeeta Rege: हिंसेला चेहरा नसतो! (2025, November 30) by Kalgutkar, Sharmila – महाराष्ट्र टाइम्स
f. When tech facilitates digital violence against women by those close to them (2025, December 7) by Iyer, Malathy & Narayan, V. – The Times of India
g. कौटुंबिक हिंसाचार रोखण्यास 'आशा' कार्यकर्त्यांचा पुढाकार (2025, December 08) – लोकमत

SATHI'S Activity Report
for ANUSANDHAN TRUST
Period of Reporting :
April 2025 to March 2026

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3.	A Critical Assessment of the Performance of the Employees State Insurance Scheme in Maharashtra State- Donor: Azim Premji University as part of the Health Research Funding Programme 2023	10-11
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7.	Consolidating Community Action for Nutrition- Enhancing Health and Well-being of Young Children and Families of Katkari Community in Mulshi Block, Pune District- Sudarshan Chemicals Industries Ltd.	20-22
8.	Healthy Mothers and Children: A Tribal Health Initiative for Lasting Change in Dhadgaon block of Nandurbar district, Maharashtra- Praj Foundation	23-24
9.	Caring About the Rights of Healers – Analysing Human Rights Violations Related to Frontline Doctors in India- NHRC	25
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12.	Strengthen Community Forums to Generate Demand for, and Improve Access to, Services at Government Health Facilities Leading to Improvement in Community Health in 4 Tribal Blocks of 3 Districts and 10 Slums in 2 Wards of Pune City- Azim Premji Philanthropic Initiatives Private Limited	32-34
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I. ACTION, RESEARCH AND ADVOCACY PROJECTS

1. Strengthening Maternal and Child Health and Nutrition Services through Women's Group Participation- Bajaj Housing Finance Ltd.

I. Executive Summary

During April 2025–March 2026, Anusandhan Trust–SATHI implemented a community-led intervention across 61 villages in Dharni, Ghatanji, Dhadgaon and Murbad blocks of Maharashtra. The project focused on improving awareness, access to public health and nutrition services, early identification of high-risk mothers and malnourished children, and community accountability through women's participation and continuous follow-up. During the year, 2,329 pregnant women and more than 3,300 children aged 0–3 years were reached. Community engagement included 474 village meetings, 325 awareness sessions, 676 flipchart interactions and 2,943 breastfeeding counselling sessions. More than 95% of registered women received essential ANC services, sonography coverage increased to 85.3%, and institutional deliveries reached 81.6%. By the end of the period, 84.4% of children were in the normal nutritional category. A total of 381 health, nutrition, documentation and service-delivery issues were resolved through individual support, frontline-worker coordination and block/district-level advocacy.

II. Progress Against Project Objectives

Objective 1: Improving Awareness of ANC-PNC, Nutrition, and Government Schemes

The project created repeated opportunities for women, families and communities to access information and discuss maternal and child health concerns. A total of 474 village meetings, 325 awareness sessions, 676 flipchart interactions, 2,943 breastfeeding counselling sessions, 436 growth-monitoring events, 83 diet demonstrations, 46 Baby Corners and 31 PHC health camps were conducted. Women participated with ASHAs, ANMs, Anganwadi workers and CHOs in discussions on ANC/PNC, breastfeeding, immunization, MCP cards, THR, Amrut Aahar, hygiene, maternal nutrition and government schemes such as PMMVY and JSY. These platforms helped identify delays in nutrition supplies, incomplete documentation, missed ANC/immunization and gaps in nutrition knowledge. Through home visits, counselling and frontline-worker coordination, approximately 70% of identified issues were resolved locally.

Key result: Awareness increasingly translated into action, with women becoming more proactive in accessing services, completing documentation and following up on entitlements.

Highlights – Objective 1

- Over 1,475 awareness sessions include village meetings and flipchart interaction conducted across 61 villages
- 2,943 breastfeeding sessions improved infant feeding practices
- Around 3000 mothers are actively engaged in community platforms
- 70% of issues resolved locally, strengthening accountability
- Significant increase in ANC registration and service utilization

Objective 2: Improving Access to Public Health and Nutrition Services

Initial service coverage for key maternal health indicators was around 78–81%, while sonography coverage was approximately 65%. Major barriers included Aadhaar-related documentation, Aadhaar-bank linkage, portal downtime, delayed payments and limited access to registration facilities. Field facilitators addressed these through home visits, individual counselling, coordination with ASHAs/ANMs/PHC staff and follow-up with block and district authorities. As a result, 2,329 women were registered and more than 95% received essential ANC services. Sonography coverage increased to 85.3%, institutional deliveries reached 81.6%, home deliveries fell to approximately 6%, and 77.3% of government deliveries used ambulance/referral transport. High-risk pregnancies, including 797 low-haemoglobin cases and 565 multiple-pregnancy cases, were actively tracked. Fifty-nine PHC/Anganwadi-level systemic issues were resolved.

Highlights – Objective 2

- 2,329 women registered, with 95%+ receiving ANC services
- Institutional deliveries increased to 81.6%
- Sonography coverage improved from 65% to 85.3%
- 77.3% use of ambulance services for safe deliveries
- 59 systemic issues resolved, strengthening service delivery

Objective 3: Reducing Malnutrition Among Children (0–3 Years)

Child nutrition interventions focused on early identification, regular growth monitoring, counselling, referral and continued follow-up. More than 2,500 children were tracked; 614 received illness follow-up and 360 were referred to higher facilities including NRCs and CTCs. Post-discharge monitoring supported continued recovery. By the end of the reporting period, 84.4% of children were in the normal nutritional category, while MAM and SAM levels were 4.7% and 3.2%, respectively. Improved anthropometric recording and coordination among ASHAs, Anganwadi workers and ANMs strengthened early identification and referral. Fifty-two nutrition-related issues were resolved.

Highlights – Objective 3

- 2,500+ children tracked and monitored
- 360 children referred for specialized care
- Significant improvement in nutritional status
- 84.4% children in the normal category
- Strengthened growth monitoring and referral systems

III. Issues Resolved Through Community Action

Level	Issues Resolved
Individual beneficiary level	149
PHC/Anganwadi level	111
Staff action	58
Block/District level	63
TOTAL	**381**

IV. Taluka-wise Results

Ghatanji – 114 issues resolved: Strong focus on malnutrition, high-risk pregnancies and infrastructure. Coordination with Gram Panchayats and administration helped address Anganwadi, water-supply and road-related issues. Emergency cases were referred promptly and nutrition-related misconceptions were addressed.

Dharni – 67 issues resolved: Major achievements included NRC referrals, access to PMMVY/JSY and other entitlements, Aadhaar-bank linkage support and improved MCP-card records. A new sub-centre facility at Dharanmuhu strengthened local maternal health services.

Dhadgaon – 77 issues resolved: Strong response to emergency health cases, including snake bites and emergency deliveries. Documentation support, ambulance-related issues and ASHA payments were addressed. Advocacy also contributed to action on expired medicines and replacement of an old ambulance.

Murbad – 123 issues resolved: The highest number of issues was resolved, particularly documentation and entitlement-related problems. Continuous nutrition monitoring improved the status of several malnourished children. Coordination between ASHAs, Anganwadi workers and PHC teams improved, while some systemic issues such as THR quality, infrastructure and PMMVY portal problems require continued action.

V. Overall Impact and Annual Snapshot

The project demonstrated that community participation is most effective when combined with individual follow-up and strong health-system coordination. Women's groups and community platforms became mechanisms not only for awareness generation but also for identifying problems, demanding services and tracking resolution. The approach of "awareness → identification → individual follow-up → service linkage → resolution" contributed to measurable improvements in maternal service utilization and child nutrition.

- 61 villages covered across 4 districts
- 2,329 pregnant women reached
- 3,300+ children supported
- 1,400+ awareness sessions conducted
- 81.6% institutional deliveries achieved
- 84.4% children in the normal nutrition category
- 381 issues resolved through community action

Additional achievements: 2,943 breastfeeding counselling sessions • 360 children referred for specialized care • 381 issues resolved through community action.



The SDH Medical Superintendent (Dharani) addressed participants at the district-level health conventions organized by SATHI



Frontline worker sensitisation training at block level regarding MCHN services

2. Improving Maternal Health and Nutrition Services for Urban Poor in Pune City- Bajaj Finance Ltd.

Background

Anusandhan Trust- SATHI is currently working in seven large slums and two small slums with 33 Anganwadis with 440 pregnant and lactating women and 619 children of 0 to 3 year age group). The target population of the project is pregnant and lactating women and 0 to 3 years of age group children. Activities carried out during the mentioned period (5th Oct 2024 to 10th Dec 2025) are Training of field facilitators, Baseline survey, Orientation workshop with various stakeholders, community-level awareness about health and nutrition services, tracking of the all children for availing eligible health and nutrition services, follow-up of malnourished children, beneficiary visits to the dispensary, stakeholder meetings in the slums, meetings with malnourished children and 8th March Women's Day program, regular visits to malnourished children for follow up in the slums.

Summary of activities half yearly progress -1st April 2025 to 10th December 2025

Details of activities	No of activities completed	Description of the details
Training of field facilitators	2	Training was organised 2nd Dec 2024 and 12th September 2025 for Arogya Sathi to orient them about children growth monitoring and children anthropometry and growth chart, measuring the status of Malnutrition among the children, importance of follow up of children and how to improve community participation. In the 2nd training Resource person Ms. Shailaja Aralakar was invited to conduct the session.
Baseline survey	1	Baseline data was collected in mWater app. Based on the baseline data, (349 pregnant women and 567 0 to 3 years children were identified as a target beneficiaries. Process after Baseline- Home visits to all beneficiary women and children were done, where Arogya Sathis met to each of the beneficiaries (women and children) in the area. Specific to pregnant women follow ups were done regarding their service availability, their health conditions if any, high risk pregnancies, their health check ups, and for lactating women- their routine follow up and medicines availability, their health condition if any, any assistance if she required was asked. Every child were measured about its nutrition status and identified malnourished children were follow up in every 15 days to access their progress and council their parents.
Orientation workshop with various stakeholders	12	11 orientation workshops were organised at slum level to discuss health and nutrition service related issues. Total 138 people were participated including local ASHA, Anganwadi workers, ANM etc in the workshops and shared their views.

Details of activities	No of activities completed	Description of the details
		One orientation workshop was organised for Anganwadi workers in the Paschim bit of Pune city. Total 300 Anganwadi workers were presented for the workshop. Renowned Nutritionist Ms. Amita Gadre was shared here views and given incites to Anganwadi workers for improving their work with the Malnourished children.
Review & planning meetings	15	Fifteen meeting with Arogya Sathi's were conducted to review and planning the activities, taking updates on data, follow ups of ANC-PNC women & malnourished children.
Community-level awareness about health and nutrition services	450	Six types of community level awareness programs were conducted in the community. 1. Meetings with pregnant women, lactating mothers to give information about pregnancy related test, treatment, services available at the PMC hospitals, delivery points, ASHA's role in their service delivery. 2. Special meeting with parents of Malnourished children, about updating them for follow up, making "Bal-kopra" for children to improve their status 3. Special meetings for recipes demonstration for malnourished children. 4. Women's day Program in the occasion of 8th March, women's day. 5. Special meeting with Sambhanagar, one of the vulnerable community (Pardhi) stays in the slum and they were not ready for children vaccination. So to bring awareness about the importance of vaccination, SATHI along with local HWC-Vijayabai Shikre medical officer took a special meeting on 29th Nov 2024, where 60+ women and their children were presented. 6. Special meetings on demonstrating recipes to the parents for malnourished children were conducted.
Pune city Culmination	1	City level convention was organised for two days in 6 & 7 Nov 2025, where we showcase our impact of work through photo exhibition from the beneficiaries. Around 150+ people were presented for the program.
Dialogues with officials	24	Dialogue with ward medical officers to discuss the service delivery issues in the field-4 Visit to CDPO and Anganwadi supervisor to discuss the Anganwadi issues – 4 Visits to local health dispensaries and health and wellness centres to linking beneficiaries to the health system- 16
Awareness material including Module, Documentation etc	9	1. 'Tee chi Goshta- booklet' on women's Impact stories about the their experience after getting involved in the project.

Details of activities	No of activities completed	Description of the details
		2. Invitation for the program (Marathi & English) 3. Standee for the program (Marathi & English) 4. Banner for 2 programs 5. Film on Sambhanagar Vasti. 6. Flyer on urban health and nutrition services. 7. Arogya v Poshan Sapshidi 8. Growth chart -girl and boy 9. Chart to calculate SAM-MAM status.
Endline Survey and its findings	1	Based Endline survey findings and results, we have prepared the report. Key findings have shared in 'Teechi Goshta' and Malnutrition status updated in the report.





Community level awareness campaign









Visits and dialogue with officials



Photo Exhibition City level convention

3. A Critical Assessment of the Performance of the Employees' State Insurance Scheme in Maharashtra State- Azim Premji University as part of the Health Research Funding Programme 2023

The SATHI research team completed a comprehensive research study titled '**A Critical Assessment of the Performance of the Employees' State Insurance Scheme in Maharashtra**' and finalised the study report. This study assesses the scheme's performance and the challenges faced in Maharashtra focusing on seven districts: Mumbai, Pune, Solapur, Kolhapur, Nagpur, Aurangabad and Nasik, representing diverse geographical regions across the state. Data collection included qualitative interviews with key stakeholders (n=81), group interviews with workers (n=150), facility observations using a structured checklist (n=11 ESIS hospitals), and analysis of secondary data on ESIS utilization, budget expenditure, and geographical coverage in Maharashtra. The qualitative interviews involved a broad range of stakeholders, including state-level ESI officials, regional officials, workers' unions, employer associations, and doctors from ESIS hospitals.

State Level Consultation for Study Report Dissemination

The published study report was released in a dissemination programme organised on 17th April 2025 at YMCA, Mumbai in a state level consultation titled - 'Employees' State Insurance Scheme in Maharashtra: Critical assessment, national context and key recommendations'. During this programme a wide range of stakeholders related to ESI participated and contributed including – senior trade union leaders from diverse federations, representatives of associations of unorganised sector workers, senior state level ESI officials, national ESI board members, and public health experts and researchers who have engaged with the ESI scheme.

Main Sessions during the Consultation Were

- Presentation of key findings from the study with critical assessment of the performance of the ESIS in Maharashtra state
- Panel discussion on understanding the national scenario of ESIS
- Panel discussion on policy recommendations for improving the effectiveness of the ESIS

The study analysis examining ESI in Maharashtra was presented by **covering seven interrelated dimensions** – ESI scheme related policy and structures; budgets and finances; coverage and engagement of workers; involvement of employers; healthcare delivery by ESI facilities; outsourcing of healthcare services to private provides; and governance processes. This study has been pioneering in context of ESI in Maharashtra, since it sheds light on various critical issues and the comprehensive recommendations carry significant policy implications.

The study concludes with a **comprehensive set of recommendations** towards worker-centred transformation of the Employees' State Insurance (ESI) system in Maharashtra. These action points include stronger political commitment and a state-wide initiative to upgrade and expand ESI services, correcting the huge mismatch between contributions collected and funds spent on care. Substantial increases in funding should enable large-scale expansion and modernisation of hospitals, dispensaries, and staffing, while improving accountability and service quality. The recommendations emphasise democratic participation—through active roles for trade unions, worker committees, and social audits—to ensure transparency and responsiveness. ESI coverage should be extended to all eligible and informal workers, including contractual and scheme-based

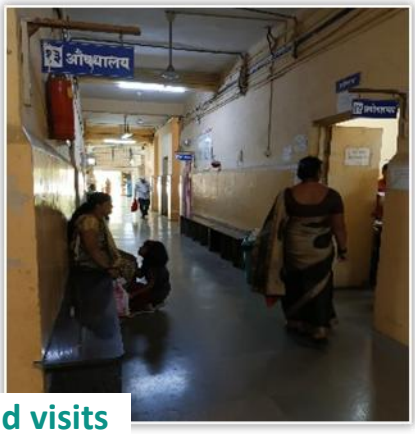
employees. Governance reforms are needed to overcome centre–state fragmentation and make the ESI Society more transparent. In essence, the agenda combines financial strengthening, infrastructural renewal, and participatory governance, so that workers can reclaim and democratise the ESI system as a genuinely universal and accountable programme, ensuring health and social security for all workers.

Follow up Activities done during May – June 2025

The initial period of the project was supposed to end in April 2025, but following the release of the report, it was felt that certain related follow up activities were required to enable some sustained impact of the study. These activities were conducted in a no-cost extension period of May – June 2025 and have included -

- Meeting with Commissioner, ESIS Maharashtra organised along with Trade union representatives on 5th May at ESI head office Mumbai, to discuss implementation of key recommendations emerging from SATHI's report.
- Translation of the Executive summary of ESI report into Marathi done along with making appropriate modifications, including addition of a section on ESI related workers entitlements. Based on collaborative work by the team, the Marathi ESI booklet was finalised and 500 copies published.
- Visits to Mumbai (18th June), Aurangabad (20th June) and Kolhapur (27th June) linked with organising well attended programmes along with trade unions, where the key points from report were presented, the Marathi ESI brief was disseminated to numerous trade union organisers and members (participants ranging from 50 to 100 in each event).
- Discussion was also held with trade union organisers in Pune city regarding organisation of dissemination event for ESI brief, tentatively this was planned on 19th June but had to be postponed due to a major religious procession on same date, to be organised later.
- Regular communications with ESI state officials and trade union organisers in various parts of Maharashtra, regarding reorganisation of ESI related committees and initiatives by workers to monitor ESI hospitals to ensure improved services.





ESI data collection field visits





ESI report release event

4. 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 - Mukul Madhav Foundation

Geographical Focus: 10 tribal habitations of Junnar Block, Pune District

1. Scope of the Current Intervention

The current project covers **10 habitations/villages** of Junnar block: **Anjanawale, Talechiwadi, Ghatghar, Jalwandi, Khadakumbe, Usaran, Chavand, Shiroli, Bhivade Budruk, and Bhivade Khurd.**

These habitations receive focused support through: Monthly anthropometry; Home-based follow-ups; Community nutrition campaigns; Training for frontline workers; Household-level nutrition promotion; Nutri-gardens and food diversity initiatives.

2. Key Components of the S-CAN Process

2.1 Community Consultations

Communities were engaged through regular meetings with mothers, caregivers, and frontline workers. These consultations focused on improving household nutrition practices, addressing service gaps, and ensuring awareness about ICDS entitlements, Amrut Aahar Yojana, and maternal/child health services.

2.2 Convergence from Below

Gav Poshan Gats were activated to bring together Anganwadi Workers (AWWs), ASHAs, VHNSC members, PRI members, and community volunteers. These platforms facilitated joint planning and follow-up for strengthening nutrition services.



ESI data collection field visits

2.3 Involvement of Frontline Workers

AWWs, ASHAs, and Poshan Sahelis actively collaborated to conduct anthropometry, provide counselling, and organise awareness sessions at the household and village levels.

3. Engagement with Government Officials

To ensure strong institutional support, the S-CAN team conducted: Regular meetings with BDO, THO, and CDPO, Junnar; Discussions with the Dy. CEO and CEO, Pune Zilla Parishad for administrative approvals; Coordination with the DHO for ASHA trainings on mother and child care; Planning meetings with AWWs and school teachers for community campaigns such as Hirvya Devachi Jatra and Poshan Maah activities. This high-level engagement ensured smooth implementation, government buy-in, and resource alignment.

4. Training and Capacity Building

A structured set of training sessions strengthened the capacity of frontline workers:

- Trainings for ASHAs and ANMs on maternal and child care, including cerebral palsy management
- Orientation programmes for Poshan Sahelis and Field Facilitators on nutrition, follow-up procedures, and project processes

- Two-day block-level training for AWWs, Poshan Sahelis, and Field Facilitators on the importance of the first 1000 days and community-led nutrition action

These capacity-building efforts ensured enhanced service delivery and better coordination at the village level.

5. Activities Conducted in the Intervention Villages

5.1 Monthly Anthropometry and Growth Monitoring

In all 10 villages, monthly growth monitoring was conducted for children under six. The first round covered **220 out of 280 children**, followed by a second round in September. A total of 8 rounds of anthropometry have been completed. This process involved measuring children's height and weight in the presence of parents and frontline workers.

Growth charts were explained to caregivers, helping them understand each child's nutritional status and the importance of timely action.

5.2 Follow-up of Undernourished Children

Intensive home visits were carried out for: **SAM children; MAM children; Severely Underweight (SUW)** and **Moderately Underweight (MUW)** children.

These visits addressed feeding practices, food diversity, hygiene behaviour, and referral to services when required.

During these visits, Poshan Sahelis, ASHAs, and AWWs jointly counselled families to improve dietary intake and ensure access to ICDS and health services.

5.3 Follow-up of Pregnant and Lactating Women

Pregnant women and breastfeeding mothers received regular follow-ups covering:

- Early ANC registration; Consumption of IFA tablets; Immunisation; Safe childbirth preparedness
- Exclusive breastfeeding and complementary feeding

Lactating mothers received detailed counselling on breastfeeding techniques, early initiation, exclusive breastfeeding for six months, and addressing common breastfeeding challenges.

5.4 Community-Based Nutrition Events (Hirvya Devachi Jatra & Poshan Maha Activity)

Special events were organised in multiple villages with strong community participation. Activities included:

Nutrition awareness sessions; Promotion of forest vegetables and locally available nutritious food; Recipe demonstrations such as sprouted bhel, poshan bhel, and poshan dahi-handi; Poshan Oti distribution for pregnant women; Involvement of PRI members, who pledged support for malnourished children. These traditional cultural events became platforms for raising awareness about nutrition.

5.5 Formation of Village Nutrition Groups

Nutrition groups were formed in all intervention villages. These groups facilitated:

- Peer learning among mothers
- Regular dialogue on nutrition practices
- Collective action to support malnourished children
- Monitoring of kitchen gardens and food corners

5.6 Establishment of Nutri-Gardens and Seed Banks

The project supported the establishment of 55 Nutri-Gardens in selected tribal habitations of Junnar to promote dietary diversity and household food security. Mothers, caregivers, community members, PRI representatives, school children, teachers, Anganwadi Workers, Field Facilitators and Poshan Sahelis participated in cultivating seasonal vegetables using local resources. The gardens promoted consumption of fresh, nutritious foods, local seed

preservation and exchange, and greater community ownership of nutrition and food security.

5.7 Development of Child Food Corners (Bal Kopara)

By March 2026, **31 Bal Koparas (Child Food Corners)** were established to improve complementary feeding and provide nutritious snacks to young children. Community members, caregivers, Anganwadi Workers and Poshan Sahelis supported their management and used them as spaces for nutrition education, recipe demonstrations and counselling on healthy feeding practices.

5.8 Recipe Demonstrations and Household Nutrition Promotion

Food demonstrations were conducted across all 10 villages. Mothers were taught to prepare: Low-cost nutritious recipes; Locally available food dishes; Complementary feeding options. These sessions helped families understand how to use local ingredients to improve children's daily diet.

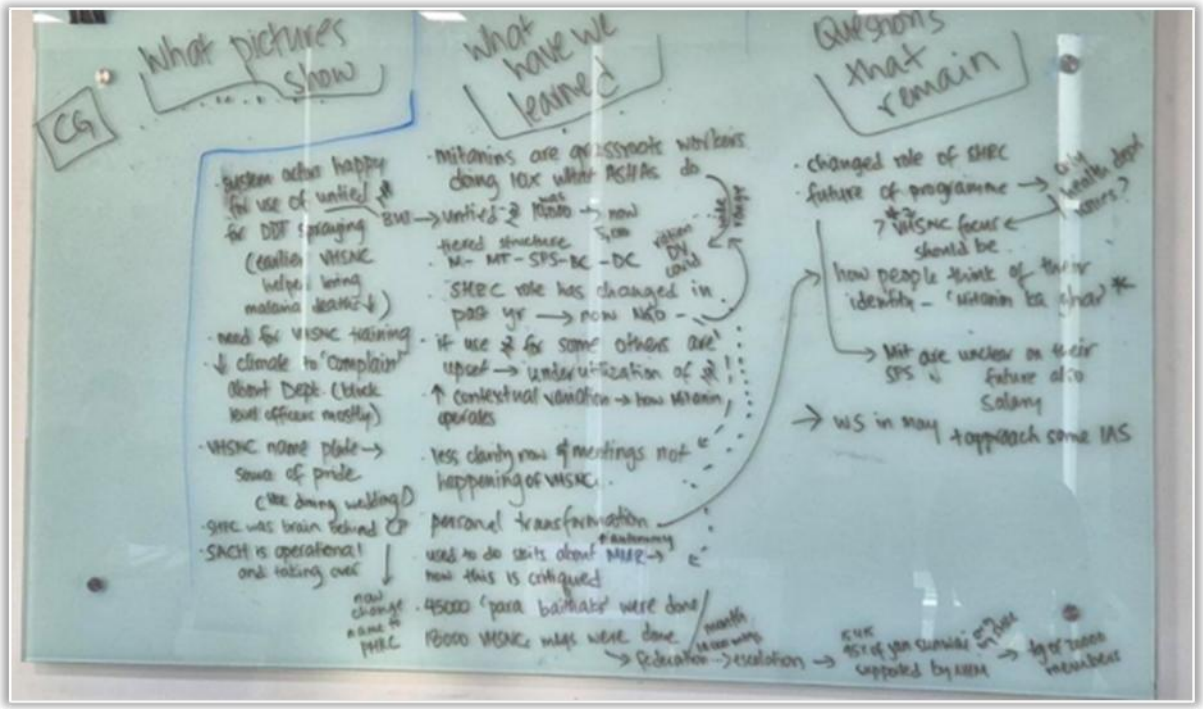
6. Outcomes

Improvement in Nutritional Status: Regular growth monitoring and community-based follow-up contributed to a clear reduction in acute malnutrition among children under six. From August 2025 to March 2026, SAM declined from 4.57% to 1.75% (61.71% reduction), while MAM declined from 21.00% to 16.23% (22.71% reduction). The proportion of children with normal Weight-for-Height increased from 74.43% to 82.02%. These improvements were supported by home-based counselling, strengthened ICDS and health-service linkages, community participation, and collaboration among AWWs, ASHAs and Poshan Sahelis.



5. Patang: Promoting Community Action for Health – A Co-Produced, Technology-Enabled Platform to Achieve National Goals - George Institute for Global Health





Key Activities Completed

Sr. No.	Activities	Details
1	Completion of Key Stakeholder List for Interviews	In the CBMP districts, representatives from DNN, BNN, PRI, and government officials were identified and listed for interviews.
2	Finalisation of Tools and Interview Notes in Marathi	For the Key Informant Interviews (KIIs), we actively participated in stakeholder-wise tool finalisation and preparation of interview notes in the local language (Marathi).
3	Interviews Completed	In collaboration with the PATANG team members and the SATHI team, we completed 24 interviews.
4	Contribution to Annual Reporting Requirements	As part of the PATANG consortium reporting process, we participated in various offline and online meetings organised by the George Institute.
5	Data Analysis Planning	▪ Prepared a framework for the data analysis component with the PATANG team after qualitative and quantitative data screening and cleaning by George Institute. ▪ Conducted analysis of interviews focusing on theorisation of low-intensity CBMP, gender, and CAH.
6	Data Story Development	Review of CBMP and CAH data was completed.
7	Participation in/Contribution to Co-production and Mid-range Theory Workshops	Participated in workshops organised by the PATANG team and contributed experiences and learnings from Maharashtra.
8	Participation in Platform Events	Participated in the PATANG Consortium Meeting held on 9–10 December 2025.

6. Improving Access to Healthcare and Nutrition for Katkari Communities in Mulshi Block, Pune District - Rohan Builders India Private Limited (RBIPL)

Background

The Community Action for Nutrition for PVTGs (PVTG-CAN) process is being implemented by SATHI, Pune, in collaboration with the ICDS Department, Department of Health, and Rohan Builders India Pvt. Ltd. (RBIPL). The intervention covers eight habitations/villages in Mulshi Block of Pune District: Sutarwadi (Kasar Amboli), Lawarde, Disli, Andeshe, Tamhini, Kolwan, Belawade and Mugaon. The programme is linked with HWC-PHCs at Mutha, Maale and Ambavane and their respective Sub-Centres. The intervention covers a total population of 4,954, including 1,159 Katkari community members, 314 children under six years of age and 152 Katkari children under six.

Project Overview

The project aims to strengthen community participation, improve access to health and nutrition services, and reduce undernutrition among Katkari and other vulnerable communities. During April 2025–March 2026, the project adopted a community-centred and systems-strengthening approach, working closely with Anganwadi Centres, Health and Wellness Centres, Primary Health Centres, VHSNCs, Gram Panchayats, frontline workers, community volunteers and Poshan Sobtins. The intervention focused on improving child nutrition, maternal and adolescent health, strengthening community institutions, and promoting effective convergence with government health and nutrition services.

Major Activities Undertaken

Strengthening Community-Based Nutrition Governance

The project strengthened community ownership through the formation and activation of Vasti-level Gav Poshan Gats (Village Nutrition Groups) across the intervention habitations. These groups brought together community members, mothers, Anganwadi Workers, ASHAs, Poshan Sobtins and PRI representatives to discuss child nutrition, identify vulnerable children, plan follow-up and promote convergence with ICDS and Health Department services. Five bi-monthly meetings were conducted from September 2025 onwards, providing a regular platform for community-led nutrition action.

Capacity Building of Frontline Workers

Training and review sessions were organised for Anganwadi Workers, ASHAs, Poshan Sobtins and Field Facilitators to strengthen skills in anthropometry, growth monitoring, complementary feeding, counselling and Behaviour Change Communication. Practical demonstrations, role plays and field-based exercises helped improve their confidence and effectiveness in supporting nutritionally vulnerable children and their caregivers.

Anthropometric Assessment and Growth Monitoring

Regular anthropometric assessment remained a core component of the intervention. Eleven rounds of assessments were completed across all intervention habitations, beginning with baseline information from AWC records collected in November 2024. Weight, height and MUAC measurements were used to identify SAM, MAM, SUW, MUW and growth faltering and to track individual child progress. Active participation of AWWs, Poshan Sobtins and caregivers strengthened community involvement in growth monitoring and enabled timely follow-up of children at nutritional risk.

Home-Based Follow-up and Nutrition Counselling

Regular home visits were conducted for undernourished children, pregnant women and lactating mothers. Caregivers received counselling on age-appropriate complementary feeding, dietary

diversity, breastfeeding, hygiene, immunisation and utilisation of ICDS and health services. Pregnant and lactating women were counselled on balanced diets, IFA and calcium supplementation, ANC/PNC, institutional delivery and optimal breastfeeding. These personalised interactions helped address misconceptions, identify risks early and strengthen household-level nutrition and health practices.

Monthly Nutrition Education Sessions for Mothers and Caregivers

Monthly nutrition education sessions were conducted using interactive and culturally appropriate flipbooks. Sessions covered exclusive breastfeeding, timely initiation of complementary feeding, dietary diversity, responsive feeding, hygiene and safe food practices. The sessions provided opportunities for caregivers to discuss concerns, clarify misconceptions and learn practical approaches to improving child feeding and care.

Community Nutrition Awareness and Adolescent Health

Community awareness activities promoted healthy feeding, dietary diversity, hygiene and child care. Adolescent girls from the Katkari community were engaged through health and nutrition awareness sessions focusing on anaemia prevention, menstrual hygiene, iron-rich foods, IFA consumption and regular health check-ups. Of 169 adolescent girls identified, 67 belonged to tribal communities and 40 underwent anthropometric assessment.

Promotion of Nutri-Gardens and Child Food Corners

The project promoted community and Anganwadi-level Nutri-Gardens to improve access to locally available nutritious foods. Thirty-eight Nutri-Gardens were developed, with communities encouraged to cultivate seasonal vegetables using local resources. Bal Koparas (Child Food Corners) were also promoted as demonstration spaces for nutritious, low-cost recipes and complementary feeding practices.

Hirvya Devachi Jatra – Community Nutrition Awareness Campaign

During Poshan Maah in September–October 2025, Hirvya Devachi Jatra was organised across all intervention villages. Each event involved approximately 25–35 community members, including mothers, pregnant and lactating women, children, AWWs and local leaders. Traditional nutritious recipes prepared with locally available ingredients were demonstrated, along with awareness on child nutrition, breastfeeding, complementary feeding, balanced diets and anaemia prevention.

Coordination Meetings with the Child Development Project Officer (CDPO)

Regular coordination meetings with the CDPO were conducted to review project progress, discuss children's nutritional status, address implementation challenges and strengthen convergence with ICDS. These interactions supported joint planning and improved coordination between the project team and government functionaries.

Health Department Engagement under the CAN-PVTG Process

Continuous engagement with the Health Department supported timely action on health concerns, particularly scabies. Screening and treatment were undertaken through the RBSK team, including door-to-door screening in Kolwan. Children identified with scabies received treatment and families were counselled on hygiene, treatment compliance and prevention of transmission.

Health Check-up Camps and Breastfeeding Week Awareness Programmes

Health check-up camps were organised at Tamhini and Kolwan in November–December 2025 for Anganwadi children and adolescent Katkari girls and boys, with a focus on scabies screening and prevention. During World Breastfeeding Week in August 2025, awareness programmes were organised in Mugav, Belawade and Sutarwadi to promote early initiation and exclusive breastfeeding, continued breastfeeding, maternal nutrition and appropriate complementary feeding.

Jan Arogya Samiti Workshop

A Jan Arogya Samiti workshop was organised on 9 **January 2026 at Mutha PHC** to strengthen community participation in local health governance. Health functionaries, Gram Panchayat representatives, tribal community members and SATHI and Rohan Federation representatives participated. The workshop focused on the roles of JAS members, community monitoring, health planning and collaborative resolution of local health and nutrition issues..

Impact and Results

The CAN-PVTG project demonstrated encouraging progress in child nutrition, community participation and access to health and nutrition services during April 2025–March 2026. Continuous engagement by Poshan Sobtins, Field Facilitators, AWWs and ASHAs increased caregivers' participation in growth monitoring and improved their understanding of children's nutritional status and feeding practices.

Improvement in Nutritional Status

Among 128 Katkari children with comparable Weight-for-Age data, 9 children improved from MUW to Normal and 4 improved from SUW to MUW, resulting in 13 children showing improvement. Among 120 Katkari children with comparable Weight-for-Height data, 14 children improved from MAM to Normal and 3 recovered from SAM to MAM, resulting in 17 children moving to a better nutritional category. Overall, nearly 80% of enrolled Scheduled Tribe children were successfully followed up despite challenges such as migration and irregular Anganwadi attendance. Among 152 Scheduled Tribe children assessed, 14.2% improved in nutritional grade compared with 6.7% who deteriorated. Importantly, 17 of the 23 children showing improvement belonged to the Scheduled Tribe community.

Strengthened Community Participation

Community participation increased through Gav Poshan Gats, mothers' groups, VHSNCs, Poshan Sobtins and Gram Panchayats. Caregivers increasingly participated in monthly growth monitoring, discussed children's nutritional progress and adopted recommended feeding practices. These platforms strengthened community ownership and accountability for nutrition.

Improved Capacity of Frontline Workers

Training, supportive supervision and regular review meetings strengthened the capacity of AWWs, ASHAs, Poshan Sobtins and Field Facilitators in anthropometry, counselling, growth monitoring, Behaviour Change Communication and referrals. Improved coordination among frontline workers contributed to better household follow-up and convergence between ICDS and Health Department services.






7. Consolidating Community Action for Nutrition: Enhancing Health and Well-being of Young Children and Families of Katkari Community in Mulshi Block, Pune District- Sudarshan Chemicals Industries Ltd.

1. Introduction

The Consolidating Community Action for Nutrition – Particularly Vulnerable Tribal Groups (C-CAN-PVTG) project, supported by Sudarshan Chemical Industries Ltd. and implemented by SATHI (Support for Advocacy and Training to Health Initiatives), is being carried out in eight Katkari habitations of Mulshi Block, Pune District: Mohalnagar–Ambarwet, Gadadavane, Kalamshet, Paud, Kondhur, Jatede, Dawje and Aandgaon. The project aims to strengthen community-led action on nutrition, improve the nutritional status of children under six, enhance maternal and adolescent health, and improve access to essential health and nutrition services among the Katkari community. The intervention adopts a participatory and systems-strengthening approach, with Poshan Didis and Field Facilitators working closely with Anganwadi Workers, ASHAs, ICDS, Health Department, Panchayati Raj Institutions and community members. During the reporting period, the project focused on establishing a strong community and institutional foundation through mobilisation, household counselling, growth monitoring, nutrition awareness and improved convergence with government services.

2. Project Overview

The project focuses primarily on Katkari households, particularly children under six years, pregnant women, lactating mothers, adolescent girls and caregivers. It combines community mobilisation, regular anthropometric assessment, household-level counselling, behaviour change communication, promotion of locally available nutritious foods and strengthening of government service delivery systems. The active involvement of Poshan Didis, AWWs, ASHAs, PRI representatives and community volunteers has been central to the intervention and has helped create stronger linkages between vulnerable families and public health and nutrition services.

3. Major Activities Undertaken

3.1 Administrative Preparations and Stakeholder Engagement

The project began with completion of administrative processes, finalisation of the MoU with Sudarshan Chemical Industries Ltd., and consultations with ICDS and Health Department officials. Field visits and community assessments were undertaken across 19 potential villages, following which eight Katkari habitations were selected for intervention. Consultations with the Taluka Health Officer, CDPO, AWWs, ASHAs, school teachers and PRI representatives helped establish coordination mechanisms and clarify roles for effective implementation.

3.2 Community Mobilisation and Selection of Poshan Didis

Community mobilisation was undertaken across all eight habitations to introduce the project, build trust and encourage participation in nutrition and health activities. A key achievement was the selection of seven Poshan Didis from the Katkari community. These community-based nutrition champions support household visits, growth monitoring, counselling, referrals and community awareness activities, thereby strengthening community ownership and communication between families and frontline service providers.

3.3 Capacity Building and Strengthening Frontline Systems

Orientation and mentoring sessions were conducted for Poshan Didis and frontline workers on child growth monitoring, nutrition counselling, maternal and child health, government schemes and Behaviour Change Communication. Regular coordination meetings with AWWs, ASHAs, ICDS and Health Department officials supported joint planning, review of children's nutritional

status and coordinated follow-up of vulnerable beneficiaries.

3.4 Household Visits, Growth Monitoring and Nutrition Counselling

Regular household visits were undertaken for children under six, pregnant women and lactating mothers. Caregivers were counselled on breastfeeding, complementary feeding, dietary diversity, hygiene, immunisation and utilisation of government services. Anthropometric assessments helped identify SAM, MAM, SUW, MUW and growth faltering, enabling timely follow-up, personalised counselling and referrals. These regular interactions also helped improve caregivers' understanding of child growth and nutrition.

3.5 Monthly Meetings with Pregnant and Lactating Women

Monthly meetings provided women with information on early pregnancy registration, ANC/PNC, Td vaccination, anaemia prevention, balanced diets, IFA supplementation, exclusive breastfeeding and harmful practices during pregnancy. The sessions also provided a safe platform for women to discuss concerns, address food-related myths and receive practical guidance from frontline workers.

3.6 Home Visits and Counselling for Lactating Mothers



Poshan Didis and Field Facilitators conducted regular home visits to lactating mothers, focusing on early initiation and exclusive breastfeeding, immunisation, timely complementary feeding and utilisation of supplementary nutrition services through Anganwadi Centres. Individual counselling enabled mothers to receive practical advice suited to their specific needs and strengthened healthy infant-feeding practices.

3.7 Nutrition Awareness through Hirvya Devachi Jatra



As part of Poshan Maah**, Hirvya Devachi Jatra** was organised across the intervention villages. Pregnant and lactating women, adolescent girls, children, parents, AWWs, PRI representatives, teachers and community leaders participated. Nutrition exhibitions, traditional food demonstrations, discussions on breastfeeding, complementary feeding, anaemia prevention and balanced diets were conducted. The Nutrition Gudhi and preparation of locally available nutritious foods, including sprout bhel, generated community interest and promoted healthier dietary practices, particularly during the first 1,000 days.

3.8 Promotion of Nutri-Gardens

The project promoted household Nutri-Gardens to improve dietary diversity and household food security. Families were encouraged to cultivate seasonal vegetables using available household spaces and local resources. **A total of 31 Nutri-Gardens were established across all intervention villages,** providing greater access to fresh, locally grown vegetables and contributing to improved dietary diversity and micronutrient intake.

3.9 International Women's Day Celebration and Nutrition Workshop for Anganwadi Workers

On 18 March 2026, the project organised an International Women's Day felicitation programme and nutrition workshop for **173 Anganwadi Workers from Mulshi Block**. Senior officials from the administration, ICDS, Health Department, Panchayat Samiti, Zilla Parishad and Sudarshan Chemical Industries Ltd. participated. The programme recognised the contribution of AWWs

and included technical sessions on child nutrition, growth monitoring, IYCF, maternal nutrition and community-based approaches to preventing malnutrition. The event also provided an opportunity for frontline workers to share experiences and discuss field-level challenges.

3.10 Response to Scabies and Preventive Health Planning

The project strengthened coordination with the Public Health Department in response to increasing scabies cases. Consultations with PHC Male and the RBSK team focused on screening, treatment, referral and prevention. A health screening camp was subsequently organised at Kalamshet, covering children under six and school students. The RBSK team provided medical advice and referrals and counselled children, parents and teachers on personal hygiene, treatment compliance, cleanliness of clothes and bedding, and prevention of transmission.

4. Results and Impact

The project has established a strong foundation for community-led nutrition action among the Katkari community. Increasing participation in village meetings, growth monitoring, nutrition awareness activities and household counselling indicates growing community ownership. Regular engagement by Poshan Didis, Field Facilitators, AWWs and ASHAs has improved communication between families and service providers and strengthened access to ICDS and Health Department services. The project has also contributed to improved awareness of breastfeeding, complementary feeding, dietary diversity, maternal nutrition and locally available nutritious foods.



5. Improvement in Nutritional Status

Comparison of anthropometric assessments between **December 2025 (n=103) and March 2026 (n=113)** showed encouraging improvement. The prevalence of **MAM declined from 11.9% to 3.5%, representing a 70.59% reduction**, while the proportion of children with normal Weight-for-Height increased from **86.1% to 93.8%,** an improvement of 8.21%. The prevalence of MUW also declined substantially from **26.3% to 14.5%, a 44.87% reduction**, while normal Weight-for-Age increased from 71.1% to 83.1%. SUW declined marginally from 2.6% to 2.4%. However, SAM increased slightly from 2.0% to 2.7%, highlighting the need for continued intensive follow-up, timely referral and targeted management of severely malnourished children. Overall, the findings indicate that regular growth monitoring, home-based counselling, improved feeding practices and strengthened service linkages have contributed to positive nutritional changes.

6. Challenges

The project faced challenges including scattered settlements, limited awareness of nutrition and health services, irregular utilisation of government services and seasonal livelihood-related migration among Katkari families. These factors affected regular participation in growth monitoring and continuity of follow-up in some habitations. Continuous household visits, community meetings and close coordination with AWWs, ASHAs, PRI representatives and government officials helped address these barriers. Sustained engagement and the increasing participation of families and local institutions indicate positive progress towards establishing a stronger and more sustainable community-led nutrition movement.



8. Healthy Mothers and Children: A Tribal Health Initiative for Lasting Change in Dhadgaon Block of Nandurbar District, Maharashtra- Praj Foundation

1. Project Overview

The Healthy Mothers and Children initiative is being implemented by Anusandhan trust SATHI in collaboration with the ICDS Department, Department of Health, and Praj Foundation across 20 habitations/villages of Dhadgaon block. The project aims to improve maternal and child health outcomes by strengthening antenatal and postnatal care, nutrition access, institutional deliveries, child growth monitoring and community-based health and nutrition practices, while developing a replicable model for tribal areas.

The intervention currently covers 524 children aged 0–3 years, 88 pregnant women and 91 lactating mothers across the intervention villages, supported by HWCs/PHCs at Rajbardi, Bilgaon and Son.

2. Key Activities and Achievements

- Community mobilisation and convergence: Village selection and stakeholder consultations were completed, followed by engagement with District and Block officials, AWWs, ASHAs, PRI members and health staff. District-level support was secured and a roadmap for capacity building was developed.
- Capacity building: A two-day workshop for Aarogya Sathis and field facilitators was held on 30–31 October 2025. A block-level orientation for AWWs, ASHAs and Aarogya Sathis was conducted on 26–27 February 2026, covering malnutrition, anthropometry, pneumonia, anaemia, IYCF and the first 1,000 days.
- VHSND participation: Aarogya Sathis participated in VHSNDs across intervention villages, supporting community mobilisation, immunisation, growth monitoring, ANC/PNC counselling, documentation and coordination with frontline workers.
- Community awareness: During November–December, 42 village-level meetings were conducted, including awareness sessions and community growth-chart discussions; 189 mothers received counselling on breastfeeding. From January–March, 65 village meetings included demonstrations of 10 locally appropriate nutritious recipes, 51 group education sessions and 75 sessions using flipcharts/communication tools. Around 324 women received IYCF counselling and 48 community growth-chart sessions were conducted.
- Home-based counselling: Regular visits to pregnant and lactating women addressed dietary diversity, IFA and calcium consumption, ANC/PNC, rest, institutional delivery preparedness and breastfeeding. Targeted home visits were also undertaken for children with SAM, MAM, SUW, MUW and growth faltering.



- Nutrition initiatives: 38 household Nutri-Gardens and 25 Child Food Corners (Bal Kopara) were established to improve access to locally available nutritious foods and strengthen feeding practices.

3. Growth Monitoring and Referral

Anthropometry training was conducted in December 2025 and weighing scales were distributed to intervention villages. Four rounds of anthropometric assessment were completed between December 2025 and March 2026. In March, 417 children were assessed for weight-for-age: 148 (35.5%) were MUW, 77 (18.5%) SUW and 192 (46.0%) normal. For wasting, 408 children were assessed using WHZ: 68 (16.7%) MAM, 20 (4.9%) SAM and 320 (78.4%) normal.

Children identified with severe undernutrition or illness were referred to PHCs/NRCs. During the period, children and pregnant/lactating women were referred for treatment, sonography, anaemia management and institutional delivery. Three children were admitted to NRC and showed positive improvement after treatment and follow-up.

4. Strengthening Health System Dialogue

PHC-level dialogues were conducted at Bilgaon and Rajbardi on 12 March 2026 and Son on 13 March 2026, bringing together health officials, frontline workers and community representatives. Discussions focused on improving maternal and child health services, data quality, referral systems, migrant population tracking and interdepartmental coordination.

Key issues identified included missed or delayed services for migrant pregnant women and children, gaps in immunisation and birth registration, discrepancies in anthropometric records, irregular frontline-worker participation, faulty weighing equipment, shortages of medicines and diagnostics, interruptions in supplementary nutrition, inadequate water supply at some sub-centres, infrastructure gaps and constraints affecting ambulance/referral services. The dialogues helped identify actions for follow-up at block, district and state levels.

5. Key Outcomes / Emerging Changes

- Increased community engagement through Mata Baithaks, village meetings and VHSND participation.
- Improved identification and follow-up of children with undernutrition and growth faltering through regular anthropometry and home visits.
- Strengthened counselling on breastfeeding, complementary feeding, dietary diversity, maternal nutrition and health-seeking behaviour.
- Increased linkages between vulnerable children/pregnant women and health facilities through referrals.
- Strengthened collaboration among Aarogya Sathis, AWWs, ASHAs, ANMs, health officials and ICDS functionaries.
- Household-level nutrition promotion strengthened through Nutri-Gardens and Child Food Corners.

5. Illustrative Case Stories

Malnutrition and recovery: Vivek Pawara, an 8-month-old child, was identified with SAM during a home visit. Following counselling, the family agreed to NRC admission. After 14 days of treatment and continued community follow-up, the child improved from SAM to normal nutritional status.

Immunisation and health-seeking behaviour: During an immunisation session at Achpa Baripada, a child who had received no vaccinations was identified. Counselling by frontline workers helped the family accept vaccination, and the child received BCG. In another case, counselling encouraged the family of an unwell child to seek treatment at Son PHC.

Timely support for twin infants: A mother of twins was identified as feeding sugar water because of difficulty meeting feeding needs. The issue was escalated through the health system; the THO and Medical Officer intervened, provided counselling and arranged milk-powder support, demonstrating the value of timely identification and interdepartmental coordination.





9. Caring about the Rights of Healers – Analysing Human Rights Violations Related to Frontline Doctors in India- NHRC

Background

This study, titled Caring about the Rights of Healers – Analysing Human Rights Violations related to Frontline Doctors in India, was conducted by Anusandhan Trust–SATHI with support from the National Human Rights Commission (NHRC) during the period August 2024–August 2025. The study has documented and analysed systemic challenges faced by resident doctors and frontline health staff in public medical institutions. The study combined both qualitative and quantitative methods.

The project aimed to document rights-related issues faced by frontline doctors, with specific focus on working conditions, occupational hazards, discrimination, violence, and institutional responses. The methodology included literature review, institutional visits, qualitative interviews, an online survey, and secondary data review on legal mechanisms. As part of the study, in-depth interviews were conducted with 50 informants drawn from various categories of stakeholders, and the online structured survey provided responses from 215 resident doctors. These informants were drawn from the six sample states - Maharashtra, Delhi, Tamil Nadu, West Bengal, Punjab and Assam.

Based on field visits were carried out in all six states, 50 qualitative interviews were completed with resident doctors, faculty, and institutional heads. The online survey was also completed, reaching 215 responses from resident doctors.

During the period April to August 2025, analysis and report writing were carried out based on data collected in the earlier period. This included the following activities

- Interviews were transcribed, coded, and analysed using relevant software.
- Survey data was compiled and quantitatively analysed.
- Findings were integrated across data sources.
- The draft structure of the report was developed, and writing progressed from June through August 2025, culminating in submission of the final report to NHRC at the end of August 2025.

Key Sections of the Study Report

Key thematic findings (analysed through coding) have been organised into these sections:

Workload and infrastructural facilities; Working environment and occupational hazards; Hierarchical work culture; Violence against doctors and staff; Sexual harassment and caste/identity-based discrimination; Stress and mental health issues; Role of Resident doctors' associations.

The study highlighted systemic violations of human rights of resident doctors in medical college settings, shaped by work overload, inadequate facilities, entrenched hierarchies, and weak protective mechanisms. These were often found to be symptoms of deeper structural problems.

Recommendations

The report has proposed **immediate steps (within one year)** such as better infrastructure, ensuring rest periods, grievance redressal, confidential reporting of harassment, and institutional support for mental health.

This is followed by recommendation of **medium-term systemic reforms (1–3 years)** including comprehensive Human Resource policies, stronger legal protections, institutional reforms to address hierarchy, and increased space for Resident doctors' associations.

10. Building Resilient Communities for Sustainable Post-Pandemic Recovery: Strengthening Access to Healthcare and Schemes in Maharashtra and Bihar, and widening discourse on Patients' Rights in the Private Health Sector- Association for India's Development (AID)

Geographies: Maharashtra (Pune, Solapur, Nashik) & Bihar (Saharsa, Katihar and Araria districts)

Executive Summary

Pandemic in many ways re-exposed and exacerbated traditional fault lines in India's public health sector. There was a need to reimagine how communities can regain trust in the public health system, and strategise community actions that improve access to health services, enhances community's collective voice, and optimally utilise and occupy state mandated participatory forums (like MAS). Focussing on central theme of post-pandemic recovery, between January and September 2025, SATHI's work in Maharashtra and Bihar resulted in positive impact across four key components of the program—urban health intervention, patient rights and helpline, the Health Narrative Lab, and the SAHAR initiative in Bihar. Though few significant challenges are still unresolved, it can certainly claimed that project activities collectively deepened community engagement, improved service utilisation, and widened the public discourse on patient rights.

Snippets of Key Achievements are as Follows

A. In the state of Maharashtra

- Supported by SATHI facilitators and strong municipal mandate over 130 Mahila Arogya Samitis (MAS) were reactivated[1] across 21 Urban Primary Health Centres (UPHCs) in three cities in Maharashtra.
- More than 750 MAS members benefited from capacity-building workshops, and around 350 community-level meetings were held.
- Through these efforts, over 100 health-related issues—spanning sanitation, maternal and child health, and social entitlements—were identified, actively pursued, and largely resolved, with only a few cases remaining pending.
- Within the last six months, 806 patients have shifted from private to public healthcare facilities. All patients now regularly collect their blood pressure and diabetes medicines from government centres. This has directly reduced out-of-pocket expenditure reinforced public trust in state systems.
- SATHI's efforts to promote patient literacy and rights through workshops across Maharashtra (Mumbai, Nashik, Solapur, Ratnagiri, Sindhudurg) have led to the formation of local patient forums and constructive dialogues with private hospitals and medical associations.
- The Patient Support Helpline, functioning as a lifeline for the most vulnerable, handled over 300 calls, enabling cost savings of more than ₹ 46 lakh by facilitating access to public schemes and charity provisions.

[1] By *reactivation*, we refer to SATHI's facilitation of previously non-functional Mahila Arogya Samitis (MAS) that existed only on paper but had no actual activity. Following SATHI's intervention, these committees were revived and became operational, leading to the transfer of funds from the state government into their respective MAS accounts.

- **SATHI Health Narrative Lab (SHNL)**
  - Produced six short video stories portraying the struggles and resilience of Scheduled Tribes, nomadic groups, migrant workers, and urban poor families trapped in cycles of medical debt and exclusion.
  - Developing a 12-profile photo-story album *"Birth Burden"*, capturing women's experiences of pregnancy and childbirth their expectations, fears, and acts of quiet courage.
  - Disseminating narratives through public exhibitions, digital media, and advocacy forums, bridging policy dialogue with people's lived realities.

B. In the State of Bihar

- SATHI's collaborative project with Jan Jagran Shakti Sanghthan- SAHAR- led to the following achievements-
- 20 Swasthya Sathis (SS) and three coordinators trained through workshops and exposure visits, building confidence to challenge service denial, advocate for rights, and promote scientific health practices.

Helpline Beneficiary Testimonies: Voices of Relief and Justice (Names are withheld for anonymity)

Restoring Hope in Cancer Care – Patient A, Pune

When *Patient A* was admitted to a private hospital in Pune for cancer treatment, he was informed that the facility was not empanelled under the MJPJAY scheme and that charity assistance was unavailable. Guided by the helpline, he approached the hospital's charity department, the Charity Commissioner, and the Chief Minister's Relief Fund (CMRF). As a result, he received medicines worth ₹7,000 for only ₹700 and later secured ₹1.75 lakh from CMRF along with ₹18,000 for lab tests—significantly reducing his treatment costs and restoring his faith in public support mechanisms.

A Free Surgery through Awareness – Caller B, Beed

Caller B sought guidance for a hernia operation estimated at ₹1.25 lakh. He was informed about the Mahatma Phule Jan Arogya Yojana (MPJAY) and advised to seek treatment at the District Hospital. The surgery was successfully conducted free of cost under MPJAY, saving the patient the full expense.

Fighting Exploitation in Cardiac Care – Caller C, Pune

When a relative of *Caller C* was asked to pay ₹4 lakh for a heart surgery at a private hospital, she contacted the helpline. She was guided to approach the hospital's Aarogya Mitra under MPJAY. With timely support, the family accessed full scheme benefits, saving ₹4 lakh and ensuring fair treatment.

Dignity in Grief – Caller D, Mumbai

Caller D reached out for a young girl admitted to a Mumbai hospital with bills exceeding ₹7 lakh. The helpline facilitated partial coverage through MJPJAY and guided coordination with hospital staff. Sadly, the patient passed away, but due to the intervention, the hospital waived outstanding charges, saving ₹6.2 lakh and allowing the family to conduct the final rites with dignity.

A. SAHAR (Strengthening Access to Healthcare and Raising Awareness on Health Rights) – Bihar

Impact Highlights

- Health system accountability improved: In Khervanna, women's collective action reduced overcharging for medical case papers from ₹ 10 to ₹ 2.
- Safe delivery ensured: Persistent advocacy by an SS prevented denial of maternal care and enabled a successful, normal delivery.
- Recognition and agency: Swasthya Saathis are now acknowledged as village-level health representatives, leading Independence Day events and speaking publicly on health rights and accountability.

Result

The SAHAR programme is nurturing a new cadre of grassroots women health leaders who combine scientific understanding, social courage, and rights-based advocacy to drive equitable change in Bihar's public health system.

Testimonies of Change- A Small Fight, A Big Step for Justice – Munni Devi's Story

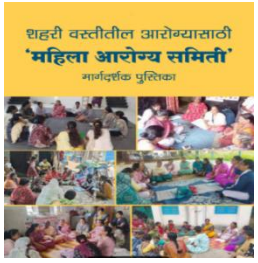
At the Primary Health Centre near Khervanna village, patients were being overcharged ₹10 for a case paper that officially cost ₹2. When Swasthya Sathi Munni Devi raised this in a women's meeting, she and ten women from Ramghat Panchayat visited the PHC to demand answers. Confronted by officials who justified the excess charge as "travel expenses," the women stood united and insisted on accountability. Their persistence worked—the centre now follows the official ₹5 rate, a small but powerful example of collective action.

Challenges

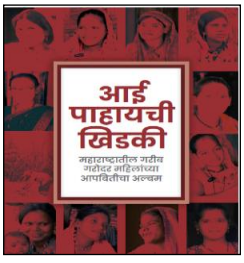
Key challenges in implementing the **SAHAR programme** emerged at both institutional and community levels. At the policy level, rural health facilities often lacked accountability mechanisms and were reluctant to respond to written complaints, reflecting weak enforcement of service guarantees. Limited coordination between health, ICDS, and water departments further constrained systemic response. Community-level challenges included low literacy, entrenched gender hierarchies, and the persistence of superstitions, all of which slowed behavioural change. Women volunteers faced social resistance when questioning officials or discouraging quack practices. Sustaining motivation among Swasthya Saathis in remote villages also required ongoing mentoring and material support. Despite these barriers, their collective courage and scientific temper have begun reshaping rural health accountability in Bihar.

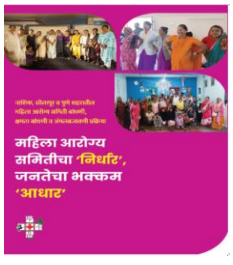
B. Publications during 2025

1. Booklet on Mahila Arogya Samiti
2. Pocket card for Patients literacy – Hindi and Marathi
3. Aai pahaychi Khidaki
4. Flyer on MAS work in 2025
5. Helpline sticker poster
6. Prepared content simplified material on govt. health schemes for the general public, titled 'Kalji Nasavi'









11. Improving Maternal Health and Nutritional Services through Multistakeholder Engagement in Selected Urban Settlements of Pimpri Chinchwad Municipal Corporation (PCMC) Area- Yardi India Software CSR



Introduction

Pimpri-Chinchwad's urban settlements have large migrant and labour populations living in vulnerable conditions, with pregnant and lactating women and children under three particularly at risk of malnutrition, anaemia and limited access to health services. Supported by the Yardi Foundation since July 2025, the project "Improving Maternal Health and Nutritional Services through Multi-Stakeholder Engagement in PCMC" is implemented across 20 Anganwadi Centres in collaboration with ICDS and the PCMC Health Department. The project strengthens services through capacity-building of frontline workers, Mahila Arogya Samiti (MAS) activation, community-based education, anthropometric assessment, awareness and household counselling, with a focus on identifying vulnerable beneficiaries, improving service utilisation and strengthening follow-up. Overall, the project aims to strengthen government–community systems and improve maternal, child health and nutrition outcomes among vulnerable urban communities.

Community and Institutional Engagements

Vasti Visits

Visits to Vidya Nagar, Ram Nagar, Datta Nagar, Ajntha Nagar, Bhim Nagar, Ramabai Nagar and Vetal Nagar were conducted to assess community needs, identify nutrition gaps, review Anganwadi services, and build rapport with mothers, caregivers and children

UMANG Volunteer Selection

Five community-based UMANG volunteers were selected to support vasti-level interventions.

Engagement with ICDS Officials



Regular meetings with CDPOs, ICDS supervisors and other officials supported project approval, planning and coordination. Key meetings were held in August and September 2025 to facilitate implementation in PCMC.

Meetings with PCMC Health Officials and CSR Representatives

A joint meeting with PCMC health, social welfare and CSR representatives in July 2025 discussed implementation and secured support for strengthening Mahila Arogya Samitis (MAS).

Vasti and Anganwadi Selection

Through these consultations, 20 Anganwadi Centres were selected across diverse settlements, including Mahatma Phule Nagar and Nehru Nagar, Landewadi, Vitthal Nagar and Mahatma Phule Nagar Patra-shed, Vitthal Nagar SRA, and Baudh Nagar.

Stakeholder Meetings and Coordination

- **Health Officials:** Meeting with PCMC health officials on 13 November 2025 focused on strengthening inactive MAS, ASHA/ANM orientation, and planning settlement-level health camps with YCM Hospital support.
- **Anganwadi Workers:** Orientation of 20 Anganwadi workers on 8 October 2025 covered project objectives, implementation and beneficiaries, with ICDS assuring continued support.
- **CDPO & Supervisors:** Review meetings during January–March 2026 strengthened follow-up of undernourished children, joint anthropometric assessments and CBE sessions across 20 AWCs.
- **ASHA & MAS Coordinators:** Orientations and review meetings strengthened MAS functioning, revived inactive committees, addressed implementation gaps and improved coordination among ASHA, MAS coordinators and UMANG Arogya Sathi**.**



Field Activities and Outreach

- **Poshan Maah:** Nutrition sessions were conducted across 10 AWCs, focusing on the first 1,000 days, maternal nutrition and complementary feeding.
- **Capacity Building**: Training was provided to 20 AWWs by SATHI and around 400 AWWs and 10 Supervisors through ICDS-supported sessions on nutrition, anthropometry and growth monitoring.
- **Community-Based Education (CBE):** Monthly CBE sessions across selected AWCs promoted growth monitoring, healthy diets, safe water and reduction of junk food consumption.
- **UMANG Refresher Training:** A two-day training strengthened UMANG workers' skills in counselling and follow-up of undernourished children.
- **Nutrition Awareness Campaign**: The "Poshan Oti" campaign reached beneficiaries across all 20 AWCs, promoting maternal nutrition and anaemia prevention, while "Poshan Bhel" demonstrations encouraged healthier child diets.
- **MAS Capacity Building**: A workshop engaged 80+ MAS members, chairpersons and ASHAs on community participation, health services and ANC/PNC support.
- **Anthropometry & Follow-up**: Among 707 children under three, measurements were completed for 626 children, identifying undernutrition requiring targeted follow-up and support.



- **Improved Nutrition Status**: 62 children improved in weight-for-age and 31 improved in weight-for-height, reflecting the contribution of counselling and follow-up.
- **Vasti-Level Samvad Melava**: A community dialogue brought together 120+ Anganwadi workers and community members, along with ICDS, health, PCMC and other

stakeholders, to strengthen convergence and community action on maternal and child health and nutrition.

Positive Case Stories

The intervention has led to notable improvements in service delivery, frontline worker engagement, and community-level health and nutrition practices:

- Increased participation and cooperation of Anganwadi workers
- Improved and regular updating of Anganwadi registers
- Increased coverage of anthropometric measurements (from 536 to 601 children)
- Initiation of Community-Based Events (CBE) at the field level
- Registration of 15 children and newly identified pregnant women at Anganwadi centres
- Strengthened follow-up of children and pregnant women with incomplete immunisation for timely vaccination
- Counselling of pregnant women to address misconceptions about IFA and calcium tablets, resulting in improved adherence
- Nutritional counselling and treatment support for anaemic pregnant women, contributing to improved haemoglobin levels
- Improved awareness and practices related to breastfeeding among mothers
- Strengthened referral linkages with tertiary care facilities and ensured follow-up for treatment
- Increased acceptance and engagement from ICDS stakeholders (Anganwadi workers, Supervisors, and CDPOs), reflecting a shift from initial resistance to active collaboration

Change stories

- Anushree (15 months) is in the SAM category. She was not eating properly at home. After our follow-up, her diet has improved. Her weight has increased by 500 grams in two months.
- Aarav (2 years) is in the MAM category. After follow-up, dietary changes were made, and his weight is improving. He has gained 600 grams in the past 1.5 months
- ´Monika (Mahatma Phule Nagar – Patrashed) was 6 months pregnant, with Hb 9 gm. Due to nausea and vomiting, she was not taking iron–folic acid and calcium tablets. After the follow-up, we explained the importance of the tablets and proper diet. She started taking the tablets regularly, and after two months her Hb had increased to 11gm.
- ´Farana (Vitthal Nagar) is a lactating mother. As she felt she was not producing breast milk, she was not breastfeeding her baby. After follow-up, she started taking iron–folic acid and calcium tablets regularly and improved her diet. She has now started breastfeeding.
- ´Divya (Bauddha Nagar) is a high-risk ANC with low Hb and tobacco (mishri) addiction. We discussed this with her and her family, explaining the risks of addiction and the importance of iron–folic acid and calcium tablets. She has now quit using tobacco (mishri) and has started taking the tablets regularly.

- ´There are many misconceptions about iron–folic acid and calcium tablets, due to which they are often not consumed. We are providing information about their importance and the correct way to take them. As a result, the intake of these tablets is increasing.

12. Strengthen Community Forums to Generate Demand for, and Improve Access to, Services at Government Health Facilities leading to Improvement in Community Health in 4 Tribal Blocks of 3 Districts and 10 Slums in 2 Wards of Pune City- Azim Premji Philanthropic Initiatives Private Limited

This Report is in two Parts

1. **Tribal/Rural Component**
2. **Urban Component**

1. Tribal/Rural component

Activities conducted in the field areas are as follows

1. **Field Visits-** Concerned SATHI team members paid 21 field visits to the designated four rural blocks, HWCs, and JAS and met with the health and other officials.
2. **Engagement with Health Officials-** Meetings between SATHI team members and block-level health officials focused on the processes involved and the challenges faced by the team during JAS activation and specific health related issues. Quarterly meetings were held at the block level with health officials.
3. **Training of Field Staff-** Two-days training sessions were conducted for the field facilitators and field workers on 27th and 28th June 2025. The training was conducted in Ghatanji with the main objective of educating the field workers and facilitators on Rapid Rural Appraisal (RRA) process to be conducted at the HWCs. The RRA helps identify the local health & other needs and plan accordingly for the next year. Practical demonstration of RRA in one village, on the second day of the training, provided hands-on training to field workers. SATHI team provided tools and other material to conduct RRA during the training.
4. **Baseline Data Collection-** The SATHI team shared baseline questionnaires with the field team. Field workers and facilitators were assigned to specific HWCs to collect baseline data from HWCs in the block that were not included in phase 1 of data collection. Data was gathered using the mWater app for these remaining 78 HWCs during May and June 2025.
5. **Situational Analysis-** Based on the data collected from each HWC and PHC, the community's health needs in each HWC and PHC were identified, and actions were planned. Plans were based on following criteria- 1. Whether a CHO is appointed or any other CHO is in-charge for a particular HWC, whether the CHO is available for at least 3 to 4 days a week, and is the OPD functional in the HWC; 2. For activating JAS- is the Sarpanch ready to give his/her time for activating JAS and problem solving. Based on these two criteria HWC-JAS activation process was started in all remaining HWCs in the block.
6. **Block-Level Stakeholder Workshops-** Four block-level workshops were organized between June to September 2025 in Dharani, Ghatanji, Ambegaon, and Velhe talukas. Various stakeholders, including representatives such as Sarpanch, Panchayat Samiti and Zilla Parishad (PRI) members, CHOs, health workers, community members, ASHA, and Anganwadi workers, participated in these workshops. The objective of these workshops was to share the positive impact of year one of activating JAS and the process of year two to identify service-related gaps in the HWCs and explore collective efforts needed to improve services as well as activate the remaining HWC-level JAS. Following the workshops, alternate month meetings were held with the Block Medical Officer in each block to share the positive changes and discuss further plans regarding JAS.

7. **Activation of Jan Arogya Samiti (JAS)-** From June 2025 onwards, the process of activating the JAS in remaining Health and Wellness Centers (HWCs) was initiated through social mobilisation. The newly formed JAS members were oriented on the available health services in their respective HWCs. Field workers actively engaged in regular follow-ups with JAS members regarding the issues discussed during the trainings, and the process of strengthening the health services commenced in collaboration with the JAS members. **Training or Refresher**
8. **Training of JAS Members-** Following the formation or reformation (where there is a change of CHO or Sarpanch) of the JAS committees, the SATHI team organized training sessions for the newly elected JAS members. In the Ghatanji block, JAS trainings were organized at the HWC level, while in Velhe, Ambegaon, and Dharni blocks, training sessions for JAS members were conducted at the PHC level. In total, 116 training sessions were organised for JAS members across four blocks.
9. **Community Level Awareness Session at the HWC Level-** to improve community participation in the HWC services, field workers and field facilitators along with the JAS members conducted awareness sessions in HWC level covering villages to increase awareness in the community about HWC level services, various health programs undertaken by HWCs, arranged NCD screening camps, conducted sessions on maternal and child health services and scheme entitlements, and disseminated information related to malnutrition. A total of 522 such awareness sessions were conducted in the four blocks.
10. **Block Level Dialogue with Officials-** Field facilitator and field workers had a dialogue meeting with JAS members and discussed issues the communities are facing. Four dialogue meetings were held during the intervention period in the four blocks.
11. **District Level Conventions-** Two District level conventions were organized with District Health Officers and their team members to share the positive impacts of activating JAS in the HWCs and the issues that emerged during the intervention in the JAS meetings and block level dialogues. Officials have responded positively to the engagements and efforts of JAS members in improving access to health services at HWC level.

2. Urban component

- **Review and Planning Meetings-** Monthly review and planning meetings with Arogya Sathi and other teams were conducted to review the process and the challenges encountered and to develop new strategies for involving stakeholders. Eighteen such meetings were conducted. One field facilitator and ten field workers (Arogya Sathis) were appointed in two wards of Pune city.
- **Training of Arogya Sathi's-** In the project implementation process, we collect monthly reports from the field workers and facilitators using Google Forms. The reports are compiled and processed to track the progress and achievements in the field area as well as the difficulties faced by the team.
    - **MAS related training-** Arogya Sathis are tasked with handling local issues in the MAS. To enhance their capacities to handle such issues SATHI organised training for Arogya Sathis.
    - **Training on Diabetes and Hypertension management and follow up with patients**- Training on how to detect Diabetes and Hypertension patients based on signs and symptoms, to identify high-risk cases based on checking BP and other co-morbidities, and to enrol them for treatment in the local HWCs. Arogya Sathi also does home visits to high-risk patients.

- **Training was conducted on health topics like maternal and child health care-** Importance of immunisation for children, iron-deficiency anaemia and related treatment, water and sanitation problems, seasonal illness preparedness for conditions like Dengue, Chikungunya, Malaria, etc,. before the rainy season, and importance of cervical and breast cancer screening.
- **Technical skills**- training on a proper way to do anthropometry of children, to prepare the documentation for Shahari Gabib Yojana card, to write stories of change, and soft skills like effective communication with health and other officials. SATHI team have conducted 13 such training sessions for Arogya Sathis.

- **Activation of Mahila Arogya Samitis-** SATHI team and Arogya Sathis coordinated with ASHAs in two wards, for motivating them for formation of MAS. SATHI team members convened 18 meetings with ASHAs to address their problems in formation of MAS and guided them in MAS documentation process. SATHI team paid 39 personal visits to form or reform MAS. All these efforts resulted in formation of 28 MAS in two wards.
- **MAS members trainings-** SATHI team conducted two rounds of trainings for each MAS. Seventy-four training sessions were conducted for MAS members.
- **Stakeholder meetings/workshops-** In each urban slum SATHI and MAS have a stakeholder member who engages with the MAS and other health related processes in the slum. SATHI conducts periodical workshops for such members, where health related information is shared along with information on MAS process, their issues related to follow-up with health and other departments, information about health schemes, and identification and resolution of critical problems in urban settlement, if any. Such support groups then help ASHA and MAS members in problem-solving. Eight such meetings were held in eight slum areas.
- **MAS members' visits to HWCs and ward offices-** 28 MAS members paid 59 visits to HWCs or PMC hospitals or ward offices to understand the system and discuss their local problems and to present their complaints to the ward office.



13. Awareness Activities related to Patient-Oriented Care

A.1. Promoting Patient Literacy in Kolhapur

- As part of the Patient Literacy initiative in Kolhapur city, preparatory meetings were held with local health activists, organisations, Sanghatan, and groups on 29 November 2025 at the Construction Workers' Union office in Shahupuri. Representatives from nine organisations, Sanghatan, and groups participated in this meeting.
- A 'Patient Literacy Workshop' was organised on 7th December 2025 at Rajarshi Shahu Smarak, Kolhapur. More than 35 activists representing 12 organisations, Sanghatan, and groups attended. The workshop guided patient rights, and the Maharashtra Nursing Homes Registration Act (MNHRA) rules 2021. An action plan was also developed, focusing on visits to private hospitals in Kolhapur city to document the status of MNHRA implementation.
- A follow-up meeting was held on 20 December 2025 at the Town Hall, Kolhapur, to plan these hospital visits. Participants were oriented on the documentation process.



- Two follow-ups with Kolhapur Municipal Corporation (KMC) led to a public notice directing hospitals to display and implement the Patient Rights Charter and rate cards as per MNHRA rules.
- A Patient Literacy Workshop was organised in Gadhinglaj block, Kolhapur district, on 12 February 2026, with over 70 activists from Gadhinglaj, Ajara, Bhudargad and Chandgad. The workshop covered patient rights and MNHRA rules, and the Arogya Hakka Samiti decided to visit private hospitals to document their implementation.



- As part of this effort, a total of 17 hospital visits were conducted up to February 2026 (Kolhapur city: 10, Gadhinglaj: 4, Bhudargad: 3) by the Arogya Hakka Samiti.
- In March 2026, an additional 16 hospital visits were carried out (Kolhapur city: 6, Gadhinglaj: 5, Ajara: 3, Bhudargad: 2) by the Arogya Hakka Samiti.

Positive Case Stories

1. *Nanaso Shankare, a resident of Shahuwadi taluka in Kolhapur district, admitted his daughter to a private hospital in Kolhapur city for treatment. On finding the bill to be excessive, he approached the Arogya Hakka Samiti. Following discussions with the hospital administration on billing practices and the Maharashtra Nursing Homes Registration Act (MNHRA), the bill was reduced by ₹30,000. Subsequently, the bills of five other patients discharged from the same hospital that day were also reduced.*
2. *Vaijayanta Bhosale from Kolhapur was admitted in a private hospital for chemotherapy. The hospital was empanelled under the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY). Despite this, the hospital demanded payment, citing a lack of prior intimation and exhaustion of the patient's quota. After intervention by the Arogya Hakka Samiti, the hospital agreed to provide all further chemotherapy sessions free under MJPJAY.*

A.2. Promoting Patient Literacy in Pune

"My Patient and Their Rights" Patients' literacy workshop held on 9th January, 2026, at Darpan Hall, Kalachhaya, Pune.



- A total of 85 participants participated the workshop; this included 40 staff members from the 'SATHI' (covering both Pune city and rural areas) and 40 activists representing various organizations and groups within Pune city.
- This workshop led to the formulation of a future Action Plan.
- The 'Health Rights Committee, Pune' was established.

A.3. National-Level Convention

- The national-level program was organised at Jawahar Bhavan on 11th and 12th December 2025.
- SATHI presented its work on action towards private health sector regulation in Maharashtra during the convention. The event brought together around 500 participants from various states across India, reflecting a wide and diverse engagement.



- The theme of private health sector regulation was led by SATHI, which played a key role in shaping the discussions.
- The session focused on critical issues, including:
  - ✓ Violations of patient rights in private hospitals
  - ✓ Legal provisions for protecting patient rights
  - ✓ The Patients' Rights Charter
  - ✓ Experiences of regulating the private health sector in Maharashtra



- These discussions contributed to building a collective understanding and strengthening advocacy for equitable and accountable healthcare systems in India.

A.4. Visits to Selected States on Raising Awareness Related to Patient Literacy



During November 2025 and February 2026, patient awareness meetings were organized across Delhi, Varanasi, Dehradun, Himachal Pradesh, and Uttar Pradesh. Local groups actively working in the fields of health and patients' rights were mobilised for these events. Discussions focused on the growing corporatisation of the private healthcare sector and its impact on the general public. Furthermore, deliberations were held regarding the implementation of the Patients' Rights Charter in states where the Clinical Establishments Act is in force. Additionally, discussions covered the specific rights mandated by the Union Health Ministry for all states that are applicable in other regions, among various other issues; plans for future action were also formulated. and also mobilised this people for national level program on Patients' rights in Delhi.

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
6. Books- 3585
7. Bound Volumes- 200
8. Reference Books- 130

Publications in Marathi & English during the period April 2024 to September 2025

No.	Particulars of Publication	Date of Publication
1.	A Torn and Tangled Safety Net? Critical Assessment of Performance of Employees State Insurance Scheme in Maharashtra April 2025	April, 2025
2.	From Policy to People : Activating Jan Arogya Samiti's for Equitable Healthcare in Tribal Regions of Maharashtra, Poster	April, 2025
3.	Kamgaranchya Paishachi, Kamgaranchya Hakkasathi ESI Yojana-Maharashtrat Kay aahe Dasha, Sudharnyasathi Kay asavi Disha?	May, 2025
4.	Sahar Swasthya Sathi Book - Part 1	June, 2025
5.	Swasthya Poshan Seva ki Sthiti - Report Card	June, 2025
6.	Aai v balachya Poshanasthee Bharataratna Dr A.P.J Abdul Kalam Aamrut Ahar Yojana - Poster	June, 2025
7.	Sahar Swasthya Sathi Book - Part 2	August, 2025
8.	Sarvajanik Arogya Seva ani Loksahabhagatun Sahanirmitee - Brochure	August, 2025
9.	Anemia (Raktpandhari) - Flex posters	September, 2025
10.	Aai Pahayachi Khidki - Maharashtratil Garib Garodar Mahilanchya Aapbiticha Album	November, 2025
11.	Tichi Goshta, Matruttvachya Vatevarchi	November, 2025
12.	SATHI Helpline Card	November, 2025
13.	Helpline Poster (Help Line Kramank)	November, 2025
14.	Marijo ki Adhikar aur Jimmedariya - Pocket Sanad	November, 2025
15.	Kalji Nasavi, Arogya Yojana Ahet Na! - Arogya Yojana Card	December, 2025
16.	Shahari Vastitil Arogyasathi Mahila Arogya Samiti Margadarshak Pustika	December, 2025
17.	Tools- Arogya v Mata Bal Prakalp (1) Janmapasun 3 Varshe Vayogatatil Balke (2) Balkache Health Card (3) Balkachi Nondani (Balkache Lasikaran & Growth Chart)	January, 2026
18.	Tools- Mata Arogya ani Poshan Sevanmadhye Sudharana v Balkatikaran Prakriya (1) Garodar v Stnada Mata (2) Garodar Matecha Pathpurava (3) Balkachi Nondani v Pathpurava	January, 2026
19.	Aai v Balachya Poshnasathi Dr. APJ Abdul Kalam Amrut Aahar Yojana (Flex) in Marathi	February, 2026
20.	Aai v Balachya Poshnasathi Dr. APJ Abdul Kalam Amrut Aahar Yojana (Flex) in Pawara Language	February, 2026

III. ORGANISATIONAL ACTIVITIES

Background

Staff Meetings and other Meetings for Staff –

Monthly Review and Planning meetings have been conducted every month during the period of reporting. Programme and organisational activities were reported and discussed during these meetings.

WG Meetings –

During the reporting period, a total of 6 meetings of the SATHI Working Group were conducted. All WG members proactively participated in the discussions and took appropriate & timely decisions.

Capacity Building Sessions –

None

Internal Committee (IC) –

Ms. Renuka Mukadam, an external member of SATHI's IC conducted an orientation programme for SATHI staff and its consultants on 17th December 2025 at SATHI office. Also organised an internal meeting of the Internal Committee members on 17th December 2025.

Project Development Committee (PDC) –

During the period under reporting, PDC meetings were conducted to review SATHI's project proposals, to guide SATHI team to possible directions in which SATHI embark upon and also about various sources of possible funding.

New Staff Recruitments –

None

Resignations /Terminations –

During the period under reporting, Shweta Marathe resigned in July 2025.

IV. AMAN E TERRACE SOCIETY REDEVELOPMENT UPDATE

During the Annual General Meeting of Aman E Terrace Society held on 26 July 2026, members were updated on the progress of the proposed redevelopment and amalgamation process. The builder has completed the Memorandum of Understanding (MoU) with Mohit View, the adjoining society proposed as the amalgamation partner. Certain discrepancies have been identified between the officially registered area and the actual area of Mohit View. The builder is currently addressing these discrepancies and is expected to complete the necessary area corrections shortly.

The builder is responsible for taking forward the subsequent redevelopment processes and is presently preparing the Development Agreement, which will be shared with both societies for review. As part of the redevelopment proposal, the builder has committed to providing a 40% increase in the carpet area of each flat. Accordingly, Anusandhan Trust's two existing flats, each measuring 716 sq. ft. and having a combined carpet area of 1,432 sq. ft., are expected to be replaced by two flats of approximately 1,002 sq. ft. each, with a combined carpet area of approximately 2,004 sq. ft.

Anusandhan Trust has stipulated that the redeveloped premises should comprise two separate but adjacent flats, preferably located on the first or second floor. These conditions have been accepted by the builder.

Before the Development Agreement is signed, members of the Anusandhan Trust Redevelopment Committee have requested a detailed meeting between the builder and the trustees. The purpose of this meeting will be to clarify the proposed terms, address outstanding queries, and ensure that all relevant aspects of the redevelopment arrangement are clearly understood.

Staff Details as on 31st March 2026

Sr. No.	Employee Name	Designation	Gross Salary	Name of the Centre
1	Amruta Bavadekar	Director-CEHAT (Senior Programme Coordinator II)	1,53,004.00	AT
2	Dhananjay Kakade	Director - SATHI	2,17,680.00	AT
3	Abhay Shukla	Senior Programme Coordinator	27,154.00	SATHI
4	Bhausaheb Aher	Senior Project Officer	74,761.00	SATHI
5	Deepali Yakkundi	Senior Research Officer	72,701.00	SATHI
6	Hemraj Patil	Senior Project Officer	72,701.00	SATHI
7	Jessy Jacob	Junior Administrative Officer	38,611.00	SATHI
8	Meena Indapurkar	Office Assistant	17,869.00	SATHI
9	Ramdas Shinde	Junior Administrative Officer	64,351.00	SATHI
10	Ravindra Mandekar	Office Secretary	48,677.00	SATHI
11	Shailesh Dikhale	Senior Project Officer	74,761.00	SATHI
12	Shakuntala Bhalerao	Project Officer	64,351.00	SATHI
13	Sharada Mahalle	Project Officer	64,351.00	SATHI
14	Shweta Marathe	Senior Research Coordinator	63,126.00	SATHI
15	Swapnil Vyavahare	Project Officer	59,901.00	SATHI
16	Trupti Malti	Senior Project Officer	74,761.00	SATHI
17	Tushar Khaire	Administrative Assistant	55,657.00	SATHI
18	Urmila Dikhale	Senior Administrative Officer	82,830.00	SATHI
19	Vinod Shende	Project Officer	64,351.00	SATHI
20	Aarohi Damle	Senior Research Associates	68,102.00	CEHAT
21	Ajinkya Deshmukh	Senior Research Associates	68,377.00	CEHAT
22	Anirudh Narayanan	Research Associates	57,305.00	CEHAT
23	Ashwini Chougule	Senior Research Associates	69,477.00	CEHAT

24	Heena Sinha	Research Associates	57,530.00	CEHAT
25	Jiti Chathamala	Senior Research Associates	69,202.00	CEHAT
26	Mohd. Uruj Anwar Shaikh	Research Associates	57,755.00	CEHAT
27	Pradnya Jadhav	Senior Research Officer	91,818.00	CEHAT
28	Pramila P. Naik	Senior Administrative Officer	1,08,867.00	CEHAT
29	Pratikshya Priyadarshini	Research Officer	89,868.00	CEHAT
30	Rajeeta G. Chavan	Research Associates	57,755.00	CEHAT
31	Sanjida Arora	Senior Research Officer	1,09,216.00	CEHAT
32	Shobha Kamble	Office Assistant	35,113.00	CEHAT
33	Sudhakar Manjrekar	Office Assistant	35,113.00	CEHAT
34	Swati S. Pereira	Junior Administrative Officer	68,652.00	CEHAT
35	Uvika Durani	Senior Research Associates	62,486.00	CEHAT
36	Yogita Shivankar	Administrative Assistant	56,180.00	CEHAT

Slabs of Gross Monthly	Female	Male	Total Staff
<5000	0	0	0
5001-10000	0	0	0
10001-25000	1	0	1
25001-50000	2	3	5
50001-100000	16	10	26
>100000	3	1	4
Total	**22**	**14**	**36**

Sr. No.	Name of the Board Members	Position on the Board	Honorarium paid for the Financial Year 2025-26
1	Vibhuti Patel	Managing Trustee	33,000.00
2	Dhruv Mankad	Trustee	-
3	Jaya Sagade	Trustee	-
4	Mohan Deshpande	Trustee	-
5	Padma Prakash	Trustee	5,000.00
6	Padmini Swaminathan	Trustee	51,000.00
7	Jagadeesh N	Trustee	41,000.00
8	Sanjay Jain	Trustee	-
9	Ameer Khan	Trustee	-

THE MAHARASHTRA PUBLIC TRUSTS 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, 2026**

As on 31.03.2025	FUNDS & LIABLITIES	RS.	RS.	As on 31.03.2025	PROPERTIES & ASSETS	RS.	RS.
8,563,115.00	**Trust Fund or Corpus**		8,563,115.00				
-	**Reserve Fund**				**Immov. Properties**		
					Book value of immoveable property		
4,860,736.97	**Employee Social Security and Welfare Fund**		6,090,044.47	56,119,663.55	as on 31st March 2026		50,507,697.55
16,565,609.02	**Research & Education Fund**		17,485,851.09		**Moveable Properties**		
					Book value of moveable property		
4,151,478.64	**Maintainence & Overheads Fund**		2,825,331.22	6,359,622.01	as on 31st March 2026		5,584,828.32
15,275,508.34	**Building Fund**		15,841,637.11		Advances		
				2,253,941.00	Tax deducted at source	2,100,551.00	
-	**Earnest Money Deposit**			293,281.00	Deposits	243,281.00	
				-	Employees	-	
597,375.54	**Liabilities**		12,862.74	-	Contractors	-	
				50,150.00	To Contractor	-	
				55,801.00	To Others	55,801.00	
				23,329.00	Balance with GST Authorities	17,929.00	2,417,562.00
				2,676,502.00			
	Income & Expenditure Account			592,444.00	**Outstanding Income (Accrued Interest)**		568,453.00
110,734,072.31	Balance as per last balance sheet	98,708,372.89					
(12,025,699.43)	Less: Deficit as per Income & Expenditure Account	(19,561,938.73)	79,146,434.16		**Cash & Bank Balances**		
98,708,372.89				44,359,157.14	Bank balances	33,345,849.57	
				37,222,231.01	Fixed Deposits with Banks	37,539,416.35	
				-	Cash in hand	1,469.00	
				1,392,576.69	Cheque in hand	-	70,886,734.92
				82,973,964.84			
148,722,196.40	**TOTAL**		**129,965,275.79**	**148,722,196.40**	**TOTAL**		**129,965,275.79**

Place: Mumbai
Dated: 26th September 2026

THE MAHARASHTRA PUBLIC TRUSTS 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 2026**

2024-25	EXPENDITURE	RS	2025-26	2024-25	INCOME	RS.	2025-26
754,023.94	**To Expenditure in respect of properties**		501,852.00	3,475,719.37	**By Interest earned**		3,373,364.00
343,760.00	**To Establishment expenses**		312,853.00	71,107,766.81	**By Grants**		65,809,652.94
7,315,734.55	**To Depreciation**		6,558,181.71		**By Donation**		-
-	**To Amount Written off**				**By Grants administration income**		
	To Loss on Sale of Asset				**By Profit on Sale of Asset**		-
	To Amount transferred to reserve				**By Income from other sources**		
4,438,844.18	**or Specific funds**		3,352,510.48		Donation	54,295.00	
				2,316,219.00	IEC Review Charges	30,000.00	
76,073,041.93	**To Expenses towards objects of the Trust**		79,007,746.48		Consultancy Fees	903,891.00	
					Miscellaneous Receipts	2.00	988,188.00
(12,025,699.43)	Surplus Carried over to Balance sheet		(19,561,938.73)	2,316,219.00			
				-	Deficit Carried over to Balance sheet		-
76,899,705.18	**TOTAL**		**70,171,204.94**	**76,899,705.18**	**TOTAL**		**70,171,204.94**

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Place: Mumbai
Dated: 26th September 2026