

ANNUAL REPORT

PERIOD 1ST APRIL 2023 TO 31ST MARCH 2024

ANUSANDHAN TRUST

SUMMARY OF FUNCTIONING AND WORK OF ANUSANDHAN TRUST

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

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

The trust governs three institutions:

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

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

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

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

DETAILED REPORT FOR THE FINANCIAL YEAR 2023 - 2024

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

1. Research

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

In the realm of research conducted in medical colleges, there has traditionally been a strong focus on biomedical research, often overlooking the important socio-cultural factors and their impact on health. Integrating a gender-sensitive curriculum is essential for meaningful change in the current educational landscape. Equally important is engaging medical educators in health research that emphasizes the role of gender issues in shaping health conditions and outcomes.

To encourage research initiatives within the medical community on the intersection of gender and health, CEHAT offered research fellowships to six medical educators across India. Each research proposal underwent a thorough review process with two distinct phases: an internal evaluation by CEHAT's team and an external review by a committee. Following these evaluations, individual researchers received feedback and guidance to refine their research projects.

As medical educators seek approval from their respective Institutional Ethics Committees, CEHAT has organized a series of individualized meetings to fine-tune research proposals based on feedback.

B. Mainstreaming Gender in Medical Education in India

CEHAT's decade long engagement in training medical educators to integrate gender concerns in medical education has been considered as an important initiative, however the process of mainstreaming this issue has been slow. A research grant to enable CEHAT to design a system level reform has been recently received. This project seeks to enable CEHAT team to conduct ground level research in to understanding implementation of medical education and gaps in addressing gender concerns. The study will comprise of reviewing existing training curricula for medical educators, methodology for training new medical educators in teaching and research and also developing a strategy of engaging with the National Medical commission (NMC) responsible for the roll out of the medical curriculum in India.

CEHAT has received a grant from Co-Impact to research the landscape of medical education implementation in India and develop a planned strategy by interviewing key stake holders from the government and non-government sectors to develop a strategy for mainstreaming its Gender Integration in Medical Education. Towards this, the CEHAT team attended a four-day residential design workshop in December 2023 organised by them. The workshop was part of a broader effort to assist partner organizations in designing methodology for creating a system level integration of an effective concept such as gender in medical education. Our team participated in a four-day residential workshop at Bangalore, organized by Co-Impact in December 2023 to assist partner organizations in designing interventions.

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

This endeavour of CEHAT aims to demystify research for such grassroots organisations and enable frontline workers to reclaim the ownership of the data produced through their service provision. It also aims at enabling organisations to generate evidence from their service data and use it for strategizing their interventions and engagement with various stakeholders. CEHAT supported and worked extensively with four grassroots organisations- Rajsamand Jan Vikas Sansthan (RJVS), Mahila Sarvangeen Utkarsh Mandal (MASUM), Vishakha and Sahjni Shiksha Kendra (SSK), to carry out research and generate evidence by analysing their service records on violence against women/girls. These organisations work on issues of violence against women, young girls and adolescents in different contexts.

- i.** Vishakha analysed their helpline service data for young girls and women in tribal regions of Rajasthan. The helpline data was especially insightful in revealing the need for accessible helpline numbers that can provide timely, practical and valuable information and assistance for women and girls on varied problems including SRHR concerns, education, experience of violence, shelters, problems at the workplace, and so on. Case workers from Vishakha also undertook a small prospective study on how media reports cases of violence against young girls and women by analysing 6 months of news published in a local newspaper of Udaipur district of Rajasthan. The findings indicate how vocabulary and terms used during the reporting by media tends to depict the women as being responsible for the violence and undermine the issue of violence.
- ii.** RJVS analysed their service data on customary practices of Rajasthan impacting women. Their data provided useful insights on how customs like “aata-sata” allow the perpetuation of violence against women from multiple actors in the families, especially when financial compromise is involved.
- iii.** MASUM case workers assessed the data emerging from cases of domestic violence in rural Maharashtra. The evidence showed a significant number of women reporting violence early year to a community-based support service provider, including sexual violence, and reporting mental health consequences like suicidal thoughts.
- iv.** SSK conducted an analysis of an education program for adolescent girls. The findings showed the need to have different strategies for girls from the Adivasi community due lack of safe access to the schools in rural areas.

D.Mapping Interventions Addressing Gender-based Violence in Public Spaces in India

For academicians and practitioners alike, GBV in public spaces has been an area of concern as such violence is pervasive, normalised and often trivialised. The experiences of GBV in public spaces are different for women, girls, transgender and non-binary people and is further compounded by their socio-economic identities. It has direct consequences on their access and use of public resources, on economic participation, and on mobility and leisure. Yet there are many information gaps in how we understand, document, intervene and respond to such violence given the many variations in ‘public space’ and forms of ‘public space GBV.’

The overall objective of this research project is to therefore synthesise existing evidence on gender-based violence in public spaces and map the landscape of Indian interventions addressing this issue. The project aims to identify and study civil society and government interventions to collaboratively document the common strategies, methods and indicators that assess the progress of interventions on GBV in public spaces.

The CEHAT team conducted a systematic literature review to develop a research proposal and define the research questions. The proposal was reviewed by the CEHAT Program Development Committee (PDC) and two external advisors. The final proposal was submitted to and approved by the Institutional Ethics Committee (IEC) of the Anusandhan Trust for implementation.

With a focus on understanding the phenomenon of GBV in public spaces and identifying the various Indian interventions, the following activities were implemented as a first steps in the research:

Project team members participated in network building activities that helped understand the range of organisations and interventions that are currently operational in India. The research methodology was simultaneously adapted to capture the diversity in the interventions addressing GBV in public spaces. The team participated in the annual meeting of AMAN Network, the biannual Maharashtra Mahila Hinsa Mukti Parishad, the national conference of the Indian Association for Women's Studies, and 'Shaping Our Cities: Towards Gender Transformative Policy and Practice' conference organised by the NGO, Safetipin.

Mapping Interventions: A google survey was created as a self-identification tool for organisations to share their intervention into GBV in public spaces, for which comprehensive information is not available in the public domain. The survey will be widely circulated among CEHAT networks and with other known feminist organisations and networks for a period of three months (between January 2024 to April 2024).

Systematic review: The CEHAT team conducted a systematic review of literature on the meaning, prevalence, forms and patterns, and impact of GBV in public spaces in South Asia during the process of writing the research proposal. The literature review was documented and is being used as basis for developing a protocol for a systematic review on the topic.

E. Scaling up health system response to and prevention of violence against women in primary health care settings: A cluster randomized trial

This is a collaborative project of CEHAT and MASUM, with technical support from George Washington University (GWU) and World Health Organisation (WHO), Geneva, and is funded by What Works to Prevent Violence against Women and Girls, an initiative of the Foreign, Commonwealth and Development Office (FCDO) of the Government of UK. The project has been conceptualised based on CEHAT's decade long work on advancing the health sector's response to VAW and contribution in development of WHO's clinical and policy guidelines on 'Responding to intimate partner violence and sexual violence against women,' for low- and middle-income countries in 2013. The four-year project aims to build health systems' response to violence against women in four blocks in the Ch. Sambhajinagar district of Maharashtra- Gangapur, Paithan, Vaijapur and Kannad. It is an intervention research project and will involve all the public health facilities and healthcare providers including ASHA workers in four blocks.

A protocol has been developed detailing the various aspects of the project. The team has worked on detailing the research designs for various outcomes, considerations for sample size and assessing the logistic requirements of the data collection process. The data from the Directorate of Health

Services, Ch. Sambhajinagar, was utilized to assess the sample size requirement for cross-sectional survey at the level of the health facilities. This assessment enabled us to develop an understanding of the resources required to achieve a specific sample size from each health facility in a given period of time. The protocol was submitted to the Program Development Committee (PDC), a Review Committee of CEHAT, which is a multi-disciplinary panel comprising of external experts. The feedback of the PDC was useful in revising the protocol and tools. The project team is in the process of seeking permissions and approvals from the relevant authorities for the implementation of the project.

2. Training and Capacity Building Workshops

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

CEHAT continuously seek opportunities to collaborate with medical colleges across India to engage medical educators with undergraduate and post graduate students, in integrating gender concerns into medical education. A multiple Continuing Medical Education (CME) activities, including Gender Sensitizing workshops and conferences, for medical educators from different departments such as Community Medicine, Forensic Medicine etc., across following medical institutions in India were held. Few of the medical colleges which participate in workshops were-

1. Mahatma Gandhi Institute of Medical Sciences (MGIMS), Wardha
2. GMC, Nizamabad
3. Atal Bihari Vajpeyee Medical College, Bangalore
4. Bangalore Medical College, Bangalore
5. Atal Bihari Government Medical College, Vidisha
6. Indira Gandhi Institute of Medical Sciences, Patna
7. Government Medical College, Dharashiv
8. Mahatma Gandhi Institute of Medical Sciences, Sewagram

CEHAT trained 375 medical educators through these workshops and around 80 undergraduate and post graduate students from various medical institutions across the country.

B. Dilaasa Case Presentations

CEHAT conducted case presentations as a capacity building exercise where all the counsellors and ANMs from the Dilaasa teams come together to share their case work experiences. Each CP sees cases from 18-20 team members. 8 case presentations were conducted, each across two days. On either day, a pair comprising one counsellor and one ANM from each centre are present so as to ensure that the routine Dilaasa activities are not hindered.

While there are facilitators and external resource persons who provide feedback on the interventions, all members are encouraged to participate and share their ideas, suggestions and queries on best intervention practices. The objective of case presentations is to facilitate a peer learning process, especially in complex cases. The teams carry their intake forms as well, so that the quality of documentation can also be monitored.

C. Training of new Counselors in Dilaasa

Given the rate of attrition of the Dilaasa team members, CEHAT ensures that new joinees receive an orientation as well as in-depth training on aspects of violence against women as a health issue and the role of counselling. CEHAT held a training for all new joinees of Dilaasa in 2023. Key elements of training included “Understanding Violence Against Women” and how health care providers can respond to and provide support in such cases. It also included intervention from a feminist perspective, crisis intervention, laws related to Violence Against Women, LIVES counselling, amongst others. Learning the different methods of documentation was also an important aspect of the training. The objective was to equip Dilaasa team members with a comprehensive set of skills so that they can efficiently provide Dilaasa services to survivors of gender-based violence.

D. Training of Auxiliary nurses and midwives (ANM)

Dilaasa team comprises of ANMs who can play a crucial role in identification of signs and symptoms of violence against women. This is usually done in the course of their rounds in the admission wards and out-patient departments where patients are awaiting to meet the health provider. Towards this a training was conducted this year on identification of survivors through clinical signs and symptoms. The training offered them hands on skills on how to create a large group awareness, how to approach individual women through direct and indirect questioning, survivors rather than approaching them randomly with information about Dilaasa during their ward rounds. ANMs found this to be quite useful.

Non Fatal Consequences			Fatal Health Consequences
Physical	Psychological and Emotional	Sexual and Reproductive	
<ul style="list-style-type: none"> •Bruises •Fractures •Cuts •Burns •Stab wounds •Gastrointestinal disorders •Chronic pain 	<ul style="list-style-type: none"> • Poor self esteem • Depression •Anxiety •Post Traumatic disorder • Phobia • Suicidal behavior • Alcohol and drug abuse 	<ul style="list-style-type: none"> • Gynecological disorder • Infertility • Pregnancy related complications • Miscarriage • Unwanted pregnancy • Increased risk of RTI/STD including HIV AIDS 	<ul style="list-style-type: none"> • Maternal mortality •Homicide • Suicide • AIDS related mortality

E. Training of Health Care Providers (HCPs)

Every year, HCPs such as doctors and nurses are transferred from one hospital to another. Similarly, each year there are a new set of resident medical doctors who are under training for their post-

graduation course. Given that each year there are a new set of HCP, CEHAT conducts various trainings for HCPs. This training orients new resident doctors on the concept and prevalence of GBV, department-wise signs and symptoms to identify cases of violence, role of health systems in responding to GBV, and using WHO-LIVES framework to provide first line psychological support to survivors. Three such trainings were conducted in two hospitals. CEHAT also conducts a specialized training for HCPs who are responsible for medicolegal care to survivors of sexual violence. This training focuses on filling in of the medicolegal proformas for survivors of sexual violence. HCPs are oriented about definition of rape as per the POCSO Act, IPC, CLA and new amendments of the MTP Act. Case examples of conviction of the accused due to comprehensive proforma filling and fact-based statement of doctors in the court of law, are shared. Five such trainings were conducted in 4 hospitals.

F. Monitoring Committee Meetings

One of the methods of assessing quality of care is by creating a space for HCPs to discuss the response of the hospital to VAW. These meetings comprise of a dialogue with HCPs who form a monitoring committee at the level of the hospital. The members comprise of doctors, nurses as well as members of record keeping department and Dilaasa and CEHAT teams. Based on the synthesis of the cases handled by Dilaasa teams and the nature of queries discussed in the CEHAT helpline the agenda for monitoring committee meetings are discussed. CEHAT also conducts a review of the rape examination related proformas in consultation with the HCPs to understand if there are any gaps in documentation and suggests ways for improving the response and documentation. Further CEHAT conducted four monitoring committee meetings in KBBH-Bandra and BDBA, Kandivali hospitals.

G. Replication of Dilaasa and Training HCPs from other states

The Dilaasa replication has been underway in different in Maharashtra, Karnataka, Goa, Meghalaya and Madhya Pradesh. Different levels of efforts have been made to engage new HCPs from the district level hospitals to respond to VAW.

An important and consistent initiative has been the Mukta initiative. This was initiated by the National Health Mission (NHM) in collaboration with CEHAT. Mukta counselling departments are established in 4 hospitals in Bangalore equipped with counsellors and a core group that carries out training of HCPs as well as monitors the quality of care offered to survivors of VAW. CEHAT in collaboration with NHM and 5 hospitals conducted training of 187 doctors, 326 nurses and 280 support staff members.

H. Orientation and Training of Social Sciences students to CEHAT

First year M.A. in Social Work students had visited the Dilaasa centre at K. B. Bhabha Hospital, Bandra, Mumbai to understand functioning of Dilaasa. In June 2023, 25 students were oriented by

the Dilaasa counselors and a CEHAT representative on the conceptualization of Dilaasa; the rationale of a hospital based crisis centre; role of HCPs and health system in responding to GBV; responsibilities of counsellor and ANM in dealing with cases of violence with case example; and liaising of counsellor with police, protection officer, DLSA, CWC and shelter home. Queries of students such as dealing with cases of elopement under POCSO Act, responding to violence faced by transgender, and salient features of PWDV Act, were addressed. Post orientation, TISS also inquired about the opportunity for students to undertake an internship at Dilaasa centre.

3. Psycho social Interventions and Service Provision

A. Psycho social interventions by Dilaasa centre

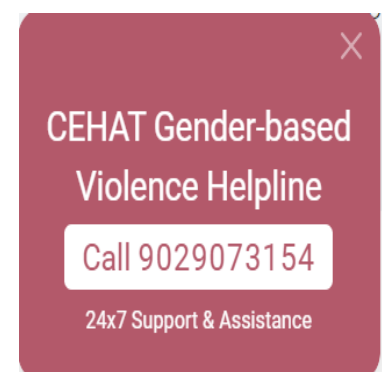
CEHAT plays an important role in assisting Dilaasa counsellors in Mumbai as well as counsellors in sites where the Dilaasa initiative is being replicated. The nature of support is in the form of demonstrating feminist counselling methods and crisis counselling steps. CEHAT is also engaged in direct service provision in one of the oldest Dilaasa centres. Besides being engaged in direct service delivery in one hospital, CEHAT team also assists different Dilaasa centres in Mumbai in challenging cases. This necessitates that the CEHAT team go on-site and support Dilaasa team with challenging cases

Dilaasa team handled 1982 cases of survivors of domestic violence and 847 cases of survivors of sexual violence. Additionally, they followed up with 1982 survivors who were actively seeking DV prevention counselling and 534 rape survivors seeking counselling. In addition to these, 15770 women and girls were reached by Dilaasa in the form of providing Dilaasa information encouraging them to seek support services and linking them to resources

The Muktha crisis centre team, in 5 hospitals intervened and were able to reach 985 survivors of domestic and sexual violence.

B. CEHAT helpline

CEHAT team received 248 calls on the helpline number between May 2023 and March 2024. The calls were received from survivors facing domestic violence; survivors of sexual violence and in need of legal advice. The queries pertained to .and queries about police not filing complaint of the survivors facing physical abuse. and also from the survivors asking queries related to legal advice for their ongoing cases filed in court; and the abuser getting bail and fear of re-occurrence of violence from him. The CEHAT helpline also receives a host of queries from health care providers related to medical examination; documentation related to medical procedures; questions about advanced pregnancies and legal recourse for survivors, especially past the legal 24 week period. The round the clock helpline service has been of use to survivors as well as HCPs as stated by the number of calls .received



Example Case 1: Survivor A is an adult woman hailing from North India. She was married through a matrimonial website to a man from the same community in Southern India. She has been living with him for a few months. She has faced emotional violence from him and his family members since the beginning of her marriage. She called the helpline number looking for emotional support and hoping for some clarity about her situation. Over a period through the helpline service, the survivor felt confident to seek face to face counselling. Because she belonged to another state, the counsellors referred her to a local organisation and explained the limitations of phone counselling and the need for creating an ecosystem for herself in her city of residence. She didn't want to take any steps because of her natal family's financial problems and felt she had to choose to stay in the marriage till her husband presented her with a legal notice stating he wanted a divorce. The counsellors connected her with the consultant advocate for legal guidance and support with response to the legal notice. In her own words, survivor A is feeling a lot more confident in embracing her situation for what it is and for fighting the legal battle for her own reputation and independence.

Example Case 2: HCP X called the helpline at around 4am in the morning and stated that an adolescent was brought to the casualty for a medico-legal examination that she and her parents are consenting for. The new doctor was feeling confused about seeking history and the nature of the examination to be conducted. The counsellor supported the doctor by discussing the protocol issued by the health department. She urged the doctor to assess for the number of days elapsed since the time of sexual violence. The doctor found that the incident had taken place over 5 days prior. The counsellor discussed that as per MoHFW guidelines and protocols post 96 hours of the incident, sample collection is not useful specially as survivor had engaged in activities such as bathing, urinating and defecating that would lead to loss of evidence. She encouraged the doctor to document the reasons for not collecting medico-legal evidence in the proforma. Lastly she also suggested that the doctor discuss health concerns with the survivor and possibility of sexually transmitted infections, pregnancy and the like and also passed on the number in case the survivor or her family would like to seek counselling from Dilaasa.

4. Advocacy

A. Responding to violence Against Women: A dissemination seminar to present evidence from service records of grassroots organisations.



The process of capacity building enabled case workers to present their service data at a research dissemination seminar organised by CEHAT in Mumbai. Several case workers, experts and researchers in the field of violence against women and girls participated in this seminar. Case workers from four grassroots organisations presented evidence from their service records at the research dissemination seminar. The discussion and questions from the audience gave the case workers a chance to elaborate on their experiences pertaining to the evidence and suggestions from the audience pointed to possible areas of further research and intervention for the case workers.

year CEHAT conducted a poster making activity with all the Dilaasa teams with the theme of “Aapki kalpana mein ek acchi duniya”. All the teams participated and shared some creative and gripping posters, depicting the world as a safe place for women and girls.

B. Fourth Maharashtra Mahila Hinsa Mukti Parishad, Ambejogai

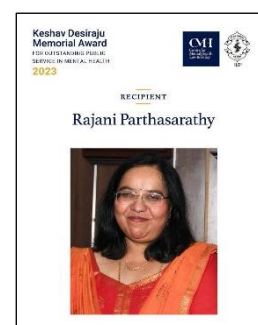
At the state level, the CEHAT team was part of the core group organising the Maharashtra Mahila Hinsa Mukti Parishad, held at Manavlok, Ambajogai from 21st to 23rd December, 2023. At the Parishad, a counselor from Dilaasa presented findings from CEHAT's analysis of 19 years of service records from the hospital-based counseling department. The team got the opportunity to interact with 50+ organisations working specifically in the rural locales of Maharashtra to address GBV. The organisations shared their challenges, their experiential learnings and demonstrated the use of several different lenses (education, labour, case work, health, etc.) to break the cycle of violence in both private and public spaces.



CEHAT is part of an advocacy network led by CORO to address concerns of/ barriers faced by survivors trying to access services of the PWDV Act after 19 years since it was first put in place in 2005. CEHAT has been a part of this network and has presented challenges faced by Dilaasa teams in accessing Protection officers.

C. Nomination for Keshav Desiraju Award

CEHAT nominated Dr. Rajani Parthasarathy, Deputy director, Mental Health, Directorate of Health and Family Welfare, Bengaluru, Karnataka for Keshav Desiraju Award. Dr. Rajani Parthasarathy won the 2023 Keshav Desiraju Memorial Award for her Outstanding Public Service in Mental Health, organised by Centre for Mental Health Law & Policy, ILS, Pune in May 2023.



D. International Women's

CEHAT and Dilaasa takes the opportunity of International women's day to discuss issues that impact women's lives. Each Dilaasa team develops programs in creative manner either to engage hospital staff, or patients . Some Dilaasa teams have also conducted street plays in the premises of hospitals and community to present the issue of violence against women and impact on health

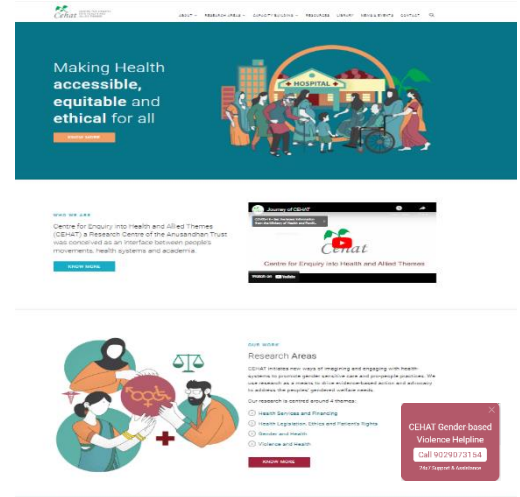
This year CEHAT conducted a poster making activity with all the Dilaasa teams with the theme of “Aapki kalpana mein ek acchi duniya”. All the teams participated and shared some creative and gripping posters, depicting the world as a safe place for women and girls.



A special talent show for all Dilaasa team members was also organised. There were 17 performances including group and individual performances alongside fun games and activities. The idea was to celebrate the women that work tirelessly to support survivors who approach Dilaasa.

E. CEHATs new Website

CEHAT's new website was designed and launched during this period. The updated website was platformed on the latest host software to make access and navigation more efficient. We took the opportunity to create a more cohesive and unique design language for the website and added a few new features as well, that makes it more user-friendly on both desktop and mobile devices.



F. Strategic Consultation on Reducing the age of consent to 16

CEHAT also participated in a strategic consultation organised by Enfold in Bangalore in May, 2023 on reducing the age of consent to 16 years. The Consultation was attended by experts in the field of constitutional law, criminal law, child rights, child psychology, advocates, and organisations working on sexual violence to discuss potential measures and approaches for decriminalisation of adolescent sexuality. CEHAT presented its work with adolescents in the context of health system and contributed in the discussion on available evidence, gaps in evidence, potential interventions and concerns, and legal and communication strategies.

5. Documentation and Publications

A. Paper on building capacity of grassroots organisations to analyse their service data

CEHAT submitted a paper in Indian Association of Women Studies Conference, 2023 based on our work with grassroots organisation, highlighting the importance of bridging the gap between grassroots organisations and academia. The paper informed the importance of research by grassroots, and methodologies for building their capacity. CEHAT also worked on a case study titled “Using an intersectional lens to build stronger evidence and action at the grassroots level in India to build a comprehensive response to Sexual and Gender-Based Violence” under the International Development Research Centre (IDRC) project. The case study presents how, using a

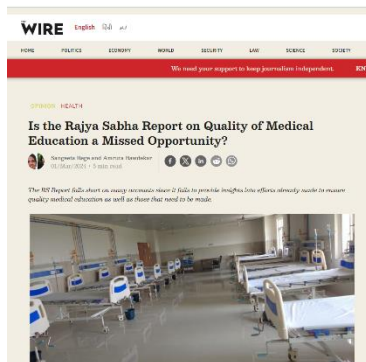
feminist intersectionality approach, the capacity of grassroots organisations was built to analyse service records.

B. Survivors of domestic violence, sex assault get comfort in 'Dilaasa' – article in Mumbai Mirror

The article gives insights about the support received to the survivors of domestic and sexual violence at Dilaasa centres in Mumbai's civic hospitals. The centre's provide counselling, assistance with police complaints, and focuses on emotional resilience and plays a medico-legal role in addressing gender-based violence.



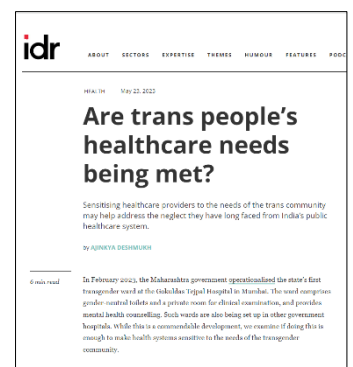
C. Blog published in Wire on Rajya Sabha Report on Quality of Medical Education



The 157th report on quality of medical education in India was released by the Rajya Sabha Parliamentary standing committee, the much-needed revisions in MBBS curriculum have come after a 21-year hiatus since the Regulations of Graduate Medical Education in 1997. The article identifies the short fall of Rajya Sabha Report on many accounts since it fails to provide insights into efforts already made to ensure quality medical education as well as those that need to be made.

D. A blog on trans people's healthcare needs was published in IDR

India's healthcare system has historically neglected transgender individuals, focusing mainly on HIV and STDs while ignoring other health needs. Recent efforts, such as establishing transgender wards, are positive but insufficient. Comprehensive training for healthcare providers, reforming medical education, and structural changes are crucial for meeting the healthcare needs of trans people.



E. A film on CEHATs journey

A film mapping the journey of CEHAT, highlighting the significance and impact of CEHATs three-decades long engagement with the health systems was launched. CEHAT has worked on various initiatives, including strengthening primary healthcare, advocating for health equity, conducting research and policy analysis, and building partnerships with governments, civil society organizations, and international agencies.



F. Blog on Karnataka's Muktha centres was published in India Spend

Despite the high numbers, domestic violence is not addressed as the public health crisis. Some hospitals across India are slowly changing that by integrating women-centric care into health services. Article identifies how Karnataka's Muktha centres in Government hospitals give support to domestic violence survivors.



ANNEXURE

Publications April 2023 – March 2024

1. Film:

- a. *Journey of CEHAT (2024)*

2. Journal Article:

- a. *Factors associated with uptake of COVID-19 vaccine among pregnant women: Finding from a tertiary care facility in Maharashtra (2023) – Deshpande, S., Gadappa, S., Badgire, S., Aishwaya, N. P., Prasad, A. & Arora, S. – The Journal of Obstetrics and Gynecology of India*

3. Books / Reports:

- a. महिलांवर होणारी हिंसा :आरोग्य व्यवस्थेची भूमिका :महाराष्ट्र, भारत येथील रुग्णालयीन हस्तक्षेपातून संशोधनातून मिळालेले मौल्यवान धडे : संशोधन - संक्षिप्त स्वरूप) 2023)
- b. *Using an intersectional lens to build stronger evidence and action at the grassroots level in India to build a comprehensive response to sexual and gender-based violence (2023) – Arora, S., Rege, S. & Mullinax, M. – Southern Centre for Inequality Studies, University of the Witwatersrand (Cases study)*
- c. महिलाओं /लड़कियों के खिलाफ हिंसा की प्रतिक्रिया के लिए अपनाई जानेवाली मूलभूत प्रक्रियाएं) SOP) अस्पताल के परामर्श विभागों (Counselling Departments) के लिए) 2023) - Hindi - Dilaasa SOP
- d. महिलाओं और लड़कियों के खिलाफ हिंसा की प्रतिक्रियास्वरूप स्वास्थ्य सेवा सुविधाओं लिए अपनाई जानेवाली मूलभूत प्रक्रियाएं) SOP) (2023) - Hindi - Hospital SOP

4. Blogs:

- a. *Is the Rajya Sabha report on quality of medical education a missed opportunity? (2024, March 01) – Rege, S. & Bavadekar, A. – The Wire.in*
- b. *Are trans people's healthcare needs being met? (2023, May 23) – Deshmukh, A. – IDR Online*
- c. *How hospitals are helping combat violence against women (2023, August 02) – Jain, M. – Scroll.in*
- d. *Karnataka's Muktha Centres Show How Govt Hospitals Can Support Domestic Violence Survivors (2023, April 12) – Yadavar, S. - IndiaSpend*

5. Newspaper:

- a. *કોઈ કાયદાથી લગ્નસંબંધમાં બળાત્કાર બંધ થશે ખરો? (2023, April 23). By Jain, J. Mid-day Gujarati*
- b. *भलताच तोडगा (2023, May 7). By Surve, S. Maharashtra Times*
- c. *No workplace for women. (2023, June 11). By Raikar-Mhatre, S. Mid-day*
- d. *Why does Indian law protect men who rape their wives? (2023, June 14). By Minj, N. Scroll.in*
- e. *Women struggle while men die in custody in India's Uttar Pradesh. (2023, June 14). By Mitra, R. Unbias the News*
- f. *Victims of domestic violence narrate tales of abuse and horror in Bengaluru. (2023, June 25) Chetan, B. C. Deccan Herald*
- g. *Experts: Domestic violence victims must get medical docs to show cause of injuries. (2023, June 26). The Times of India*
- h. *अत्याचार पीडितेची कौमार्य चाचणी बंद; उच्च न्यायालयाच्या इशान्यानंतर वैद्यकीय शिक्षण विभागाला जाग. (2023, August 10) महाराष्ट्र टाइम्स*
- i. *मानवी हक्कांच्या वाटेवर. (2023, August 12). महाराष्ट्र टाइम्स*

- j. *Bengaluru's Muktha centres see 4K spousal violence cases. (2023, August 21). Sindwani, N. The New Indian Express*
- k. *Judges & doctors, listen. (2023, October 27). Bhate-Deosthali, P. & Rege, S. The Times of India*
- l. *Why India needs a national policy to strengthen the health response for gender-based violence. (2023, November 2). Jain, M. & Raman, S. Missing Perspectives*
- m. *कौटुंबिक जखमेवरची मलमपट्टी. (2023, December 9). Khan, H. Loksatta*
- n. *How India's public health system can reach rural women suffering domestic abuse. (2023, December 19). Jain, M. Missing Perspectives*
- o. *पीडित महिलांना 'दिलासा'. (2024, March 8). महाराष्ट्र टाइम्स*
- p. *Survivors of DV, sex assault get civic hospitals help. (2024, March 10). Iyer, M. Mumbai Mirror*
- q. *Sustainable development: National conference on practice-based research. (2024, March 20). The Daily Eye*

I. ACTION, RESEARCH AND ADVOCACY PROJECTS

1. To Build Organisational Sustainability and Future Readiness

Activities accomplished during this period

1. Consultants Engaged for SATHI's Project: We have recently engaged a few consultants to assist with SATHI's health narrative lab. Two of them are experts in multimedia, while another specializes in social media, ensuring effective content dissemination.
2. Website Improvement and Glitch Repair: The website is now under the management of a new agency to enhance its functionality and fix existing glitches. This decision, initiated after receiving a website audit report from GROW, has led to the commencement of improvement work. We had a couple of rounds to improve its design. However, we ultimately decided to redevelop the website, given the various fundamental limitations and flaws in the existing design. The work has recently been initiated, and we are hoping for a much-improved, efficient, and aesthetically better version of the website.
3. Staff Training on Health Rights: SATHI supported one staff member in attending a ten-day training program organized by Prayas, Rajasthan. The program focused on health rights approaches and community health action.
4. Exploratory Visit to Bombay Municipal Corporation (BMC): Two team members visited the Bombay Municipal Corporation (BMC) for a research activity, exploring potential opportunities for domestic fundraising. This follows communication from BMC officials regarding potential collaboration.
5. A three-day meeting on planning the future strategy of the organization and fundraising was organized in December 2023. The sessions included reflections and brainstorming on SATHI's thematic areas of work and fundraising strategies, as well as SATHI's partnership model for community health intervention – critical assessment and the way forward.
6. A session was organized on domestic fundraising. The resource person was Mr. Kunal Verma. He provided an overview of the current landscape of fundraising in India and discussed various ways of sustainable fundraising, including individuals, corporates, government institutions, multilaterals, bilaterals, trusts, and foundations. He emphasized the need for concrete sources for sustainable fundraising for the organization.
7. Through SATHI's Health Narrative Lab, as of now, we have achieved the following:
YouTube Subscribers: 750,
content: 300 broadcasting activities,
Facebook page reach: 10,600,
WhatsApp group members: 1,420, and total beneficiaries of around 220,000.
8. In keeping with organizational policies, a session on the Internal Complaint Committee (ICC) was organized for the orientation of SATHI staff and consultants.

In addition to participating in GROW EDGE, we also participated in the two-day India Fundraising Conference (IFRC 2024) organized by India Leaders for the Social Sector & Resource Alliance in Delhi. Also participated in The HUB LMS e-Course.

2. Improving Maternal Health and Nutrition Services for Urban Poor in Pune City

Background –

Anusandhan Trust- SATHI is currently working in seven large slums and two small slums with 33 Anganwadis (886 pregnant and lactating women and 539 children (0 to one year age group)). The target population of the project is pregnant and lactating women and zero to one year age group children. Activities carried out during the mentioned period (April 2023 to March 2024) are monthly tracking of the beneficiaries, follow-up of malnourished children, stakeholder workshops for people residing in slums, capacity building of field facilitators, community-level awareness about health and nutrition services, ASHA workshops, health and nutrition fair (आरोग्य व संवाद मेळावा), beneficiary visits to the dispensary, and 8th March Women's Day program in the slums.

Summary of Yearly Progress-

April 2023: in coordination with the ICDS department, a workshop for Anganwadi workers was organized for 31 Anganwadis in the intervention area. In the workshop Anganwadi workers were given training on the

importance of first 1000 days (conception to child's second birthday) and how they can serve this population as a target group. A stakeholder workshop was organized for Ramnagar area, where local health and related issues were discussed with various stakeholders residing in the slum. Based on this, consolidated committees were proposed to discuss these issues further in the vasti.

May 2023: PMC asked the SATHI team to conduct training for ASHA's. SATHI took this opportunity and conducted five trainings for ASHA workers from 22nd May to 26th May 2023. Total 150 ASHA's were trained on how they can provide information about the topic- Anemia to the beneficiaries, ASHA's roles and responsibilities in the community, and how they can follow up with the target beneficiaries which will help increase their incentives.

Stakeholder workshops were organized for Vadar vasti, Kamana Vasahat, Mavle Ali and Gokul Nagar area where local health and related issues were discussed with various stakeholders residing in the slum. Based on this, consolidated committees were proposed to discuss these issues further in the vasti.

June 2023: SATHI organized "आरोग्य व संवाद मेळावा" (Health and Nutrition Fair) for all the beneficiaries in the intervention areas. In this melava PMC Health Officer Dr. Kalpana Baliwant was present where she shared her views on maternal and child health and nutrition. Along with her Dr. Anjali Tilekar, Ward Medical officer, Kothrud was also present, Ex corporator Mrs. Laxmitai Dudhane was present as representative of people. From SATHI Dr. Dhananjay Kakade, Director and Dr. Abhay Shukla, state health department - SMC member were in attendance for the melava. Ujwala Patil from Bajaj Finserv was present for the Melava. As beneficiary's 300+ women and their 60+children attended this melava. One ASHA (Subhadratat from Janata Vasahat) performed a traditional folk song called "Bharud on importance of immunization for children". Arogya Sathi's recorded a "MOM minister song" for the melava. Inauguration of the melava was done with two pregnant and two lactating beneficiaries from the vasti. Women were encouraged to take part in the games of "MOM Minister" and "Poshan Minister", a total of 20 women participated in the games. Three winners were announced for each game. The point of attraction of the melava was a rap song on "anemia", three school children (Pritam, Shardul, Yash) from the vasti performed this song which received a resounding response from the audience. The melava was a success and all the participants thoroughly enjoyed themselves.

July 2023: the SATHI team was focused on updating and tracking data of beneficiaries. In the June, we organized a big event, so the monthly meeting of beneficiaries and tracking was an important activity conducted in July 2023.

August 2023: regular beneficiary group meetings were conducted in 51 groups. Meetings were conducted on the topic of regular ANC checkups, the importance of breastfeeding, and the importance of weaning foods for children 6 months and above.

A stakeholder workshop was organized for Laxmi Nagar and Sambha Nagar area on 31st August 2023 at the local dispensary in Laxmi Nagar. A total of 22 people participated in the workshop. The SATHI team shared the baseline findings with the stakeholders, and held a discussion on how they can improve this situation. A mutual decision of availing health services from government hospitals in an effort to reduce their health expenses was taken by the stakeholders.

"Mahila Arogya Samiti" formation and activation workshop was conducted in the SATHI office on 26th August 2023 for Arogya Sathi's.

September 2023: Slum level group meetings were conducted on the topic of underweight children and how to reduce malnutrition. The reason behind selecting this topic was during monsoons children fall sick due to polluted/contaminated water and low sunlight, in this period the health of children in the age group (1-2 years) is particularly vulnerable. Through group meetings Arogya Sathi's discussed precautionary measures to be followed for good sanitation and hygiene, how to identify low weight babies and children and steps to take to treat low weight.

On 5th September 2023 a stakeholder workshop was conducted in Gosavi Vasti to share the baseline findings with stakeholders. A total of 20 people were present for the workshop.

Since this was a festive season; we took the opportunity to spread awareness in the slums in co-ordination with the Ganesh Mandals and conducted four MOM Minister programs in our intervention areas.

On 8 September 2023, SATHI Program team conducted an exposure visit to the Anganwadi centre in Ghatghar village in Junnar to understand how the health workers are working with malnourished children and what type of counseling is provided to their parents.

October 2023: To celebrate the festive season of Navratri we came up with the concept of growing your own microgreens wherein we provided seeds to our beneficiaries and told them to grow their own microgreen pots. During our vasti level MOM Minister programs these pots were showcased, we also conducted recipe competitions prepared from these microgreens. This campaign was an interesting experience for all the women and they also became aware about easily available yet high in nutrition microgreens which can be grown easily in one's home. This campaign was aimed to help low-income families easily enhance their nutritional status with microgreens. These programs were conducted in all the slums in our intervention area.

November and December 2023: the SATHI team updated the tracking sheets by visiting each and every beneficiary. In these two months 267 new beneficiaries enrolled in the program. Arogya Sathi's filled up mWater forms and made home visits to low-weight children for follow-up and counseling with their parents.

January 2024: Tracking and follow up of beneficiaries was done in each slum. Arogya Sathi conducted group meetings and gave information about the foods which should be consumed during the season of sankrant and what is the importance of these particular foods.

February 2024: Arogya Sathi conducted group meetings and practical demonstration on the topic of WASH (water, sanitation and hygiene), which included correct hand washing technique and the use of alum to chlorinate drinking water. We also prepared nutri-seed powder samples (made from easily available low-cost oilseeds), and demonstrated how to it can be used in improving children's weight. We prepared flip charts for nutri-seeds and amylase rich foods as education and awareness material and distributed it in Anganadis. This concept was widely liked by the Anganwadi workers and beneficiaries. A stakeholder workshop was organized for Vadar Vasti on 6th Feb 2024 to share the data findings and involve the beneficiaries as well as the stakeholders in the program. 15 people were present for the workshop. On the 7th Feb 2024, SATHI organised a training session on POCSO Act for the field staff to understand this particular law and how to deal with such cases if they see in their field work.

March 2024: we celebrated International Women's Day by conducting a program in all slums with our beneficiaries. A total of 14 programs were conducted; the theme of the program was laws and schemes related to women's health.

We conducted an ASHA workshop on "establishing MAS" in two ward offices. Workshop was conducted at Warje ward office hall where Ward Medical Officer Dr. Aruna Tarde was present for the workshop.

Along with ASHA's, ANM and nurses from dispensaries and hospitals under the two wards were present for the workshop. 64 people were present for the workshop.

A total of seventeen review and planning meetings were conducted to review the project activities and planning of upcoming activities. A total of 13 visits to frontline health workers, Anganwadi centers, public health institutions, PMC officials have been done to address vasti level issues or difficulties in accessing the public health services.

Stakeholder workshop-

- 1. ASHA workshop-** With support from PMC, SATHI organized a stakeholder's workshop for 150 ASHAs from 22nd to 26th May 2023 In the continued sessions ASHA's were oriented about anemia and how they can ensure good hemoglobin levels and prevent anemia in pregnant and lactating women. The second session focused on how they can improve their performance by working smartly and provide health services to poor people, thereby increasing their source of income. In the last session, "ASHA's page" or "*आशाचे पान*" was introduced in which we motivated ASHA's to write and submit stories of their efforts which can help them and their work in receiving recognized from the community. PMC health officer Dr. Vidya Nagmode and Dr. Jayashree were present for the workshop and shared their views about ASHA's work and how their work performance can improve. On behalf of SATHI team, Trupti Malti, Bhausahab Aher and Hemraj Patil gave presentations for the workshop.



2. **Laxmi Nagar Stakeholder Workshop-** 31st Aug 2023 Workshop was organized at the Laxmi nagar PHU. 19 people in total were present for the workshop. Along with the Vasti level representative, doctors and ANM from PHU, ASHA workers, and Anganwadi workers were also present for the workshop. In the workshop, service delivery issues were discussed as well as health scheme related information and how people can avail such services.
3. **Gosavi Vasti Stakeholder Workshop-** 5th September 2023 stakeholder workshop was organized at the Anganwadi in Gosavi Vasti. 15 people in total were present at the workshop. Along with the Vasti level representative, ANM from Bindu Madhav Thakare PHC, ASHA workers, and Anganwadi workers were present for the workshop. In the workshop, service delivery issues were discussed as well as health scheme related information and how people can avail such services. Women asked questions related to services and how can they easily access the health services in the PHC, these points were discussed in detail in the workshop.

The project objectives aimed at:

1. **Improving access to health and nutrition services for pregnant and lactating women. – 886 women were helped in accessing health services.**
2. **Improvement in enrolment of pregnant women and increased access to ANC check-ups- 347 women and 539 children were enrolled in the health system to get access to health and nutrition services.**

Challenges encountered and resolved-

1. Three slums in our intervention area: Gokul Pathar, Khan Vasti, Annabhau Sathe chowk-Ramnagar do not have anganwadi centers. Despite being settlements as old as 25 years the residents of these three areas are deprived of Anganwadi and its benefits and services. With the help of our program, Arogya Sathi's working in these areas have been able to make people aware of this issue and work actively in getting an Anganwadi center approved. Till date we have been written letters asking the ICDS department to open anganwadi centres in these areas.
2. Beneficiaries faced a problem in accessing Anganwadi services and THR as well as approaching ASHA workers for ANC and PNC services due to the strike of Anganwadi and ASHA workers. Pregnant women and children 6 months and above did not receive THR due to the strike. The workers had gone on strike for over 2 months over pending demands of financial compensation and job benefits.

Annexure I: Case Story

Registration of mother and child in Vitthalnagar Anganwadi

Vaishnavi Tai has been associated with the Maternal and Child Health and Nutrition Program since she was 8 months pregnant, she hails from Latur and has been living in Pune for the past 3 years. After the birth of the baby, it was necessary to register him and her older child of 3 years in the Anganwadi but because they reside in the Gokul Pathar area there is no Anganwadi in the area making it difficult for them to receive the benefits of Anganwadi. Sudha tai took the initiative and requested Sushma Dewar, an Anganwadi worker from nearby Vitthal Nagar area to register the baby and the older child in her Anganwadi. Anganwadi worker Sushma Diwar registered both the children's names and they started receiving THR regularly. When Dheeraj turned six months old, his half-yearly birthday was celebrated in the Anganwadi. In this program, a session was taken on the importance of weaning foods, what should be given to the baby along with the hygiene and care that must be followed by preparing the food and while feeding the child. After this, the growth and

development of the baby was guided by continuous communication with the beneficiary as a result, the child is now healthy. At the same time, mother and baby benefit from the Anganwadi THR and both are in good health.

Bringing a child out of malnutrition

This beneficiary's baby is currently 2 years old but when he was enrolled as a beneficiary during the survey he was malnourished and on inquiry it was observed that he was not gaining weight despite various efforts. He was also suffering from fever and stroke and his treatment was underway at Patil Hospital. The family was counselled on the diet that needs to be given to the child in order to ensure good health and growth. Rupali Tai guided them as to what needs to be included in his diet and told the Arogya Sathi to regularly monitor the child's overall growth and weight. After a lot of efforts, the child slowly but steadily came out of malnutrition and is now healthy and he goes to the Anganwadi regularly.



3. Strengthening Maternal and Child Health and Nutrition Services Through Women's Group Participation in select rural parts of Maharashtra

I. Background

Anusandhan Trust- SATHI is currently working in four districts of Maharashtra. (Amravati, Nandurbar, Yawatmal, and Thane. One block of each district and 15 villages in each block- Around 1000 Pregnant and Lactating mothers and 2000 children in the age group from 0 to 3 years.) The target population of the project is pregnant and lactating women and 0 to three-year age group children. Activities carried out during the mentioned period (Jan 2023 to March 2024) are field visits, community-level awareness about health and nutrition services, PHC Melava, block-level meetings, District conservation, and monthly tracking of beneficiaries for availing eligible health and nutrition services and schemes. A network of stakeholders is built around maternal and child health services

I. Summary of Yearly Progress

- **Completed a Block-level Orientation Workshop with stakeholders in four blocks-**

Dhadgaon (Nandurbar Dist.), Dharani (Amravti Dist.), Ghatnji (Yavtmal Dist.), and Murbad (Thane Dist.). Around 250 stakeholders have participated in this workshop. The primary objectives of the workshop were to orient ASHA and Anganwadi workers, ANM, CHOs, and MOs involving them in the project integration process, and to establish liaison with block-level health officials to secure their endorsement and support for the project.



- **Women group formation and Training-** In 60 villages, oriented the women's groups about available health and nutrition services, schemes, the role of different stakeholders who could assist with access to healthcare and nutrition services, and the process of applying for entitled scheme benefits. **Women groups meeting at Village level-** In each of the 60 villages, a crucial initiative was undertaken to empower and educate women through monthly group meetings. These gatherings, facilitated by Anganwadi Sevikas and ASHA workers, played a pivotal role in disseminating vital information regarding health and nutrition services, government schemes, and the application process for entitled benefits. Each meeting served as a platform to address various aspects of women's and children's health, covering various topics. Participants were informed about the importance of adopting best feeding practices for infants and young children, ensuring optimal growth and development. We also provided Amylase-Rich Foods (ARF) packets to underweight and malnourished children.



- In addition to the monthly group meetings, training sessions were conducted for Anganwadi workers and mothers on managing SAM, MAM, and SUW-MUW children. These sessions utilized Flipchart presentations to provide comprehensive guidance on preparing Amylase-Rich Foods (ARF), a crucial component in addressing malnutrition among children. Through interactive Flipchart sessions, Anganwadi Sevikas and mothers were equipped with the practical knowledge and skills necessary for preparing ARF. The training covered various aspects, including the ingredients, preparation methods, and appropriate feeding practices for ARF. By employing visual aids and participatory learning techniques, the sessions ensured adequate understanding and retention of the information shared. By empowering Anganwadi Sevikas and mothers with the ability to prepare ARF, the initiative aimed to enhance their capacity to address malnutrition effectively within their communities.



- Additionally, discussions centered around sharing nutritious recipes to promote healthy eating habits within households were held. The meetings also delved into critical healthcare services tailored for high-risk pregnancies, providing expectant mothers with essential guidance and support to navigate this delicate phase of their lives. Furthermore, attention was dedicated to addressing the pressing issue of childhood malnutrition. Information and resources were shared to assist in the identification and management of malnourished children, emphasizing the importance of timely intervention and access to appropriate healthcare services. These monthly gatherings served as invaluable platforms for education, empowerment, and community engagement. By equipping women with knowledge and resources, the initiative aimed to enhance mothers' and children's health and well-being, ultimately contributing to the overall development of the communities involved.

- **Monthly tracking of ANC-PNC and 0-3-year-old underweight children during intervention-** From July 2023, In 60 villages, monthly meetings were held to track the progress of ANC-PNC mothers and 0-3-year-old children regarding the availability of health services. Beneficiary tracking was conducted to determine which health and nutrition services, as well as schemes they availed.

- After baseline, from July 2023, monthly follow-up of mothers and children was started and every month newly registered mothers and children were added, cases of abortions, stillbirths, child deaths, migration, beneficiaries shifted permanently from the village, and mothers completed 6 months after delivery and children completed 36 months of age were marked out of the project. The above table shows the total active P & L mothers and children from 0-36m of age, registered in the project are shown. **Around 329 mothers and 322 children registered newly in the intervention period after baseline. In March 2024, active ANC-265, PNC-181, and 0-3-year-old children- 1606 from 61 villages were registered in the project by field facilitators who are working continuously along with the assistance of Anganwadi and ASHA workers.** During the same period, A field facilitator visits the homes of children who do not come to Anganwadi and guides their parents to take them to Anganwadi.

- Information about children in the age group of 0 to 3 years was collected from the Anganwadi centers. Children whose weight fell outside the normal range had their weight and height checked (Anthropometry), and
- parents were provided with explanations regarding the nutritional category of their children based on growth chart indicators. Follow-up efforts were made with Anganwadis and parents to improve the nutritional status of children classified as SAM (Severe Acute Malnutrition), MAM (Moderate Acute Malnutrition), SUW (Severely Underweight), and MUW (Moderately Underweight).



- **Awareness program-** Provided information about breastfeeding practices through the 'Shanpan Saptha,' organized a 'Ran Bhajya exhibition', promoted available local food and best food practices, and conducted food demonstrations as part of the 'Poshan Mah' initiatives in collaboration with Anganwadi. 598 women participated in the 'Ran Bhajya Mahotsav'. A 'Ran Bhajya exhibition' was organized at the Anganwadi level. Women from the local community brought 'Ran Bhajya' for the event. With the active participation of women, activists, and Anganwadi workers, attendees were informed about the importance of wild vegetables and the nutrients they provide. The vegetables were classified into different food categories, including protein-containing, energy-giving, carbohydrate-containing, vitamin-rich, and salt-containing components.

- **Organized PHC-wise beneficiaries' Melavas** - In 12 PHCs across four blocks to understand their problems in accessing health services, facilitating dialogues to comprehend issues related to service delivery, and gaining insight into the beneficiaries' perspective on accessing health and nutrition services. ANC women who encountered difficulties accessing health services in the village were invited to the monthly camps under the 'Manav Vikas mission' at the PHC level and underwent screening. Follow-ups were conducted with women at the village level to ensure that all ANC women attended the camp.



- **Block-level official meetings-** It effectively conveys the action of organizing 4 Block and district-level dialogues involving local health officials and ICDS officials across four blocks to address various issues related to service delivery, enhance health and nutrition services, and tackle local-level challenges.

- **District-level conventions-** In the past year (from Dec 2023 to March 2024), district-level conventions were convened in four districts (Yavatmal, Nandurbar, Amravati, and Thane), bringing together women's groups, health and Integrated Child Development Scheme (ICDS) officials and workers, concern officials, and Panchayati Raj Institutions (PRIs) members. These gatherings served as platforms to discuss the challenges faced and potential improvements within the project. Throughout these conventions, valuable insights were shared, strategies were deliberated, and collaborative solutions were explored to address various community issues.



The conventions provided a forum for constructive dialogue and collective action, fostering partnerships and enhancing the effectiveness of initiatives aimed at promoting maternal health and well-being and improving the delivery of essential services through ICDS and the health system.

- **A State Level Workshop on the 29th of February and 1st of March 2024 in Pune.**

The workshop was **attended** by around 20 participants from various districts of Maharashtra such as Yavatmal, Amravati, Thane, and Nandurbar, including health activists at a local level. The workshop was focused on the implementation of maternal and child health and nutrition services at the local level in villages amongst the population. The workshop also conducted a review of the maternal and child health and nutrition services that are being implemented at the local level. Finally, we also deliberated on developing strategies for maternal and child health and nutrition services both at the local and state levels.



III. Results achieved In the Last Financial Year

Expected Deliverable/Result	Status/Achievement this Quarter
Deliverable 1: Capacity-building workshop for the field team.	
Capacity building workshop for the field team	Second State Level Workshop (Reorientation workshop) on the 29th of February and 1st of March 2024. The workshop was attended by around 20 participants. The workshop conducted a review of the maternal and child health and nutrition services that are being implemented at the local level.
Deliverable 2: Baseline survey in selected villages of four districts	
Baseline survey conducted in selected villages and enrollment of ANC & PNC mothers and 0 to 3 years age group children in 60 villages.	February to March 2023 Data was collected during this period. The baseline data collection phase was successfully carried out using the M Water app, facilitating efficient data entry and management processes. A baseline survey was conducted on 567 women and 1599 children. Subsequently, the collected data was meticulously analyzed, and a detailed report summarizing the baseline findings was generated.
Deliverable 3: Block-level orientation Workshop with various Stakeholders	
Four workshops in four blocks 240 participant stakeholders	Dhadgaon (Nandurbar Dist.), Dharani (Amravati Dist.), Ghatnji (Yavtmal Dist.), and Murbad (Thane Dist.). Around 250 stakeholders have participated in this workshop.
Deliverable 4: Capacity building of the women's groups	
60 women groups in four blocks	In 60 villages, oriented the women's groups about available health and nutrition services, schemes, the role of different stakeholders who could assist with access to healthcare services, and the process of applying for entitled scheme benefits. Approximately 400 meetings have been conducted in these 60 villages throughout the year.
Deliverable 5: Breastfeeding practices, best food and recipe practices, and food demonstrations	
ANC-PNC and 0-3 years children's families in 60 villages of 4 block	Provided information about breastfeeding practices through the 'Sthanpan Saptha,' organized a 'Ran Bhajya exhibition', ARF promoted available local food and best food practices and conducted food demonstrations as part of the 'Poshan Mah' initiatives in collaboration with Anganwadi. around 600 women participated in the 'Ran Bhajya Mahotsav'.
Deliverable 6: Review & Planning Meetings	

Project-level activities review and Planning meeting	Three meetings of field team members in Amravati (Dahrani), Thane (Murbad), and Yavatmal (Ghatanji) have been conducted.
Deliverable 7: PHC-wise beneficiaries Melava	
PHC-wise beneficiaries Melava for understanding their problems in accessing health services.	28 PHC Melava was done in four blocks and participated in around 20 Manav Viaks Camps. Above 250 beneficiaries attended PHC Melava's and Manav Vikas camp.
Deliverable 8: Monthly meetings and beneficiary tracking	
Monthly meetings and beneficiary tracking to ascertain which health and nutrition services they are availing Every month, enrolled 1000 women and 2000 children will be visited by the field facilitators	From Mar-Apr 23 to March 2024, a total of 1030 P & L women and 1963 children registered in the project. In March 2024, ANC-265, PNC-181, and 0-3-year-old children- 1606 from 61 villages are active with the assistance of Anganwadi and ASHA workers.
Deliverable 9: Quarterly meetings with local health officials	
Quarterly meetings with local health officials and concerned service providers, to improve health and nutrition services and tackle the challenges at the local level.	It effectively conveys the action of organizing 20 Block and district-level dialogues involving local health officials and ICDS officials across four blocks.
Deliverable 10: Yearly district-level convention	
Yearly district-level convention to discuss challenges and improvement in the project with women's groups. 4 Convention in four districts.	in Feb and March 2024, district-level conventions were convened in four districts, bringing together women's groups, health and Integrated Child Development Scheme (ICDS) workers, relevant officials, and Panchayati Raj Institutions (PRIs) members. Around 200 participants attended the convention.

4. Restoring health services for post-pandemic recovery of health systems by building capacities of grassroot teams in rural and urban communities of Maharashtra, Araria, Katihar, and Saharsa districts of Bihar

Background and scope of intervention

The public health crisis in India is not new, but the magnitude of the crisis in both rural and urban areas is being felt with new intensity during the COVID-19 pandemic. Maharashtra is the worst-affected state in the COVID-19 pandemic, and Pune is among some of the badly affected districts. The pandemic is revealing that an already under-resourced public health system with a shortage of health staff, doctors, basic equipment, and facilities is further deteriorating. Against this backdrop, SATHI is currently working on three distinct interventions in the rural and urban areas of Maharashtra.

"SATHI focuses on specific rural and urban health institutions and processes to enhance access to health services. The organization has initiated community-level dialogues between health functionaries and the public, with the goal of highlighting community perceptions of health services in meetings with health officials."

1. Urban Health Intervention: -

To improve people's access to urban health services through community participation in the three cities of Pune, Nashik and Solapur. The main activity as per government order is Mahila Arogya Samiti (MAS). As we find out, Mahila Arogya Samiti was started by the government in 2013. But there is no information at the grassroots level till 2023. In 2018-2019, Asha workers formed MAS, but could not bring it into function. After the COVID 19 outbreak, all this came to a halt. All this background that SATHI has taken the initiative to activate this MAS, functioning in the urban poor slums in the working-class community. MAS can be formed, oriented and worked actively.

- a. **Selection process of three cities, facilitators, and pilot visit in intervention area** work completed in July and August 2024 month.

b. Selection of UPHC (Urban Primary Health Centers)-

1. **Pune (5 UPHCs)**, Arvind Bartakke, Barate UPHC, Vijayabai Shirke UPHC, Bindu Madhav Thakare UPHC, Sutar Hospital. community area covered Warje Malwadi, Karvenagar, Ramnagar, Laxminagar, Ghosavivasti, Vitthalnagar, Karvenagar, Sambhanagar
2. **Nasik- (5 UPHCs)-** Masrul, Makhmalabad, Hiravadi, Mata Savitribai Phule, Bharatnagar. community area covered Mahatma Phule Nagar, Multanpuram Bharatnagar, Wadalagaon.
3. **Solapur (2 UPHCs)-** Ramwadi UPHC, Juni Vidi Gharkul UPHC (community area covered Vidi gharkul and Ramwadi)

c. Community level work- Visits for situational observations about the MAS. Awareness and initiate the process for formation of MAS. Small meetings and MAS formation process are completed in all three cities.

d. Overall, 55 MAS are formed at community level and 10 MAS formation process is ongoing.

e. Meeting with officials of Municipal corporations (MC)- We tried to MAS formation and functioning jointly with MCs in all three cities. We received positive responses from Solapur and Nasik MCs for jointly work on MAS. In Pune, ward Medical officials also cooperative for MAS formation.

f. Trainings of Rugna Kalyan Samitee (RKS), Mahila Arogya Samitee (MAS), Community representatives in Nashik, Solapur and Pune

- o Four workshops have been conducted at the city level jointly with the Municipal Corporations in the three cities, instead 8 smaller workshops are conducted at the UPHC level.

g. Conducted MAS meetings in Pune and Solapur at the community level.

h. Positive impact

1. In Nashik city all 20 MAS received funds (1260 Rs for each MAS) from Municipal Corporation.
2. MAS starting expenses from the received funds, Nashik.
3. Vidya Gharkul UPHC gives badges to MAS members, a good start for recognition as committee members Regularized monthly meetings of MAS in Solapur.
4. Planning activities for MAS functioning is a very positive initiative at the community level.



2. Bihar Health Intervention with JJSS (Jan Jagran Shakti Sanghatan):- Restoring health services for post-pandemic recovery of health systems by building capacities of grassroot teams in Araria, Katihar and Saharsa districts of Bihar.

We have completed three workshops with Jan Jagran Shakti Sanghatana, Bihar.

- A. **1st workshop** on Understanding the Public Health System, Health Rights and myths about Saline and injection dated 5th to 7th July 2023

As we had planned, the introduction session of the first workshop was long. It was important to ask participants questions about their personal, social, economic and political life experiences and understandings. This exercise helped us understand different aspects of the participants.

B. 2nd workshop on Nutrition dated 1st and 2nd December 2023.

This workshop mainly focuses on Health and Nutrition, where participants learn about their own bodies and the functioning of each organ, the concept of malnutrition, and how to measure and tackle it, as well as the concept of a healthy diet. They also learn about health and nutrition services provided by the government.

C. 3rd workshop on reproductive health, Anemia and a visit to a public hospital dated 3rd to 6th March 2024

Positive impact- Arulia Didi of Saharasa said, “Ambulance drivers were demanding money to drop pregnant women to the hospital for delivery. Didi refused. Then the nurse of the government hospital again asked for



Rs 2500 for the delivery, Arulia didi refused and strongly protested against corruption (bribe). Didi said that we did not pay even a single rupee and done free delivery. Not only this, ANM also said sorry. After that, the ambulance took the delivered woman to her home.

Both Mamta and Salo told a similar story that happened in their village, where government health workers were demanding money for delivery. Both of them also vehemently denied it.

We are so happy to hear these positive impact stories. All our Health Activists increased their interest and stamina to learn and implement health work in their village.

In the review session of the previous workshop on malnutrition, many of them had remembered weighing machine, growth chart, 1000 days of newborn, how to identify pneumonia in newborn, nutritious food, iron tablet, loose motion and home remedy, iodine salt etc. Shohini, Shailesh and Swapnil took this revision session. Shailesh, Swapnil and Bhau were online for this session. Hemraj and Shakuntala took the entire workshop personally.



Rural Intervention:

The initiative of Jan Arogya Samiti in the Bhor and Ambegaon blocks of Pune districts encompasses a wide range of healthcare activities and programs to enhance the community's health and well-being. These initiatives include organizing health camps for screening and treating various health conditions, conducting awareness campaigns on key health issues, and offering guidance and support to individuals and families accessing healthcare services.

Furthermore, the Jan Arogya Samiti collaborates with local healthcare providers and authorities to effectively address healthcare challenges in the region. Additionally, it focuses on initiatives related to sanitation, nutrition, maternal and child health, and other aspects of public health to promote overall community well-being in the Bhor and Ambegaon blocks.

Activity	Bhor Block	Ambegaon Blok
Name of selected Health centers	Kikvi, Jambhali, Shivre, KapurOhal, Kelavade	Asane, Borghar, Kushire, Patan, Shinoli
JAS meeting conducted	We have coordinated 30 Arogya Samiti meetings in the last nine months.	We have coordinated 25 Arogya Samiti meetings in the last nine months.
A listing of NCD patients under selected HWC is prepared.	<ul style="list-style-type: none"> 1580 patients with NCDs (Non-Communicable Diseases) have been enrolled across the 10 Health and Wellness Centers (HWCs), and support groups have been established for them." "WhatsApp groups have been formed for these patients, where information about diabetes and hypertension is shared. 	
NCD patient group formation at the village level under the HWS	Patient groups for Non-Communicable Diseases (NCDs) have been established in 10 Health and Wellness Centers (HWCs).	
NCD Screening camps	2895 individuals have undergone screening at the ten selected Health and Wellness Centers as part of our intervention.	
Capacity building of Jan Arogya Samitee members	The Jan Arogya Samitee (JAS) formation process was jointly completed in the Bhor and Ambegaon blocks, Pune, with the Block Medical Officer (BMO). A total of 10 Health and Wellness Centers (HWCs) were trained as JAS members, with 100 participants participating in this training.	
Refresh training and Social Audit	A refresher training session was organized for the Social Audit process, successfully conducted across 10 Health and Wellness Centers (HWCs) in the Bhor and Ambegaon blocks. This process aimed to evaluate the performance of the HWCs and their services by the members of Jan Arogya Samitee (JAS).	

Decisions and implementations at the Health and Wellness Centers have been made through meetings of the 10 Jan Arogya Samiti members in the Bhor and Ambegaon talukas of the Pune District.

Health and Wellness Center	Initiative of Jan Arogya Samiti by Bhor block
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<p>Shivare HWC, Bhor block, Dist. Pune</p>	<ul style="list-style-type: none"> • At the initiative of the Jan Arogya Samiti (JAS), changes were made to address the lack of provisions at the Shivare Health and Wellness Center (HWC) to accommodate ANC-PNC meetings, Asha Sevika meetings, and attendees of the NCD screening camp. The JAS coordinated with the Gram Panchayat and Gram Sevak to construct a shelter using funds from the 15th Finance Commission, providing a shed to serve these purposes. • With the financial support of the Gram Panchayat, the grass and unwanted small trees growing at the back of the HWC were removed. The soil was then leveled, and compounded, and medicinal plants were planted. • The Gram Panchayat, with the support of JAS initiatives, took proactive measures to address the issue of rainwater entering from the HWC wall. By employing laborers to build a separate cement wall one and a half feet high and constructing a drain to divert water away, they aimed to mitigate the problem and protect the HWC from potential damage caused by water ingress. Such collaborative efforts demonstrate the local government's commitment to addressing community concerns and improving infrastructure to benefit residents • A health session was organized on the initiative of the Community Health Officer (CHO) to educate 78 adolescent girls, aged between 13 to 16 years, about reproductive health. This session was conducted through the Jan Arogya Samiti (JAS), aiming to provide guidance and information on important aspects of reproductive health to empower the girls with knowledge and awareness. Such initiatives highlight the commitment of the local health authorities to promoting health education and well-being among the community members, particularly among vulnerable groups like adolescent
<p>Kelvade HWC, Bhor block, Dist. Pune</p>	<ul style="list-style-type: none"> • Patients with BP and diabetes complained to Jan Arogya Samiti about medicine shortages. Jan Arogya Samiti discussed this issue with the Gram Panchayat Kelwade, and as a result, drugs were purchased for ₹58,000 from the 15th Finance for the Health and Wellness Center (HWC) in the area. • In response to a high number of eye cases in the area, Jan Arogya Samiti, along with the Sarpanch and Community Health Officer (CHO), conducted eye examinations for school children under the Arogya Vardhini Kendra. However, eye drops were unavailable in the Health and Wellness Center (HWC). Consequently, the Health Committee intervened, and the Gram Panchayat purchased the eye drops, distributing them to children with eye problems. Additionally, guidance on eye care was provided through door-to-door visits, along with pamphlets and dissemination via WhatsApp to raise awareness among the community. • The Health Committee organized a session for adolescent girls and their mothers to discuss anemia, as well as the physical and mental changes that occur during puberty. • In addition, 110 women were tested for hemoglobin levels, and pills were provided to those who were anemic, including women and girls. Furthermore, guidance was offered on the causes, consequences, and solutions for anemia
<p>Kapurohal HWC, Bhor block, Dist. Pune</p>	<ul style="list-style-type: none"> • For seven to eight years, villagers had continuously dumped garbage in the sub-center area. The Auxiliary Nurse Midwife (ANM), Multi-Purpose Worker (MPW), and Community Health Officer (CHO) lodged complaints with the health committee. Following discussions, the Public Health Committee addressed the issue by removing the garbage from the sub-center area. Additionally, villagers were warned against further dumping. The MPW maintained regular communication with the Gram Panchayat regarding this matter and arranged to install a JCB provided by the Gram Panchayat to remove plastic, other waste, and 8-10-foot tall grass growing around the health center. The area was thoroughly cleaned, eliminating foul odors. • In Kapurohal HWC, there was no organized supply of healthy drinking water. Upon discussion by the Health Committee with the Gram Panchayat regarding this matter, the Gram Panchayat consequently provided pipes and taps for the drinking water supply • The Gram Panchayat has allocated a separate hall in Diwale village under the Health and Wellness Center (HWC) for conducting specialized OPDs by the

	<p>Community Health Officer (CHO). These OPDs aim to provide health guidance to adolescent girls and conduct screening for non-communicable diseases (NCDs). Following the agreement, weekly OPDs have commenced in the village under the supervision of the CHO. Additionally, information boards have been installed, funded by the Village Health, Sanitation, and Nutrition Committee (VHSNC), to disseminate information about the OPD services.</p> <ul style="list-style-type: none"> • Awareness campaigns were conducted across villages to educate people about high blood pressure and diabetes, encouraging them to seek treatment at government hospitals. A teacher representative from Jan Arogya Samiti (JAS), along with the Sarpanch, Anganwadi worker, and Accredited Social Health Activist (ASHA), organized village awareness campaigns known as "Jagar Pheri" involving school children, mothers, and teachers in four villages - Diwale, Kapurhol, Harichandri, and Umbre.
Sarola HWC, Bhor block, Dist. Pune	<ul style="list-style-type: none"> • The female student representative of the Health Committee led the discussion panel during the Sarola and Kikvi Health and Wellness Center (HWC) meeting organized by Jan Arogya Samiti (JAS). The focus was on providing separate guidance to school boys and girls regarding the adolescent stage. Accordingly, the Community Health Officer (CHO) mentored high school girls, while the Multi-Purpose Worker (MPW) mentored junior college boys. Thanks to student representation in the committee, school students have started raising health-related issues through it.
Kikvi HWC, Bhor block, Dist. Pune	<ul style="list-style-type: none"> • The Jan Arogya Samiti initiated the procurement of blood group testing kits for school children in Kikvi Health and Wellness Center (HWC) through collaboration with the Gram Panchayat. • To utilize the vacant area in front of the sub-center and prevent the movement of domestic animals in the village, as well as the pollution caused by their excreta, the Sarpanch followed up on the matter. Consequently, funds were allocated from the Zilla Parishad. These funds were utilized to construct a hall, which is now being used for camps and meetings.
	<ul style="list-style-type: none"> • The Community Health Officer (CHO) was found to be inadequately recording the proceedings of Jan Arogya Samiti meetings. Recognizing this issue, the health department did not provide any training to address it. Subsequently, a joint workshop was organized for all CHOs across Bhor, Velha, Ambegaon, and Junnar talukas, aiming to improve their skills in documenting meeting proceedings. This workshop was attended by 60 CHOs, two Taluka Health Officers (THOs), all Medical Officers (MOs), and Rural Health Scheme (RKS) coordinators from the district level. Additionally, a follow-up workshop was arranged at the District Health Office (DHO) level to guide CHO, Auxiliary Nurse Midwife (ANM), and Multi-Purpose Worker (MPW) regarding Jan Arogya Samiti (JAS) and the social audit guidelines of the National Health Mission (NHM). • The Jan Arogya Samiti and Health and Wellness Centers (HWCs) in Shivre, Kelawde, Kikvi, Kapurohal, and Sarola located in Ambegaon taluka of Pune district, have collectively organized and initiated screening camps for 495 NCD (Non-Communicable Disease) patients. This effort demonstrates a proactive approach towards addressing health issues within the community and providing essential healthcare services to those in need. The distribution of NCD cases in each village is as follows: Shivre - 76 patients, Kelawde - 109 patients, Kapurohal - 99 patients, and Sarola - 97 patients.

Health and Wellness Center	Initiative of Jan Arogya Samiti by Ambegaon block
Borghar HWC, Ambegaon block, Dist. Pune	<ul style="list-style-type: none"> • Thanks to the initiative of Jan Arogya Samiti, Borghar Health and Wellness Center (HWC) received essential equipment and facilities from the Gram Panchayat. These included a machine for steaming children, a blood pressure apparatus, an HB kit, 1 computer, 1 printer, 1 table, and 1 cupboard. • Through Borghar Jan Arogya Samiti and the Health and Wellness Center (HWC), NCD screening camps have been conducted at the sub-center level, with one

	<p>camp held so far screening 94 persons. Additionally, during regular OPD hours, more than 600 individuals have been screened, resulting in the identification of 10 new patients. Currently, there are a total of 110 active patients undergoing treatment.</p>
<p>Asane HWC, Ambegaon block, Dist. Pune</p>	<ul style="list-style-type: none"> • The matter of filling the vacant post of Multi-Purpose Worker (MPW) at Asane Health and Wellness Center (HWC) was raised in the Gram Sabha and subsequently presented to the Zilla Parishad for consideration. Furthermore, the Public Health Committee decided to undertake various infrastructure improvements at the HWC, including installing drinking water facilities, procuring computers and printers, constructing separate toilets, laying cement blocks, and repairing drainage lines. These decisions aim to enhance the functioning and facilities of the HWC to serve the community's health needs better. • Through the collaborative efforts of Asan Jan Arogya Samiti and the Health and Wellness Center (HWC), NCD screening camps have been organized at the sub-center level. One camp has been conducted so far, screening 45 persons. Additionally, during regular OPD hours, over 400 individuals have been screened. Presently, there are a total of 85 active patients undergoing treatment, highlighting the commitment to addressing non-communicable diseases and promoting community health in the area.
<p>Shinoli HWC, Ambegaon block, Dist. Pune</p>	<ul style="list-style-type: none"> • Following the decision made during the Jan Arogya Samiti meeting of Shinoli Health and Wellness Center (HWC), tablets for BP and diabetes worth Rs. 10,000 were procured at the Gram Panchayat level. Discussions have occurred with the Gram Panchayat about various infrastructure projects, including constructing a protection wall, installing a computer and printer, establishing a water tank, and providing a solar unit for the sub-center building. Additionally, repairs have been carried out on the sub-center building to prevent leakage during the monsoon season, and the building area has been surveyed for future construction purposes. Furthermore, a generous citizen from the village has donated five chairs to the sub-center building, enhancing its amenities for community use. • Through the collaborative efforts of Shinoli Jan Arogya Samiti and the Health and Wellness Center (HWC), NCD screening camps have been organized at the sub-center level. Additionally, more than 1000 individuals have been screened during regular OPD hours. Presently, there are a total of 680 active patients receiving treatment, indicating a significant commitment to addressing non-communicable diseases and promoting community health.
<p>Patan HWC, Ambegaon block, Dist. Pune</p>	<ul style="list-style-type: none"> • The Public Health Committee of Patan Health and Wellness Center (HWC) has made several decisions to enhance healthcare services in the area. These include organizing immunization and counseling sessions, completing the construction of the sub-center building, and conducting counseling sessions for NCD patients and pregnant and lactating mothers. The construction work for the sub-center building has been finished, and efforts are underway to complete any remaining minor tasks. These initiatives demonstrate a commitment to improving healthcare accessibility and support for the community in Patan. • Through the collaborative efforts of Patan Jan Arogya Samiti and the Health and Wellness Center (HWC), NCD screening camps have been organized at the sub-center level. Additionally, more than 250 individuals have been screened during regular OPD hours. Presently, there are a total of 108 active patients receiving treatment, indicating a significant commitment to addressing non-communicable diseases and promoting community health.
<p>Kushire HWC, Ambegaon block, Dist. Pune</p>	<ul style="list-style-type: none"> • Thanks to the intervention of Jan Arogya Samiti at Kushire Health and Wellness Center (HWC), several improvements have been implemented. The meter for the electricity connection has been paid, and the necessary materials have been purchased. Additionally, BP diabetes pills were procured using untied funds from HWC. Furthermore, a new board for the sub-center has been established, and the committee has been restructured with changes made to the chairman and other members, including the addition of new members. The issue regarding part-time employees has also been resolved, with the matter discussed in the Gram Sabha and escalated to the taluka level for further action. These efforts

	<p>signify a proactive approach to addressing healthcare and administrative challenges at Kushire HWC.</p> <ul style="list-style-type: none"> Through the collaborative efforts of Kushire Jan Arogya Samiti and the Health and Wellness Center (HWC), NCD screening camps have been organized at the sub-center level. Additionally, more than 600 individuals have been screened during regular OPD hours. Presently, there are a total of 128 active patients receiving treatment, indicating a significant commitment to addressing non-communicable diseases and promoting community health.
	<p>The Jan Arogya Samiti and Health and Wellness Centers (HWCs) in Borghar, Asane, Kushire, Shinoli, and Patan, located in Ambegaon taluka of Pune district, have collectively organized and initiated screening camps for 1111 NCD (Non-Communicable Disease) patients. This effort demonstrates a proactive approach toward addressing health issues within the community and providing essential healthcare services to those in need.</p>



शालेय मुलांची आरोग्य रॅली काढून जन जागृती अभियान संपन्न

पुणे शालेय मुलांच्या आरोग्य रॅली काढून जन जागृती अभियान संपन्न. शालेय मुलांच्या आरोग्य रॅली काढून जन जागृती अभियान संपन्न. शालेय मुलांच्या आरोग्य रॅली काढून जन जागृती अभियान संपन्न.

5.Reconstructing Health Systems beyond COVID

Activities accomplished during the reporting period:

- Finalised and published a full report of the study titled - **Supporting patients or profits?** Analysing Engagement of German Developmental Agencies in the Indian Private Healthcare Sector.
Brief description of the publication- This report is based on a study conducted by SATHI, with support from Rosa Luxemburg Stiftung, on understanding the landscape and impacts of German Developmental Agencies including German DFIs on the health sector in India.
- Finalised and published a research brief of the study- **A research brief on Supporting patients or profits?** Analysing Engagement of German Developmental Agencies in the Indian Private Healthcare Sector.
Brief description of the publication This research brief provides a summary of a detailed report of a study conducted by SATHI, with support from Rosa Luxemburg Stiftung, on understanding the landscape and impacts of German Developmental Agencies including German DFIs on the health sector in India.
- Translated English research brief into German
- Online briefing meeting with international audience-** An online briefing meeting was organised with international audience on 23rd June-33 invitees attended it. It was moderated by Nadja D and panellists were Anna Marriott, Benjamin Hunter, Andreas Gruenewald, Andreas Wulf, Sulakshana Nandi
- National dissemination consultation**
A national consultation was organized on 29th June in Delhi. The consultation was attended by academics, health systems researchers, practitioners, and health activists. The first session, chaired by Prof. Ramila Bisht (academics), featured the presentation of the key findings of the study by Shweta Marathe from SATHI. This was followed by comments from the discussants, namely Dr

Indira Chakravarthi (researcher) and Gautam Dass (patients' activist). The second session, chaired by Prasanna Saligram, focused on analytical reflections and deliberated on recommendations for both German Development Finance Institutions (DFIs) and the Indian government to effectively leverage the potential of DFIs in achieving Universal Health Coverage (UHC). Dr Abhay Shukla from SATHI shared the analysis, followed by interventions from the discussants- Anjela Taneja (Oxfam), Prof Indranil M (academic), and Rakesh Parashar (Researcher). The consultation yielded insightful discussion, contributing to discourse building on the concerns regarding development finance in the Indian healthcare sector.

6. Equitable Health Systems for the Post-COVID World: Using Narrative Strategies to Develop Popular Discourse on Universal Health Care, Strengthening Public Healthcare, and Regulation of the Private Health Sector

● **Capacity building workshop on Patients’ rights under Maharashtra Nursing Home Registration Act (MNHRA)-**

The provisions of public welfare laws reaching people, raising awareness about them, and people using them is a very rare scenario, and health sector is no exception to this phenomenon. The BNHRA of 1949 was amended and included provisions to create the MNHRA on January 14, 2021. Three provisions are extremely important for all people, which have to be displayed in all private hospitals...

- Patient Rights Charter
- Fee Schedule
- Grievance Redressal Mechanism through the respective Municipal Corporation, City Council, and District Council.

However, the lack of awareness is not only among the people but also within the government machinery. Against this backdrop, workshops were conducted with organisations working on health under MNHRA provisions, active workers in those field, and responsible officers in the related areas. In all these workshops, participants including college professors, students, Taluka Panchayat Chairpersons, Zilla Parishad members, village heads, Gram Panchayat members, women's groups, retired officer groups, organization workers, local groups, and government officials. During the COVID pandemic, many felt the issue of patient rights was very close to their heart. Every participant could connect themselves with patient rights, which led to active participation in the workshops. Experiences were shared, and action plans were formulated.



Details of the workshop are as follows-

1. **Bhor Taluka-** Workshop was conducted on 16th May, 2023 at Shankarao Bhelke College with an average participation of 35-40 participants. **Purandar Taluka-** Workshop was conducted on 2nd June 2023 Acharya Atre Pratisthan, Saswad
Conducted a meeting with DHO, Pune for the display PRC and rate card in private hospitals in Pune rural. DHO appointed to ADHO for the MNHRA implementation.
2. **Kolhapur- The** Workshop was conducted on 30th April 2023 Rajarshi Shahu Smarak Bhavan, Kolhapur
3. **Solapur-** The workshop was conducted on 22nd June 2023 at Hotel Dhruv, Solapur.



4. **Yavatmal-** Workshop was conducted on 8th August 2023 Acharya Atre Pratisthan, Saswad
5. **Youth Group, Saswad-** Workshop was conducted on 27th August 2023 MASUM office, Saswad.
6. **Mumbai,** Workshop was conducted on 31st October 2023 in Awaaj-E-Niswaan, for health organisations and activists of Kurla, Mumbai.
7. **Ratnagiri-** The workshop, jointly organized with Chiplun Nagarparishad, took place on 24th February 2024, with participation from more than 60 people.



Initiate the process of the Awareness, Implementation and advocacy of MNHRA in Sangli, Nashik and Pune.

1. **Awareness-** Spread awareness widely about the Patients' Rights Charter and the Municipal Corporation's toll-free number in, various forums, public events, public places, popular materials, pamphlets, poster campaigns etc.



- **Implementation and advocacy-** Rigorously follow up with Health department, Municipal corporation, Civil Surgeon, and District Health officials regarding the formation of Grievance Redressal Cell and release Toll-free number. However, the challenge is to display PRC, rate card and toll-free number in all private hospitals. Despite this, the local government department has issued a letter to the private hospital for this.
- **State level Program on Sharing experiences of implementation of PRC provisions under MNHRA to Health activists and organisations from across Maharashtra-** Workshop organised in Pune on 23rd May 2023. More than 35 participants from 12 cities and rural areas of Maharashtra participated.
- **SHNL- SATHI Health Communication and Narrative Lab**



SHNL programme is now firmly established-

1. Subscription of SATHI's YouTube channel has gone up from less than 11 to 797.
2. Over **300 plus broadcasting** activities conducted across social media platforms.
3. SATHI's Facebook friend list expanded from approximately **1,000 to 5,000** with a notable increase in followers.
4. More than **1,000 individuals** joined the WhatsApp groups.
5. In the last year, 146 video stories, 22 Audio, podcast was developed and published. These stories included wide variety of topics like the usage of medical cups, 108 ambulances, blind mother and child care, etc.
6. Around 200 health messages were broadcasted through WhatsApp, YouTube and other mediums.
7. **Birth Burden- Capturing stories of women-** "Birth Burden"- SATHI's Audio-Video photo-story series. Pregnancy and delivery are burdensome for many poor women. What is it that they expect from government, community, and family members? What do they aspire for? This series is an attempt to show women from diverse communities speaking about their experiences of pregnancy and giving birth. This would be a collage of unheard voices.



Publications -

1. SATHI has developed and published 20 Patients' Rights posters in Hindi.
2. Pocket sanad- one of the most popular publications prepared in SATHI called 'Pocket Sanad'. This is a small foldable card of patients' rights. Easy to carry in the pocket.

3. Patients' voices during the Pandemic- Stories and analysis of rights violations and overcharging by private hospitals, Book.
4. Jagar Rugna hakkancha- Rugnache Adhikar, Jababdarya, Booklet.

7. Amplify accountability issues in the private and corporate health sector, and specific to SRHR, at the national and South Asia Regional level

Description of the Activities

1. PHM Bangladesh organised a meeting in collaboration with HARPS in Dhaka on 30th October 2023. The PHM Bangladesh invited two HARPS representatives for the workshop. In this workshop primarily following issues-
 - Background regarding privatization of healthcare in Bangladesh
 - Concerns about the quality of care and high charges in the private sector
 - Commercial influence of the pharma industry
 - Role of government and public health sector challenges
 - Interactions between the public health sector and the private health sector
 - Weak regulation and accountability of the private health sector in Bangladesh.

This workshop was attended by 35 leading CSO representatives from Bangladesh. In more than one way, the workshop report will be a key contribution to developing discourse on private healthcare accountability issues in Bangladesh.

2. Description of the study- We have undertaken a study that delves into the operational design of existing PPPs in Maharashtra's secondary and tertiary level public hospitals and related challenges. The proposed study seeks to understand the operational and financial design and arrangement between government and private agencies involved in the PPP models on clinical services and analyse the state's (concerned government departments) experiences, including challenges with implementation of PPPs. It will also provide a mapping of the existing PPP models in tertiary public hospitals from two major cities in Maharashtra.

Activities completed so far-

- Study proposal was submitted to IEC for ethics review and approval has been received.
- Mapping of PPPs from 2017-present has been done in Mumbai and Pune and lists have been prepared.
- MOUs have been obtained for six selective PPPs covering range of PPP initiatives.
- We conducted around twenty in-depth interviews of key stakeholders including concerned officials and staff members from public hospitals and municipal corporations, staff from private agencies, patients and health activists.
- Verbatim transcriptions and coding have also been completed
- Review of literature has been done
- Visits were made to public hospitals/departments with PPPs.

8. Analyse medical expenditure, preventing, overcharging and patients' rights violations in the context of COVID-19 pandemic in Maharashtra

Background:

This project implemented by SATHI –with support from Thakur Family Foundation during September 2022 to June 2023 consisted of two components. The research component involved conducting in-depth analysis of medicine related expenditures for a sample of hospitalised COVID patients in Maharashtra. The capacity building and documentation component was linked with promoting patients' rights, through pilot intervention on evidence building and social mobilisation for implementation of patient-oriented legal provisions in selected cities of Maharashtra. Reports of activities conducted under each of these components during the reporting period are given below.

I. Study on pricing of medicines provided by private hospitals during COVID

The cost of medicines has usually accounted for a major portion of healthcare spending in India. The COVID pandemic further impacted the affordability of medicines, especially medications prescribed for treating hospitalised COVID patients. Hence this short study was conducted to document and analyse COVID related medicine charges by private hospitals during the pandemic, in context of Maharashtra. This involved assessment of the overall scale of expenditure on medicines and surgical supplies provided by private hospitals; identification of selected medicines and supplies for price analysis; detailed analysis on margins charged by hospitals, by comparing the charged prices with average hospital procurement costs; and drafting policy recommendations concerning regulation of the prices of medicines provided in private hospitals. The study was based on medicine related bills concerning selected hospitalised COVID-19 patients from various parts of the state. These patients had submitted medical bills during the audit process related to overcharging, related to their treatment for COVID-19 in various private hospitals across Maharashtra, which were available to SATHI. The study was completed in the period from October 2022 to March 2023 and publication of report followed by webinar for dissemination of study findings was completed in July 2023.

II. Capacity building and documentation towards protecting patients' rights in context of private hospitals

The action component of this project has consisted of the following activities in three cities of Maharashtra (Pune, Nashik and Sangli) to document the status of implementation of patient-oriented provisions, combined with capacity building of civil society groups, enabling them to widely publicise and support the implementation of patient-oriented legal provisions.

The following activities were conducted during the reporting period-

Patients' rights assemblies-Based on the fact-finding carried out in mostly private hospitals in Sangli, Nashik, and Pune cities on MNHRA Rules implementation, in all three cities Patients' rights assemblies were organized by the city level coalitions.

State level workshop on sharing experiences and drawing lessons from project activities

Based on all the mentioned processes to ensure implementation of Patient Rights related provisions of 'Maharashtra Nursing Home Registration Act (MNHRA) in Sangli, Nashik, and Pune cities, a state level workshop was organised in Pune on 23 May 2023. The main purpose of this session was to share the impactful experiences of various groups related to documentation and implementation processes, and to promote such positive processes through voluntary efforts in the coming period also. During this state-level session, participants actively shared lessons and insights from the process in their respective cities, and also planned further steps to continue implementation of patient-oriented provisions in various cities and districts. All participants have agreed to continue activities for promoting implementation of MNHRA Rules in their areas, and have planned further actions for the coming period.

9. Community Action for Health

Introduction

The 'Community Action for Health' (CAH) process under the National Health Mission is active in 17 districts of Maharashtra. Anusandhan Trust - SATHI is working as a State Nodal NGO in nine districts of Pune, Sangli, Solapur, Kolhapur, Chhatrapati Sambhajinagar, Osmanabad, Beed, Amravati, and Yavatmal. The detailed report covers the activities in seven of these districts, except Pune and Beed, This report includes district, block, and village-level activities as well as the issues addressed during meetings at the district and block levels.

State-Level Initiatives and Meetings

SATHI conducted the review and planning of the CAH project activities in the selected districts through a hybrid approach. As part of this process, review and planning meetings were held in Solapur and Chhatrapati Sambhajinagar. In March, several efforts were made to follow up on pending activities at the block and district

levels and to complete administrative tasks expected by NHM, such as submitting reports and financial documents.

Overview of Activities and Outcomes

The following table summarizes the activities conducted from April 2023 to March 2024, showing the planned versus actual activities and attendance.

Activity	Expected	Achieved	Attendance
VHSNC Workshops	394	509	5506
JAS Formation (PHC Level)	18	100	503
JAS Workshops (Sub-Centre Level)	41	387	1346
JAS/Patient Welfare Committee PHC Visits	80	51	336
Decentralized Planning Process	0	35	574

Some activities exceeded our expectations due to the need for additional workshops and meetings to accommodate committee members' schedules. However, the decentralized planning process faced administrative hurdles, resulting in fewer village-level activities than planned, especially during FY 2023-2024.

Issues and Resolutions from April 2023 to March 2024

Throughout the year, a total of 1622 new issues were raised from the village to the district level. Out of these, 640 issues were resolved through appropriate decisions made by local committees and district review and planning meetings. The status of the issues is as follows:

Level	Issues Raised	Issues Resolved	Ongoing Issues
Village	657	273	384
Sub-Centre	406	166	240
PHC	314	113	201
Rural Hospital/Block Level	132	57	75
District Level	113	31	82
Total	1622	640	982

In March, CAH field teams visited several village-level committees, resulting in the following activities:

District	PHC Visits	Sub-Centre Visits	VHSNC Training/Meetings
Solapur	11	19	16
Chhatrapati Sambhajinagar	11	31	15
Sangli	4	16	10
Kolhapur	19	31	17
Dharashiv	4	5	5
Yavatmal	9	29	89
Amravati	6	23	55
Total	64	154	207

District-Specific Updates

A. District-Specific Updates

1. **Solapur** -, a meeting was held in Akkalkot and in Sangola on March 26 2024 to discuss village health planning and address local health issues, particularly those arising from contaminated drinking water. Discussions focused on engaging village committees in health, nutrition, water supply, and sanitation planning.
2. **Chhatrapati Sambhajinagar** -Regular district review meetings were held, and specific issues such as staff negligence and incomplete records at health centers were addressed with appropriate administrative actions.
3. **Kolhapur** - Efforts included ensuring water supply to health institutions and addressing the non-residence of health workers at their assigned centers.
4. **Yavatmal**: The issue of the electricity bill for the Mowada sub-center has persisted for the past six years. Through the efforts of the CAH organization and community participation, a total of INR 12,500 was paid. This included INR 10,500 for the electricity bill and INR 2,000 for the meter and demand charges. In July, the sub-center was finally connected to the electricity supply.
5. **Dharashiv: Meeting of the Jan Arogya Samiti Members at Tawarjakhada Sub-center** - During a meeting of the Jan Arogya Samiti members at the Tawarjakhada sub-center, the committee chairman raised an issue suggesting that the ANM (Auxiliary Nurse Midwife) should reside in the village to provide services. The ANM responded that she was willing to stay at the sub-center but highlighted several problems: there was no water supply, no electricity, and some window panes were broken. The committee members discussed this issue, and the Sarpanch promised to provide funds from the gram panchayat for borewell repairs and to pay the outstanding electricity bills in installments. Following this, the ANM took the initiative to repair the sub-center herself, coordinated with the electricity department to pay part of the bill and restore the electricity, and used the gram panchayat's help to repair the borewell, thereby resolving the water issue. Subsequently, the ANM moved into the sub-center with her family and started residing there full-time, providing 24-hour health services to the villagers.

Challenges and Recommendations

All the planned activities could not be implemented fully due to administrative challenges such as the absence of elected local representatives and scheduling constraints. Additionally, awareness programs planned for the April-July period faced disruptions due to the monsoon season and were not extended into the following months.

Conclusion

The CAH process has significantly impacted health governance at the local level, resolving numerous issues and engaging communities in health planning. Continued efforts are needed to address ongoing challenges and ensure the sustainability of these initiatives.

10.Strengthening Community action for nutrition to improve child health, nutrition services, and practices and reviving food diversity in the selected habitations of Junnar and Ambegaon blocks of Pune district.

Background:

The Strengthening Community Action for Nutrition process is being implemented in association with ICDS Department, Department of Health, Finolex Industries, Mukul Madhav Foundation and SATHI Pune. This process is now being implemented in a total number of 32 habitations/villages in Junnar and Ambegaon Blocks of Pune District. The villages included in this process are as follows –

Habitations/ Villages of Junnar Block – Ingalun, Damsewadi, Virnakwadi, Sonawale, Bhagatwadi, Amboli, Bhiwade Khurd, Bhiwade Budruk, Anjanawale, Talechiwadi, Ghatghar, Jalwandi, Khadkumbe, Usran, Chavand, Shirol

Habitations/ Villages of Ambegaon Block - Nigdale, Kondwal, Terungan, Rajpur, Gadewadi, Taleghar, Nandurkichiwadi, Chikhali, Pokhari, Gohe Budruk, Aadvire, Malin, Asane, Patan, Pimpri, Darewadi

The total population of these 32 habitations/villages is 14,155. This population is going to benefit from this project. Through the project (October 2024 to December 2024), we reached out to 49 pregnant women and 60 lactating mothers in October 2023 (Total 109). In November 2023, we reached out to 53 pregnant women and 58 lactating mothers (A total 111) in both blocks, i.e., Junnar and Ambegaon. In December, we reached out to 46 pregnant women and 55 lactating mothers (Total 101). We have conducted a total of 148 follow-up episodes for pregnant cases and 173 follow-up episodes for lactating cases. In March 2024, we reached out to 121 pregnant and lactating women.

In March 2024, we reached out to a total of 647 children and 121 pregnant and lactating women in both the Junnar and Ambegaon blocks.

Activities completed in the project upto March 2024

1) Meetings and discussions with District and block-level officials –

- The S-CAN process involves engaging with various levels of government officials to gain support and permission for its implementation.
 - **Meeting with Dy. CEO** - Three meetings were conducted with Deputy CEO Mr. Jamsing Girase in the months of November and December 2023, focusing on reminders for the letter from CEO Mr. R.S. Chavhan regarding the S-CAN process. Through intensive follow-up with Shri Girase, a positive development ensued, leading to the issuance of a letter by CEO Mr. R.S. Chavhan to SATHI concerning the S-CAN project in Junnar and Ambegaon.
 - **Sharing updates regarding activities of S-CAN with the CEO, Dy. CEO, Extension Officer Pune ZP and THO, CDPOs of Junnar and Ambegaon** – We have been sharing updates on S-CAN activities with the CEO, Deputy CEO, Extension Officer Pune ZP, and ICDS and Health

officials (THO, CDPOs) of Junnar and Ambegaon block. Due to an ongoing strike by Anganwadi Workers since December 4, 2023, all Anganwadi Centers are closed, leading to the suspension of supplementary nutrition for Anganwadi children. Recognizing the critical impact on child nutrition, we have conducted thorough anthropometric measurements for children under six at their households. Subsequently, we implemented meticulous follow-up procedures to address undernutrition among this age group. Our observations now indicate weight loss among children aged 3 to 6 due to the closure of Anganwadi centres.

- **Meeting with THO Junnar regarding Mother and Child care and Cerebral Palsy training and Proposed Health Check up Camp of Junnar intervention area-** Engaging in a productive meeting with THO Junnar on 19th Dec. 2023, our focus delved into enhancing Mother and Child care along with the imperative Cerebral Palsy training. Further, discussions unfolded about the proposed Health Checkup Camp in the Junnar intervention area. Following up diligently with THO Dr. Gunjal Madam, plans are underway to conduct Cerebral Palsy training sessions across all Primary Health Centers (PHCs) in the Junnar block. Simultaneously, preparations are ongoing for a comprehensive Health Checkup Camp targeting children under six from all 16 villages within the Junnar intervention area. A meticulously crafted schedule has been drafted, ensuring seamless execution for both the Cerebral Palsy training and the Health Checkup Camp events.
- **Coordination with Junnar CDPO regarding handling responsibility of few activities of Anganwadi Centers of intervention area considering closure of AWC due to AWW strike** – In response to the closure of Anganwadi Centers due to the ongoing strike by Anganwadi Workers (AWW), there has been a collaborative effort to address the critical needs of our intervention area. Child Development Project Officer, Shri. Amol Pawar, approached us with a request to manage specific activities at Anganwadi Centers, including preparing hot cooked meals for children aged 3 to 6, conducting anthropometric measurements and follow-up for children under six, and overseeing pre-primary education-related activities. Recognising the urgency of the situation, we initiated communication with the Panchayati Raj Institution (PRI) members, including Sarpanches, from our 16 intervention villages. Through extensive discussions, we presented the proposal and highlighted the overall challenges faced by children in light of the Anganwadi center closures. As representatives of S-CAN, we have taken on the responsibility to conduct intensive anthropometry at the household level and implement a comprehensive follow-up plan for undernourished children in the intervention area. We are pleased to report that we are now conducting this activity very well.

Impact of dialogue with officials at various levels

- The impact of the S-CAN project is evident in its engagement with district and block-level officials, showcasing a multifaceted approach to gain support and permissions for implementation.
- The meetings with the Deputy CEO, Mr. Jamsing Girase, stand out as a successful endeavor, resulting in three constructive meetings and intensive follow-up. This effort led to a positive development marked by a letter from CEO Mr. R.S. Chavhan to SATHI concerning the S-CAN project in Junnar and Ambegaon. This official endorsement underscores the significance and recognition of the S-CAN process at higher administrative levels
- Sharing updates on S-CAN activities with various officials, despite challenges like the ongoing strike in Anganwadi Centers, reflects resilience and adaptability. The thorough anthropometric measurements and meticulous follow-up procedures in response to the closure of Anganwadi Centers showcase a proactive approach to address undernutrition among children under six. The project is not only acknowledging the challenges but actively working on a comprehensive strategy to mitigate the impact of the closure on child nutrition, particularly among children aged 3 to 6
- The meeting with THO Junnar highlights the project's commitment to enhancing Mother and Child care, Cerebral Palsy training, and proposing a Health Checkup Camp. The meticulously crafted schedule for these events suggests a well-thought-out plan, indicating the project's dedication to seamless execution.
- The coordination with Junnar CDPO in response to the Anganwadi Workers' strike showcases a collaborative effort to address critical needs. The engagement with PRI members, including

Sarpanches, reflects strong community support and willingness to participate in finding solutions. Taking responsibility for specific activities and conducting intensive anthropometry at the household level demonstrates a hands-on approach to addressing the challenges posed by the strike.

In conclusion, the impact of the S-CAN project is evident in its ability to navigate challenges, secure support from officials at various levels, and actively address emerging issues. The project is not only gaining recognition but is also making tangible progress in mitigating the effects of the Anganwadi Workers' strike on child nutrition and overall well-being in the intervention area.

- 2) **'Hirvy Devachi Jatra'** – After the successful completion of *Stanpan Saptah*, we organized an engaging activity called 'Hirvy Devachi Jatra' in several villages within the Ambegaon block, including Malin, Nandurkichi Wadi, Pokhari, Taleghar, and Terungan-Dhagewadi, spanning the months of October to December 2023. This event, aligning with Poshan Mah, extended to an additional four habitations within the Ambegaon block. The Hirvy Devachi Jatra held in Ambegaon block during this period witnessed enthusiastic participation, with approximately 200 attendees. This initiative aimed to foster community engagement and promote cultural and health-related activities in the region (Oct to Dec 2023).

Hirvy Devachi Jatra As part of Poshan Mah, the Hirvy Devachi Jatra program was orchestrated across four habitations in the Ambegaon block, showcasing a collaborative initiative involving SATHI Santha, Finolex Industry, Mukul Madhav Foundation, ICDS, and the Health Department of Pune. This concerted effort aimed to heighten awareness about nutrition and drew participation from diverse community members, including village Sub-Sarpanch, Sarpanch (Gram Panchayat member), parents, caregivers and other community members. Key highlights of the program encompassed various facets -

- The program's inauguration, carried out by the Village Sarpanch or Sub-Sarpanch, School teacher, and others
- Targeted awareness sessions for women, especially mothers and caregivers of under-six children, as well as school children, covering essential nutritional aspects such as carbohydrates, proteins, fats, vitamins, minerals, the importance of breastfeeding, benefits of millets (coarse grain), and the nutritional value of wild vegetables. Notably, in Pokhari village of Ambegaon, we utilised picture stories to impart information about a balanced diet and conducted demonstrations of handwashing exercises, complemented by a handwashing song.
- A Demonstration of an appropriate diet for children aged six months and above.
- Educating on reading and interpreting growth charts to empower attendees to monitor their children's growth and development.
- Provision of information and guidance on nutrition for pregnant mothers through the Oti Bharan program, ensuring the well-being of both the mother and the unborn child
- At the end and during the conclusion of the programme, participants were treated to a delicious and nutritious *Poushtik Bhel* breakfast which promotes sprouts.

- 3) **Aarogya va Poshan Saheli and FF re-orientation at Ambegaon block** – To enhance the effectiveness of our intervention in addressing undernutrition, we organized a one-day re-orientation session for Ambegaon Poshan Saheli and Field Facilitators on 23rd Nov. 2023. The primary focus of this session was to provide comprehensive guidance on conducting follow-ups for undernourished children, emphasising the crucial steps to be taken during home visits to enhance household nutrition practices. During the session, we revisited and revised the existing protocol, ensuring that it aligns with the latest best practices and insights in the field. This included incorporating new, simple recipes designed to be practical and impactful during home visits to undernourished children. The objective was not only to equip our Poshan Saheli and Field Facilitators with updated knowledge but also to empower them with practical tools and resources that can make a tangible difference in improving the nutritional outcomes of the children under our care. This re-orientation reinforces our commitment to continuous improvement and adaptation in our approach to addressing undernutrition in the Ambegaon community. As part of the re-orientation, Poshan Saheli conducted a role-play illustrating how to conduct a home visit to address undernutrition.

4) Development of Nutri-Garden in the intervention area – Over the period from October to December 2023, significant progress has been made in the development of Nutri-Gardens in our intervention areas. Till now, we have managed to develop 37 Nutri-Gardens in Junnar and Ambegaon blocks. During this time frame, we distributed 100 Drumstick (*Moringa*) plants, along with seedlings of various vegetables and leafy vegetables such as *Methi, Bhendi, Palak, Dodka, Dangar Bhopala, Dudhi Phopala, Beet, Gavar, Shepu, Ghevada, Waal*, etc. Following the distribution of Nutri-Garden materials in each intervention village in Junnar and Ambegaon, the implementation of Nutri-Gardens has commenced. Poshan Saheli and Field Facilitators actively engaged in discussions with PRI members, key individuals, and mothers and caregivers of children under six to collaboratively decide on suitable locations for the Nutri-Gardens, preferably near Anganwadi centers or in areas conducive to their growth. The initiative saw enthusiastic participation from the community, including villagers, mothers, caregivers of children under six, primary school teachers, and gram panchayat members, all contributing collectively to establish these Nutri-Gardens. This collaborative effort reflects the community's dedication to enhancing the nutritional well-being of their children and signifies a positive step towards the betterment of the entire community.

5) Anthropometry of under six children –

Holistic Monitoring of Child Nutrition: Anthropometric Assessments in Junnar and Ambegaon block
A robust system of anthropometric assessments for children under six years old has been implemented with precision and dedication in the Junnar and Ambegaon blocks of Pune district, aiming to provide comprehensive insights into the nutritional status of the youngest members of the community.

In Junnar, the meticulous anthropometric assessments commenced in October, covering all 16 villages. The data collected during this month laid the foundation for calculating grades that serve as key indicators of the children's nutritional well-being. Building on this, the assessments continued in November, ensuring a thorough examination of all 16 villages and the subsequent calculation of grades. The commitment to the monitoring process persisted into December 2023, with the completion of anthropometry assessments in all 16 villages, culminating in the calculation of grades once again.

Similarly, in Ambegaon, the initiative began in October with anthropometry assessments conducted in nine villages, accompanied by the calculation of grades. The scope of the assessments expanded in November to cover all 16 villages, mirroring the comprehensive approach adopted in Junnar. The month of December witnessed the successful completion of anthropometry assessments in all 16 villages, paralleled by the calculation of grades to gauge the nutritional status of the under-six children.

These meticulous and regular anthropometric assessments provide a wealth of data that serves as a critical tool for evaluating the effectiveness of existing nutritional programs and guiding future interventions. The calculated grades not only offer a snapshot of the current nutritional status but also facilitate the identification of trends and patterns over time.

The commitment to conducting these assessments in all villages of both blocks underscores a dedication to ensuring that no child is left unmonitored, and every community receives the attention it deserves. The information gathered through these assessments contributes to informed decision-making, allowing for the tailoring of interventions to address specific nutritional challenges and foster an environment conducive to the healthy growth and development of children of selected villages of Junnar and Ambegaon block.

Anthropometric Assessments from January to March 2024 -

Anthropometric assessments of children under six years old were conducted in all intervention villages of the Junnar and Ambegaon blocks from January to March 2024. Monthly grades were calculated, and lists were compiled identifying cases of Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM), Severe Underweight (SUW), Moderate Underweight (MUW), and Growth Faltering (GF). These lists of undernourished children were then presented to the Gram Panchayat members to address and resolve undernutrition issues among children under six years old, considering the closure of Anganwadi Centres due to the strike of Anganwadi Workers and Helpers from December 2023 to February 2024. The purpose of these assessments was to monitor the nutritional status of young children and to identify those at risk of malnutrition. By categorising the children based on their nutritional status each month, the intervention aimed to provide timely and targeted support, followed by follow-up for undernourished children by Poshan Saheli and Field Facilitators.

The collaboration with Gram Panchayat members was crucial for implementing community-based solutions to improve child nutrition and health outcomes.

6) Village level meetings –

Strengthening Community Nutrition: Empowering Villages Through Monthly Meetings

To enhance household nutrition practices, a series of village-level monthly meetings unfolded across the intervention villages of Junnar and Ambegaon blocks. These meetings served as platforms for robust discussions on pivotal topics, ranging from the establishment of Child Food Corners (Bal Kopara) to the significance of anthropometric measurements in assessing the nutritional status of children under six.

The meetings also delved into the importance of utilising Growth Charts as a tool to evaluate the nutritional well-being of young children. Recipe demonstrations added a practical dimension to the discussions, providing valuable insights into preparing nutritious meals for under six children. Recognising the need for support, the discussions explored the possibility of distributing iron vessels to pregnant women through Gram Panchayat level funds.

A notable outcome emerged from the intervention in the Gram Panchayat of Borghar, where a decision was made to extend the project's scope. This involved incorporating additional Anganwadi centers within the Gram Panchayat that were initially not part of the initiative. The commitment to implementing key activities was affirmed, with ASHA workers collaborating with field-level staff to ensure the technical aspects of the intervention.

Recent challenges surfaced with the closure of Anganwadi centers, leading to disruptions in the provision of supplementary nutrition and causing a noticeable faltering in the growth of children aged 3 to 6 years. Addressing these concerns became a focal point in the monthly meetings held within the intervention villages. The community, in collaboration with local panchayats, explored potential solutions and strategies to mitigate the impact of the closures on child nutrition.

One noteworthy initiative that gained traction during these meetings was the proposal to initiate Child Food Corners in Anganwadi centers. With the backing of Panchayat funds, discussions unfolded in various villages across both blocks, highlighting the potential of this approach to bolster community nutrition.

The Village Health, Nutrition, and Sanitation Committee (VHNSC) has led the creation of two new Bal Koparas in Usran and Khadkumbe (March 2024). This initiative highlights the collaboration between local businesses, community organisations, and government bodies to address children's nutritional needs, demonstrating the power of community engagement in promoting child well-being.

In essence, these monthly meetings proved to be vital forums for not only disseminating crucial information but also fostering community engagement. The willingness of Gram Panchayats to expand the project's reach reflects a collective commitment to improving the nutritional landscape. Through ongoing discussions and collaborative efforts, these interventions aim to create lasting positive impacts on the health and well-being of the communities involved.

7) Follow-up of Pregnant and lactating mothers –

Dedicated Follow-up Initiatives for Maternal Well-being in Junnar and Ambegaon blocks

In a conscientious effort to prioritise the health and well-being of pregnant and lactating mothers, dedicated

follow-up programs have been meticulously executed in the Ambegaon and Junnar blocks of Pune district.

In Ambegaon block, the follow-up program commenced in October 2023, targeting 16 pregnant women and 26 lactating mothers. This proactive approach continued into November, encompassing 20 pregnant women and 20 lactating mothers, and extended into December, with a follow-up of 17 pregnant women and 18 lactating mothers. The comprehensive nature of these follow-ups reflects a commitment to monitoring and supporting maternal health throughout the critical stages of pregnancy and lactation.

Similarly, in the Junnar block, an extensive follow-up initiative was undertaken in October 2023, involving 33 pregnant women and 34 lactating mothers. This momentum continued into November, with follow-ups for 33 pregnant women and 38 lactating mothers, and persisted in December, encompassing 29 pregnant women and 37 lactating mothers. Follow-ups for 62 pregnant and 59 lactating mothers (a total of 121) were conducted in March 2024. The consistent and thorough follow-up process in Junnar block underscores the dedication to ensuring the well-being of both pregnant and lactating mothers in the region.

The follow-up activities encompass various aspects, including health check-ups, nutritional counseling, and the provision of necessary support to address any emerging concerns. These initiatives are not only instrumental in monitoring the health status of pregnant and lactating mothers but also in promoting a holistic approach to maternal care that extends beyond the traditional boundaries.

The information gathered during these follow-ups serves as a valuable resource for assessing the effectiveness of existing maternal health programs and identifying areas for improvement. Additionally, the information gathered aids in tailoring future interventions to better meet the specific needs of the community, thereby contributing to the overall enhancement of maternal and child health outcomes in Pune district.

Through these diligent and regular follow-up activities, the healthcare providers and support personnel involved aim to create a positive impact on maternal and child health, fostering a healthier and more resilient community. The commitment to these initiatives reflects a broader dedication to creating a comprehensive and sustainable healthcare ecosystem that prioritises the well-being of mothers and infants alike.

8) Positive case story:

1. A Transformative Journey: Fostering Exclusive Breastfeeding in Rural Maharashtra

In the quaint villages of Patan, Pimpri, and Malin of Ambegaon block, a positive transformation is unfolding, thanks to dedicated awareness-building and education activities initiated by our team. This success story revolves around the pivotal shift towards exclusive breastfeeding among lactating mothers, bringing about essential weight gain in their infants.

Our on-ground Karykarts (field workers) have been instrumental in implementing these initiatives, and their keen observations have led to heartening outcomes. In these communities, the significance of exclusive breastfeeding with the proper technique has become evident through the experiences of four mothers who embraced this practice.

The journey began with our comprehensive awareness-building campaigns, reaching every pregnant and lactating mother. These campaigns emphasized the benefits of exclusive breastfeeding for the first six months of a child's life and educated mothers on the proper techniques to ensure optimal nutrition.

In Patan, Pimpri, and Malin, the impact of these efforts materialised as four lactating mothers embraced exclusive breastfeeding, following the recommended guidelines. This shift in feeding practices resulted in visible and necessary weight gain in their infants, marking a positive milestone in the community's approach to infant care.

However, the success story also unveiled a prevalent misconception in one of the villages. Karykartas observed that parents in this particular community were resorting to feeding their infants with cow's milk, under the assumption that the mothers couldn't provide sufficient nourishment. Recognising this challenge, our team promptly intervened with targeted education and support.

A focused awareness campaign was conducted to dispel myths surrounding breastfeeding, emphasising the unique and irreplaceable benefits it offers to a child's growth and development. Interactive sessions were organised through home visits to address concerns and provide practical guidance on proper breastfeeding techniques.

The positive ripple effect was soon evident, as parents in the village reconsidered their approach. The shift towards exclusive breastfeeding gained momentum, dispelling misconceptions and fostering a supportive environment for mothers to nourish their infants appropriately.

This success story serves as a testament to the impact of targeted awareness and education activities in fostering positive behavioral changes. Through our concerted efforts, we not only empowered mothers to provide optimal nutrition to their infants but also debunked myths, ensuring a healthier start for the youngest members of these rural communities.

2. Children Started Eating Eggs!

A problem arose in Adivare village: the children in the Anganwadi were throwing away their boiled eggs without eating them. Fortunately, the Anganwadi worker discovered the issue and found a solution.

-Prakash Wadekar-

Adivare is a village situated on the banks of the Dimbhe Dam in Ambegaon Block of Pune District. Despite the dam's proximity, the village faces a severe water shortage. The population of Adivare is around 500, and like many tribal areas, it struggles with irregular electricity, insufficient employment, and a lack of transportation facilities. Despite these challenges, frontline workers like the Anganwadi Sevika and ASHA Worker are performing their duties admirably. The Bharat Ratna Dr. APJ Abdul Kalam Amrut Aahar Yojana, aimed at providing nutritious meals to pregnant women and children under six, is also operational here. This scheme provides one meal to pregnant and lactating mothers and eggs or bananas to children aged six months to six years, aiming to prevent malnutrition.

Radhabai Dhongde, an Anganwadi worker from Adivare, is known for her calm and loving nature. She genuinely cares for the children in her Anganwadi. However, a problem arose when she came to know that the children were not eating boiled eggs. Poshan Saheli Charushila Gade noticed that the children were only half-eating the eggs and then throwing them away. Concerned, she brought this to Radhabai's attention. Together, they observed that the children had discarded the eggs far from the Anganwadi, indicating a significant issue.

Understanding that scolding the children would not be effective, Radhabai and Charushila decided to have a dialogue with the children about the problem. They discovered through this dialogue that the boiled eggs

were too dry for the children to eat, leading them to discard the eggs.

Radhabai came up with a creative solution. She used red chilies, turmeric, salt, and oil from the Anganwadi supplies to make a chutney. She then cut the eggs vertically and added the chutney to the center. Radhabai and Charushila started feeding the children these "chutney eggs," which the children ate with relish. Radhabai also placed a plate of chutney in front of the children, allowing them to add it to their eggs themselves.

When asked if the red chili chutney might be too spicy for the children, Radhabai assured that the chili provided in the Anganwadi was not spicy at all, so there was no risk of it causing problems. This experiment with chutney eggs quickly became a regular practice in the Anganwadi, and the children began eating their eggs.

Reflecting on this change, Radhabai and Charushila tai said, "Now the children in our Anganwadi don't throw away the eggs. With the chutney, the eggs taste good and are very enjoyable." This small but significant change avoided potential conflicts and showed that by making food more palatable, children can be encouraged to eat healthily and happily.

This story highlights the importance of adapting food preparation methods to children's preferences. Encouraging the use of local ingredients and innovative cooking techniques can ensure that children enjoy nutritious meals. Hopefully, this small change can inspire similar initiatives elsewhere.

9) IEC material printing –

8 feet by 8 feet growth charts for boys and girls have been prepared and disseminated among field-level staff, such as large-sized growth charts, to be used during the Growth Chart Campaign in every village of the intervention area. This initiative is crucial for promoting child nutrition and development, as well as encouraging the active participation of parents and caregivers in their child's growth. The dissemination of such materials and information is essential for promoting child well-being and ensuring that field-level actors are equipped with the knowledge and tools to support child development during the critical first 1000 days of a child's life.

10) Empowering Communities Through a Video Narrative: Promoting Food Diversity for Child Nutrition (-)

In our ongoing efforts to combat child undernutrition with a scientific and holistic approach, we have developed a compelling short video story aimed at promoting food diversity. This initiative seeks to raise awareness and inspire action by emphasizing the crucial role that diverse diets play in addressing nutritional deficiencies among children. The central theme of the video narrative revolves around the promotion of food diversity as a key strategy to combat child undernutrition effectively. We recognize that a well-rounded and diverse diet is essential for providing the necessary nutrients crucial for a child's growth and development. A significant highlight of the video is the advocacy for the consumption of Forest Vegetables. By showcasing the nutritional benefits and accessibility of these often underutilised resources, we aim to encourage communities to incorporate a wider variety of foods into their daily diets, thereby enhancing the nutritional profile of their meals. The storytelling approach in the video serves to engage and educate the audience, weaving together scientific insights, real-life examples, and practical tips. Through compelling visuals and narratives, we illustrate the importance of incorporating forest vegetables into daily meals, emphasising not only their nutritional value but also their positive impact on overall child health. Our intention is not only to

inform but also to inspire behavioral change at the community level. By spotlighting the significance of food diversity, particularly through the inclusion of forest vegetables, we hope to empower families and communities to make informed choices that contribute to the well-being of their children.

Furthermore, the video serves as a versatile tool for dissemination, allowing us to reach a broader audience through various channels, including community screenings, digital platforms, and awareness campaigns. The ultimate goal is to instill a sense of ownership and responsibility within communities, fostering sustainable practices that promote food diversity and combat child undernutrition in a scientifically grounded manner. As we share this video story, we anticipate it will serve as a catalyst for positive change, encouraging not only the consumption of forest vegetables but also sparking broader conversations about the importance of diverse and nutritious diets in nurturing the health and future of our children.

11) *The list of undernourished children was submitted to the Gram Panchayat and Group Gram Panchayat of 22 villages –*

The list of undernourished children was presented to the Gram Panchayat and Group Gram Panchayat across 22 villages. This presentation occurred during the Gram Sabhas held in February 2024, with the presence of key community members, including the *Sarpanch*, Deputy *Sarpanch*, GP members, *Tantamukti* Chairperson, PESA committee member, Police *Patil*, and other community members. This initiative aimed to address the pressing issue of child undernourishment within the community.

However, a significant hurdle arose due to the strike of Anganwadi Workers and Helpers, which led to the closure of Anganwadi Centers across all districts of Maharashtra from December 2023 to February 2024. In the intervention villages of Junnar and Ambegaon blocks, this strike disrupted crucial nutrition services, particularly impacting the provision of supplementary food to children. As a result, the nutritional well-being of children under the age of six suffered, exacerbating the existing issue of under nourishment. This setback underscores the importance of consistent and reliable access to nutrition services for vulnerable populations, highlighting the need for proactive measures to mitigate such disruptions in the future.

12) Establishment of Nutri Gardens at the Anganwadi and household level -

Fifty-six Nutri Gardens have been established in both Ambegaon and Junnar blocks with the active participation of mothers of under six children, community members, school children, Primary School Teachers, Anganwadi Workers, a Field Facilitator, and a Poshan Saheli- Addressing undernutrition among children under the age of six requires the revival and promotion of food diversity. To achieve this goal, we initiated the development of Nutri Gardens at both the Anganwadi and household levels for undernourished children. Parents, especially mothers of undernourished children, showed keen interest and actively participated in establishing Nutri Gardens at their households.

In developing Nutri Gardens at the Anganwadi level, school children, Primary School Teachers, Anganwadi Workers, a Field Facilitator, and a Poshan Saheli made great efforts. Without their help, the establishment of Nutri Gardens at the Anganwadi level would have been a difficult task. Over the course of a year-long intervention, we successfully established 56 Nutri Gardens, effectively tackling the critical issue of undernutrition among children under the age of six.

13) *80 Bal Koparas (Child Food Corner)*' have been developed in all the intervention villages. The village shopkeeper (*Nandurkichiwadi*) donated dozens of jars for this purpose. VHSNC took the initiative and developed *two Bal Koparas* in the villages of Usran and Khadkumbe. –

In each of the intervention villages, a thoughtful initiative has been undertaken to establish 80 "*Bal Koparas*"

or "Child Food Corners". These *Bal Koparas* serve as dedicated spaces where children can readily access nutritious food. The overarching goal behind the creation of these *Bal Koparas* is to provide a convenient hub where children can easily obtain essential nutrients through items like Jagarri and peanut Ladoo, Rajgira Ladoo, Murmura, sprouts, and more.

Strategically placed *Bal Kopara* jars ensure accessibility for children, designed to be within easy reach. Notably, the benevolence of the village shopkeeper in *Nandurkichiwadi* has played a pivotal role in this endeavor. Their generous donation of numerous jars, likely intended for storing nutritious ingredients for the children, has significantly contributed to the success of this initiative.

Moreover, the Village Health, Nutrition, and Sanitation Committee (VHNSC) have taken proactive measures by spearheading the establishment of two additional *Bal Koparas* (March 2024) in the villages of Usran and Khadkumbe. This proactive involvement showcases a collaborative effort between local businesses, community organisations, and government bodies. Together, they are addressing the critical nutritional needs of children within these villages, emphasising the importance of community engagement and collective action in fostering child well-being.

14) The 'Chatawani Karyakram' celebrations were conducted for five children in the Ajnawale and Adivare villages in February 2024. -

The Chatawani Karyakram celebration is an important cultural initiative marking the beginning of complementary feeding for six-month-old children. During this event, various food items are placed in front of the children, and they are encouraged to touch the items with their hands. The first food item the child touches is then fed to them. This tradition, sometimes referred to as a half-yearly birthday, symbolises the introduction of solid foods into the child's diet.

In cases where the introduction of complementary feeding has been delayed, both the children and their mothers or caregivers are also invited to participate in this program at the village level. Parents are encouraged to bring locally prepared hot cooked food items to feed their children. Consequently, mothers, parents, and caregivers of children under six years old prepare a variety of food items, including those made from forest vegetables, for this village-level festival. This program effectively motivates mothers to start feeding their children, ensuring they receive the necessary nutrients for their growth and development.

15) Poshan Saheli and field workers participated in Jant Nashak Din and Pulse Polio Immunization initiatives at the Anganwadi level across all intervention villages.

Poshan Saheli and field workers played a crucial role in the Jant Nashak Din and Pulse Polio Immunization initiatives at the Anganwadi level across all intervention villages. For Jant Nashak Din, they participated in awareness campaigns to educate the community about the importance of deworming, coordinated with health authorities to ensure the availability and distribution of deworming tablets. In the Pulse Polio Immunization campaign, they mobilized the community by informing parents about the immunization drive to ensure high participation.

16) Discussions regarding the 'SEED BANK' were conducted in 25 villages with the active involvement of school-going children from the Junnar and Ambegaon blocks.

In the initial stage, the SEED BANK was developed in the Usran and Khadkumbe villages to support the

sustainability of the Nutri Garden. In each school, the importance of Seed Banks and Kitchen Gardens was discussed with students. The school principal and teachers, as well as the Community Health Officer (CHO) of the Health and Wellness Centre (HWC) and Karyakartas of the S-CAN process, were present during the talk.

To address undernutrition among children under six, sustainability is a crucial issue when implementing any process at the grassroots level. While implementing the Nutri Garden initiative, we encountered significant issues with its sustainability. We then engaged with several stakeholders from the Junnar and Ambegaon blocks at the grassroots level to discuss this issue in detail. It was suggested that this initiative should be developed within the intervention villages themselves, with the general community taking ownership. The idea of a SEED BANK emerged primarily within our team. We discussed it with various stakeholders at the grassroots level. After a detailed dialogue with the principal of the primary school and the school children, they took a keen interest in developing the SEED BANK at the village level. The children collected terracotta jars to store seedlings of various plants, vegetables, fruits, and forest vegetables. The principal and teachers of various schools organized small orientations and handed over the responsibility of maintaining seed records to students, who would then distribute seeds to anyone interested in developing a Nutri Garden at their household level. One representative boy and one representative girl have been selected in various schools to take on the responsibility of record maintenance. With children's contributions, registers were purchased to keep records of the seed bank. Now, in 25 villages, this SEED BANK initiative has been developed with the involvement of school teachers, students, Anganwadi workers, field facilitators, Poshan Gat members, and Poshan Saheli.

17) Health Check-Up camps were organized in all villages of the Junnar Block during February 2024. Additionally, children and women were examined in the nearby Katkari settlement -

To assess the nutritional status and overall health of children under six years of age, Health Check -Up camps were organised in each intervention village of the Junnar Block in February 2024. With support from Block Medical Officer (THO) Dr. Varsha Gunjal, the camps were held in collaboration with the Public Health Department of the Junnar Block. The Community Health Officer (CHO) of the respective Health and Wellness Centre (HWC) was given the responsibility of organising these camps, working in coordination with local Karyakartas such as Field Facilitators, Poshan Saheli, and Poshan Gat members.

These Health Check-Up camps were conducted in all intervention villages during this period. In addition, children and women were examined in the nearby Katkari settlements of various villages. Specifically, the health check of children under six years and women of the Katkari community was initiated in Bhiwade Budruk Village.

The camps aimed to provide a comprehensive health assessment, including screening for malnutrition, growth monitoring, and general health check-ups. This initiative was crucial in identifying health issues early and ensuring that children and women received the necessary medical attention and nutritional support. The collaboration between the CHOs, local Karyakartas, and the Public Health Department ensured a coordinated and effective approach to improving the health and well-being of the community.

18) Review and Planning Meetings –

Review and planning meetings were conducted with Field Facilitators twice a month during this period. These meetings served several key purposes, including reviewing progress, addressing challenges, and planning future activities.

During each meeting, the following activities took place:

Progress Review: Field Facilitators provided detailed reports on the activities conducted in their respective

villages. This included updates on the implementation of health initiatives, the status of ongoing projects like the Nutri Gardens and Seed Banks, and any issues encountered during their work. The review process allowed for an assessment of whether the initiatives were meeting their goals and objectives.

Data Coordination: Data collected from monthly anthropometry were reviewed. This review helped in understanding the trends in different villages, identifying areas of concern, and measuring the impact of the interventions.

Strategic Discussions: Strategic discussions were held to address any obstacles faced by the Field Facilitators. These discussions focused on finding solutions to the field-level issues. The meetings also provided a platform to share best practices and successful strategies implemented in different villages.

Planning and Coordination: Based on the review and strategic discussions, detailed planning was conducted for the upcoming period. This included scheduling follow-up of undernourished children, establishing Child Food Corner, Nutri Garden, organising health check up camps, organising community awareness programs, and coordinating with other stakeholders like local health departments and Poshan Gat members.

Capacity Building: These meetings also included training sessions for Field Facilitators. They received updates on issues related to health and nutrition, various strategies for follow up of undernourished children and guidance on effective community engagement techniques. This continuous capacity building ensured that the Field Facilitators and Poshan Saheli were well-equipped to carry out their roles effectively.

Feedback Mechanism: A feedback mechanism was in place where Field Facilitators could voice their concerns, provide insights from the ground, and suggest improvements. This bottom-up approach ensured that the planning was realistic and grounded in the actual conditions of the intervention areas.

By conducting these monthly review and planning meetings, the program ensured a structured and systematic approach to managing health initiatives. It facilitated continuous improvement, responsive planning, and effective implementation of health interventions across Junnar and Ambegaon Block.

19) Impact of follow-up of undernourished children –

Anthropometry of children below six years of age in intervention villages was carried out in the month of October, November and December 2023 with the joint efforts of Aarogya-Poshan Saheli, Field Facilitators of the project. **We have been able to conduct anthropometry of 632 children in the month of November in the intervention area of Junnar and Ambegaon** block during this period. Among these children, the following improvements have been observed regarding their nutritional status -

- In November 2023, a total of **12 children were classified under the Severe Acute Malnutrition (SAM) category. Among them, 2 children showed improvement and transitioned to the normal category, while 2 children moved to the Moderate Acute Malnutrition (MAM) category.** Seven children remained in the same category (SAM), and 1 child was not weighed due to absenteeism. The reason for absenteeism is largely due to migration for work and the child completed 59 months. **(33.3% improvement)**
- Additionally, **there were 89 children in the Moderate Acute Malnutrition (MAM) category** in November 23. Among them, **28 children showed positive improvement and were upgraded to the normal category**, while 50 children remained in the same category. Four children deteriorated and moved to the SAM category, and 6 children were not weighed due to migration and absence. **(31.4% improvement)**
- Moreover, in November, a **total of 205 children fell under the Moderately Underweight (MUW) category. Out of these, 36 children demonstrated improvement and were upgraded to the normal category**, while 139 children stayed in the same (MUW) category. Nine children fell into the Severely Underweight (SUW) category, and 21 children were not weighed due to absenteeism. The reason for absenteeism is largely due to migration for work and the child completed 59 months. **(17.5% improvement)**
- **In the case of the Severe Underweight (SUW) category, there were 58 children in November.** Out of these, **13 children showed positive improvement** and were upgraded to the MUW category, **1 child to the normal category**, and 40 children remained in the same category. Four children were not weighed due to migration and absence. **(24% improvement)**
- We have been able to conduct anthropometry of 679 under six children in the month of December 2023 and now we are conducting intensive follow-up of these children. We may face challenges in this month due to the closure of the Anganwadi center due to Anganwadi Workers being on strike.

Impact of the project for the period from Oct. 2023 to Dec. 2023 and from Dec. 2023 to March 2024

A) Overall Impact Summary of S-CAN project (from October to December 2023)

Impact of follow-up of under six children

In the months of October, November, and December 2023, an anthropometric assessment of children below six years of age was carried out in intervention villages, thanks to the collaborative efforts of Aarogya-Poshan Saheli and Field Facilitators. The focus area included Junnar and Ambegaon blocks, where in November, 632 children were assessed, leading to notable improvements in their nutritional status.

In November 2023, **12 children were initially classified under Severe Acute Malnutrition (SAM).** Encouragingly, 2 of these children showed improvement and transitioned to the normal category, while 2 moved to Moderate Acute Malnutrition (MAM). Seven children remained in the SAM category, and 1 child was not weighed due to absenteeism, largely attributed to migration for work and the child completing 59 months. This reflected a significant 33.3% improvement in this category.

Furthermore, among the 89 children classified under Moderate Acute Malnutrition (MAM) in November, 28 showed positive improvement and moved to the normal category, while 50 remained in the same category. Four children deteriorated to SAM, and 6 were not weighed due to migration and absence, resulting in a commendable 31.4% improvement.

In the Moderately Underweight (MUW) category, consisting of 205 children in November, 36 demonstrated improvement and moved to the normal category, while 139 stayed in the same MUW category. Nine children fell into the Severely Underweight (SUW) category, and 21 were not weighed due to absenteeism. The improvement in this category was recorded at 17.5%.

Lastly, for the Severe Underweight (SUW) category with 58 children in November, 13 showed positive improvement and moved to the MUW category, 1 to the normal category, and 40 remained in the same category. Four children were not weighed due to migration and absence, reflecting a 24% improvement.

These findings underscore the positive impact of the intervention, showcasing substantial improvements in the nutritional status of children in the specified areas

Benefit to the Population: The project has positively impacted the total population of 14,155 individuals residing in 32 habitations/villages.

Maternal Health Outreach: From October to December 2024, the project reached out to a total of 321 pregnant and lactating women (109 in October, 111 in November, and 101 in December). Additionally, 148 follow-up episodes were conducted for pregnant cases, and 173 follow-up episodes were conducted for lactating cases.

Child Outreach: The project successfully reached out to an undisclosed number of children in Junnar and Ambegaon blocks under six years of age. The specific figures for the total number of children reached are not provided in the provided information.

Overall, the project has made significant strides in addressing maternal health and child welfare in the targeted communities, contributing to the well-being of the population.

Adaptability in Challenging Circumstances: Despite challenges such as the ongoing strike in Anganwadi Centers, the project demonstrated resilience and adaptability by sharing updates on S-CAN activities with various officials. This includes proactive measures like thorough anthropometric measurements and meticulous follow-up procedures to address undernutrition among children under six during the closure of Anganwadi Centers.

Strategic Planning and Execution of Activities: Meetings with THO Junnar showcased the project's commitment to enhancing Mother and Child care, Cerebral Palsy training, and proposing a Health Checkup Camp. The meticulously crafted schedule for these events reflects a well-thought-out plan and dedication to seamless execution.

Effective Community Collaboration: Coordination with Junnar CDPO and engagement with PRI members, including Sarpanches, demonstrated a collaborative effort to address critical needs during the Anganwadi Workers' strike. The project took a hands-on approach, assuming responsibility for specific activities and conducting intensive anthropometry at the household level, showcasing strong community support.

In conclusion, the S-CAN project has not only gained recognition but is actively making tangible progress in mitigating the effects of challenges, particularly the Anganwadi Workers' strike, on child nutrition and overall well-being in the intervention area. The multifaceted approach and collaborative efforts with officials at various levels underscore the project's impactful and adaptive nature.

B) Overall Impact Summary of S-CAN project (from December 2023 to March 2024)

IMPACT OF THE INTERVENTIONS

The initiatives undertaken in the intervention villages of Junnar and Ambegaon blocks have had significant impacts on the community, particularly in addressing child undernutrition and enhancing overall health and

well-being.

Reduction in Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) -

The targeted interventions have yielded significant improvements in the nutritional status of children in the intervention villages. **Out of the 27 children identified with Severe Acute Malnutrition (SAM), 8 have transitioned to the Normal Category, and 9 have moved to the Moderate Acute Malnutrition (MAM) category.** This transition marks a **reduction of SAM children by 37.04%**, with a **notable 73.37% of these children moving directly to the Normal Category.** These improvements reflect the effectiveness of the targeted nutritional interventions and the dedicated efforts of the health workers and community volunteers.

Similarly, **out of 200 children identified with Moderate Acute Malnutrition (MAM), 72 have progressed to the Normal Category.** This indicates a **substantial 64% reduction in MAM children.** The overall decrease in malnutrition cases highlights the positive impact of the Nutri Gardens, Bal Koparas, and consistent health check-ups and nutritional support provided to the children.

Nutritional Status Improvement: - The submission of a list of undernourished children to the Gram Panchayat and Group Gram Panchayat across 22 villages during Gram Sabhas highlighted the pressing issue of child undernutrition. This initiative fostered community awareness and accountability. However, the strike of Anganwadi workers from December 2023 to February 2024 disrupted nutrition services, underscoring the importance of consistent access to these services.

Establishment of Nutri Gardens: - Fifty-six Nutri Gardens were established at both Anganwadi and household levels with active participation from school children, primary school teachers, School Principal, Anganwadi workers, field facilitators, and Poshan Saheli. The Nutri Gardens play a crucial role in addressing micronutrient deficiencies and promoting food security in some form within the communities. They also serve as practical learning sites where community members, particularly mothers, can learn about sustainable agricultural practices and nutrition. This initiative revived and promoted food diversity, effectively addressing undernutrition among children under six years old by ensuring they received a variety of nutrients essential for their growth.

Development of Bal Koparas: - In an effort to provide readily accessible nutritious foods to young children, 80 Bal Koparas (Child Food Corners) have been developed in all intervention villages. These food corners stock items like jaggery and peanut ladoos, rajgira ladoos, murmura, and sprouts etc. which are locally sourced and rich in essential nutrients. The Bal Koparas ensure that children have regular access to healthy snacks, thereby supporting their growth and development. Local shopkeepers and the Village Health Nutrition and Sanitation Committee (VHNSC) have played a pivotal role in this initiative, showcasing strong community involvement.

Seed Bank Initiative: - The development of Seed Banks in 25 villages, with active involvement from school children, teachers, and community members, supported the sustainability of Nutri Gardens. This initiative ensured a continuous supply of seeds for various plants, vegetables, and fruits, fostering long-term food security and nutritional diversity.

Health Check-Up Camps: - Health Check-Up camps were organised in all intervention villages of Junnar block and nearby Katkari settlements, providing comprehensive health assessments for children under six and women. These camps, supported by the Public Health Department and local Community Health Officers, identified health issues early and ensured that necessary medical attention and nutritional support were provided.

Review and Planning Meetings: - Monthly review and planning meetings with Field Facilitators and Poshan Saheli ensured continuous monitoring and improvement of health initiatives. These meetings facilitated strategic discussions, data coordination, capacity building, and effective planning, ensuring the successful implementation of programs and addressing any challenges encountered at the grassroots level.

Overall, these interventions have created a robust framework for improving child nutrition and health in the intervention villages, demonstrating the importance of community engagement, consistent health services, and sustainable practices.

Chatawani Karyakram Celebrations:- The Chatawani Karyakram celebrations marked the beginning of complementary feeding for six-month-old children, involving parents and caregivers in preparing and feeding a variety of locally prepared foods. This cultural initiative encouraged the timely introduction of solid foods, ensuring that children received the necessary nutrients for their development.

In summary, these interventions have significantly reduced malnutrition rates, increased access to nutritious food, and established a sustainable framework for ongoing community health improvements. The collaborative efforts of health workers, community members, and local authorities have been central to these achievements, highlighting the importance of community engagement and multi-stakeholder partnerships in addressing public health challenges.

11.A Critical Assessment of the Performance of the Employees State Insurance Scheme in Maharashtra State.

Study description-

This study aims to assess the performance of India's Employees State Insurance Scheme (ESIS), a social health insurance scheme, and provide an updated analysis of its performance, policies, and related issues in Maharashtra. Given the lack of updated analysis on the scheme, this empirical study using health systems approach, seeks to achieve four objectives- a. analysing trends in ESIS utilisation, b. assessing the current functionality of different types of ESIS hospitals, c. examining policy development of ESIS, and d. deriving recommendations for enhancing its design and implementation. The study will employ a cross-sectional, exploratory design with plural methods incorporating quantitative and qualitative methods, including facility surveys, qualitative interviews of key informants, stakeholder consultation and content analysis with review of recent policies. It will include secondary data-based analysis for the entire state and empirical data collection from ten ESIS hospitals in five Maharashtra regions, including urban and rural areas. This study will contribute to the existing scholarship on ESIS while also providing an updated analysis of its performance, policies, and related issues. Furthermore, it will offer key recommendations on actions required to expand, reform and improve ESI-related health services majorly. Overall, the study will inform policy and practice to strengthen the functioning of ESIS.

Activities accomplished so far-

- The study proposal has been reviewed by PDC and IEC and will receive the ethics approval soon.
- Tools have been prepared
- Visits to ESIS hospital and ESIS society have been made as preparatory work
- Literature review has been initiated

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

Background:

The COVID pandemic underlined the importance of well-functioning public health services. Although public health services are chronically underfunded and understaffed, poor and marginalised people depend critically on them. In the post-pandemic recovery period, nationally and globally, there is a renewed call with urgency to invest and improve public services without further delay. On this background, SATHI's perspective to improve public health services by enabling local communities, particularly marginalised sections, to create inclusive mechanisms for dialogue between communities and public health functionaries while deepening the accountability culture is valuable. So, SATHI is activating institutionally mandated participatory forums to

enable communities to access improved health services.

After completing the MoU process, the preparatory work started to develop and update the Management Information System (MIS) or Knowledge Management System (KMS) based on Programme Design.

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 2023 to March 2024

No.	Particulars of Publication	Date of Publication
1.	Khasgi davakhanyatil rugna hakkanchya takrarisathi toll free number, Stickers	May, 2023
2.	Ata lokach karat aahet, rugna hakka kaydyachi amalbajaani! Jod havi shasnachya pudhakarachi ani rajkiya-samajik ichhashaktichi!, Brochure	May, 2023
3.	Research brief on supporting patients or profits? Analysing engagement of German developmental agencies in the Indian private healthcare sector, Policy brief	June, 2023
4.	Research report on supporting patients or profits? Analysing engagement of German developmental agencies in the Indian private healthcare sector, Report	June, 2023
5.	Analysing margins charged on medicines related to COVID hospitalisations in Maharashtra, Brochure	June, 2023
6.	Kawade Ughdu Ya, Booklet	July, 2023
7.	Women's health card, Card	July, 2023
8.	Aplya raktachi lali apan swatha tapasau ya!, Anemia mirror chart	July, 2023
9.	Mata v bal arogya va poshan sanvardhan karykram antargat mata ani bal arogya samvad melva, Selfi point	July, 2023
10.	Aaiche doodh balacha sarvottam aahar, Poster	July, 2023
11.	Jan arogyachya dishene Jan Arogya Samiti, JAS booklet	July, 2023
12.	Mata va bal arogya sudhar, Pune shahar, prakalp mahiti va sammati patrak, Patrak	August, 2023
13.	Activating Jan Arogya Samitis, strengthening HWCs through community action report of pilot activities by SATHI in selected blocks during 2022-23, CAH Report	September, 2023
14.	Activating Jan Arogya Samitis to ensure people's access to Primary healthcare Report of activities by SATHI in 2022-23 supported by AID, Report	September, 2023

No.	Particulars of Publication	Date of Publication
15.	Sanasudila poshak aahar gheu ya, bal ani aai sudrudh karu ya, Poshan aahar patrak	September, 2023
16.	Balachya pahilya 1000 divasanche mahattav - Prashikshit karykartyansathi Mahiti Pustika, Booklet	September, 2023
17.	Bijankur- Poshan Aahar Patrak	October, 2023
18.	Shahari Vastitil Arogyasathi Mahila Arogya Samiti (MAS), Booklet	October, 2023
19.	Mahila Arogya Samiti, Flex	October, 2023
20.	Patientsathi ' SATHI Helpline', poster	October, 2023
21.	SATHI Helpline Visiting Card, Card	October, 2023
22.	Patients' voices during the Pandemic - Stories and analysis of rights violations and overcharging by private hospitals, Book	January, 2024
23.	Jagar Rugna hakkancha- Rugnache Adhikar v Jababdarya, Booklet	January, 2024
24.	Analysing margins charged on medicines related to COVID hospitalisations in Maharashtra (Medicine Policy Brief)	January, 2024
25.	Rugnanche Hakka v Jababdarya, Pocket Sanad	February, 2024
26.	Asha, Karyakarti/ Poshan SakhiSathi Poshan Samvad Pustika	February, 2024
27.	Formats - Balkachi Masik Nondvahi	February, 2024
28.	Balkachya Pathpuravyachya Nondi	February, 2024
29.	1) Balachya Vadhisathi Kaddhnyache Paushit Peeth, Flip Chart 2) Balachya Vadhisathi Bhajlelya Biyanchi Paushtik powder, Flip Chart	March, 2024
30.	Jan Arogyachya Dishene, JAS Booklet	March, 2024
31.	Gaon Arogya, Poshan, Pani Purvatha v Swachhata Samiti Patra (VHSNC Letter)	March, 2024
32.	Improving maternal health and nutrition services through building women's group in Pune city	March, 2024
33.	Madhumeh - Uchha Raktadab, booklet	March, 2024

STAFF DETAILS AS ON 31st MARCH 2024

Sr No.	Employee Name	Designation	Gross salary	Name of institute/Centre
1	Saramma Mathew	Chief Finance and Administrative Officer	1,67,567.00	AT
2	Dhananjay Kakade	Directir-SATHI	1,93,500.00	AT
3	Sangeeta Rege	Directir-CEHAT	1,93,500.00	AT
4	Monika Renni	Executive Secretary/Assistant	48,359.00	AT
5	Bhausahab Aher	Senior Project Officer	67,784.00	SATHI
6	Deepali Yakkundi	Senior Research Officer	64,064.00	SATHI
7	Hemraj Patil	Senior Project Officer	64,064.00	SATHI
8	Jessy Jacob	Junior Administrative Officer	34,995.00	SATHI
9	Meena Indapurkar	Office Assistant	16,186.00	SATHI
10	Ramdas Shinde	Junior Administrative Officer	58,325.00	SATHI

11	Ravindra Mandekar	Office Secretary	44,165.00	SATHI
12	Shailesh Dikhale	Senior Project Officer	67,784.00	SATHI
13	Shakuntala Bhalerao	Project Officer	58,325.00	SATHI
14	Sharada Mahalle	Project Officer	58,325.00	SATHI
15	Shweta Marathe	Senior Research Coordinator and Associate Coordinator	71,944.00	SATHI
16	Swapnil Vyavahare	Project Associate	49,052.00	SATHI
17	Trupti Malti	Senior Project Officer	67,784.00	SATHI
18	Tushar Khaire	Administrative Assistant	49,742.00	SATHI
19	Urmila Dikhale	Senior Administrative Officer	71,944.00	SATHI
20	Aarohi Damle	Research Associates	47,819.00	CEHAT
21	Ajinkya Deshmukh	Sr. Research Associates	56,055.00	CEHAT
22	Amruta Bavadekar	Research Officer	76,221.00	CEHAT
23	Anshit Baxi	Sr. Research Associates	56,880.00	CEHAT
24	Ashwini Chougule	Sr. Research Associates	57,705.00	CEHAT
25	Bushra Shaikh	Sr. Research Associates	56,330.00	CEHAT
26	Diana Thomas	Sr. Research Associates	56,055.00	CEHAT
27	Pramila Naik	Administrative Officer	76,221.00	CEHAT
28	Prarthana Lohia	Sr. Research Associates	56,880.00	CEHAT
29	Pratikshya Priyadarshini	Sr. Research Associates	57,430.00	CEHAT
30	Radha Pandey	Secretary	38,886.00	CEHAT
31	Rajeeta Chavan	Research Associates	47,819.00	CEHAT
32	Sanjida Arora	Sr. Research Officer	89,683.00	CEHAT
33	Shilpa Kompelli	Research Associates	47,819.00	CEHAT
34	Shobha Kamble	Office Assistant	29,227.00	CEHAT
35	Sudhakar Manjrekar	Office Assistant	29,227.00	CEHAT
36	Swati Pereira	Junior Admin Officer	56,330.00	CEHAT
37	Uvika Durani	Sr. Research Associates	62,211.00	CEHAT
38	Yogita Shivankar	Secretary	38,186.00	CEHAT

Slabs of gross monthly salary including benefits	Female	Male	Total Staff
<5000	0	0	0
5001-10000	0	0	0
10001-25000	0	0	0
25001-50000	9	4	13
50001-100000	16	6	22
>100000	2	1	3
Total	27	11	38

Sr.No.	Name of the Board Members	Position on the Board	Honorarium paid for the Financial Year 2023-2024
1	Vibhuti Patel	Managing Trustee	13,120.00
2	Dhruv Mankad	Trustee	-
3	Jaya Sagade	Trustee	-
4	Mohan Deshpande	Trustee	-
5	Padma Prakash	Trustee	9,120.00
6	Padmini Swaminathan	Trustee	9,120.00

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

Name of the Public Trust:
ABRIDGED BALANCE SHEET AS AT:

ANUSANDHAN TRUST
31st MARCH, 2024

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

As on 31.03.2023	FUNDS & LIABILITIES	RS.	RS.	As on 31.03.2023	PROPERTIES & ASSETS	RS.	RS.
30,055.00	Trust Fund or Corpus		85,63,115.00				
	Reserve Fund		-		Immov. Properties		
65,18,821.14	Employee Social Security and Welfare Fund		62,73,351.78	9,08,499.03	Book value of immoveable property as on 31st March 2023		6,23,55,181.32
1,34,79,915.61	Research & Education Fund		1,42,59,320.31		Moveable Properties		
42,94,755.85	Maintenance & Overheads Fund		40,79,032.34	16,23,466.06	Book value of moveable property as on 31st March 2023		61,18,944.68
1,41,03,932.80	Building Fund		1,47,33,502.57		Advances		
5,00,000.00	Earnest Money Deposit		-	19,67,648.00	Tax deducted at source	22,58,295.00	
8,252.00	Liabilities		8,11,186.00	86,933.00	Deposits	87,933.00	
				-	Employees	-	
				30,72,340.00	Contractors	-	
				52,64,647.00	Advance for purchase of immoveable assets	-	
				23,329.00	Balance with GST Authorities	23,329.00	23,69,557.00
				1,04,14,897.00			
	Income & Expenditure Account			5,14,315.97	Outstanding Income (Accrued Interest)		8,75,801.97
6,16,89,554.84	Balance as per last balance sheet	5,28,46,838.53			Cash & Bank Balances		
(88,42,716.31)	Less: Deficit as per Income & Expenditure Account	5,78,87,233.78	11,07,34,072.31		Bank balances	5,43,98,794.64	
5,28,46,838.53				3,06,96,806.22	Fixed Deposits with Banks	3,31,67,891.01	
				4,65,67,891.01	Cash in hand	1,705.00	
				10,49,695.64	Cheque in hand	1,65,704.92	8,77,34,095.34
				7,000.00			
				7,83,21,392.87			
9,17,82,570.93	TOTAL		15,94,53,580.31	9,17,82,570.93	TOTAL		15,94,53,580.31

Place: Mumbai
Dated: 10th August 2024

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

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

Name of the Public Trust:
ABRIDGED INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED

ANUSANDHAN TRUST
31ST MARCH 2024

As on 31.03.2023	EXPENDITURE	RS	RS.	As on 31.03.2023	INCOME	RS.	RS.
7,81,655.92	To Expenditure in respect of properties		6,44,375.40	32,02,031.00	By Interest earned		30,40,842.00
4,33,823.00	To Establishment expenses		3,41,639.00	5,64,71,048.50	By Grants		7,09,58,850.30
5,51,276.11	To Depreciation		79,13,190.39	48,000.00	By Donation		53,500.00
-	To Amount Written off		-		By Grants administration income		
-	To Loss on Sale of Asset		2,20,507.70	1,533.03	By Profit on Sale of Asset		5,43,85,628.77
36,75,813.67	To Amount transferred to reserve or Specific funds		28,09,645.36	-	By Income from other sources		
6,31,88,760.14	To Expenses towards objects of the Trust		5,94,97,265.44	53,000.00	Hardship Compensation	5,00,000.00	
				13,000.00	Consultancy Fees	3,55,036.00	
				-	IEC Review Charges	20,000.00	
				-	Award Money	-	
				-	Royalty	-	8,75,036.00
	Surplus Carried over to Balance sheet		5,78,87,233.78	66,000.00			
				88,42,716.31	Deficit Carried over to Balance sheet		
6,86,31,328.84	TOTAL		12,93,13,857.07	6,86,31,328.84	TOTAL		12,93,13,857.07

Place: Mumbai
Dated: 10th August 2024