Taking Shape

Report of founding years of

SATHI

(**S**upport for **A**dvocacy and **T**raining to **H**ealth **I**nitiatives)

Action Centre of Anusandhan Trust, evolved from CEHAT

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(April 2005 to March 2009)

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Introduction

We are glad to share the report of the founding years of SATHI from April 2005 to March 2009.

SATHI team began in October 1998 as an action team in CEHAT; the first centre of the Anusandhan Trust. As the work being done in CEHAT developed, expanded a great deal, the Trust decided to continue the work from April 2005 onwards through three independent centres - CEHAT, SATHI and CSER. During its first four years, SATHI has consolidated its work on the action/advocacy/ training front and has made its appearance on the research front. This report outlines the collective journey of the SATHI team.

SATHI's action work has mostly been in collaboration with its partners and as part of broader coalitions like Jan Swasthya Abhiyan. Hence this report necessarily reflects such collaborative work and SATHI's contribution in it. It is very clear to SATHI that in this work our partners have played an equally important role, and there is no illusion that the work described in this report is that of SATHI alone. We have mentioned the contribution of our various partners in the relevant paragraphs of this report. But if there is any inadvertent deficiency in this regard, we stand corrected.

We are thankful to all our partners, our funders for their full cooperation and indulgence. We were fortunate to have a team which has worked in the spirit of a mission and not merely as a job and we take this opportunity to thank all of them. This report too is a product of team work; various team members have contributed in the preparation of this report. We are thankful to Ms. Renuka Mukadam for her help in preparing the first draft of the report, Jessy Jacob for typing and correcting various drafts and Ms. Sharda Mahalle for her diligent DTP work. We are thankful to our Trustees who put faith in us and granted us full autonomy in our work and encouraged us in our mission and also the Secretariat of the Trust for it's full cooperation.

We look forward to feedback and suggestions from all our friends and well wishers for further improvement in our work.

Dr. Anant Phadke, Dr. Abhay Shukla

30th April , 2009

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SATHI

SATHI is the action-centre of Anusandhan Trust evolved from CEHAT. The SATHI team originated in October 1998 as a part of CEHAT. After working for more than 7 years as an action-team in CEHAT, from 1st April 2005, SATHI developed into the full-fledged action-centre of Anusandhan Trust with headquarters in Pune. SATHI team's work till March 2005 has been reported in the two previous reports of CEHAT. (see www.cehat.org). Here we describe the various projects and activities undertaken by SATHI and the impact achieved at various levels, from April 2005 to March 2009.

Our vision, mission and goal

SATHI dreams of a society,

- which has realized its right to health and health care; a society which has eliminated health inequities, by removing the structural barriers which today prevent the majority from accessing healthy living conditions and quality health care;
- which instead of the current pathological model of development, has adopted a developmental path which fosters health of both the people and their environment;

- where people are not appendages of the health care system; are its prime movers and have universal access to appropriate health care as a human right.

To move towards this dream, ***SATHI's mission*** is to contribute to the building of the movement for 'Health For All' through collective action and research.

In collaboration with like minded organizations, ***SATHI has set the goal of*** achieving the Right to Health Care for all Indians; as a big step towards achieving 'Health For All'

To achieve this long-term goal of Right to Health Care, ***SATHI's strategy*** has been to contribute as a team of pro-people health professionals, to the movement for health care as fundamental human right.

SATHI's strength lies in pitching various health issues at a local and national level in a manner that they acquire relevance and become important public issues.

SATHI is the action centre of Anusandhan Trust. Hence major part of SATHI's work consists of action projects. However, right from its inception SATHI has also been involved in systematic research. Hence, in this report we first report about the various action projects of SATHI. We would then turn to the research work done by SATHI. At the end we would briefly describe the organisational structure and organisational development of SATHI.

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SATHI's Action Projects

I.
SATHI Phase II Project

Background

In its initial stage (1998-2001) the SATHI team worked as a part of CEHAT in three remote rural areas of Maharashtra and Madhya Pradesh by collaborating with People's Organizations actively working in these areas. In Maharashtra it worked with Shramik Mukti Dal (SMD) in Aajara block in Kolhapur district and with Kashtakari Sangathana in Dahanu block in Thane district. In Madhya Pradesh, it worked with Adivasi Mukti Sangathan and later Jagrit Adivasi Dalit Sangathan in Barwani district. During this ***Aarogya Sathi Project*** it trained local people especially women to provide First Contact Care (FCC) within the hamlets in these remote areas. It also helped these People's Organizations to add the dimension of the right to health care to their ongoing struggles for establishment of the right to livelihood. In collaboration with these three organizations, through local advocacy it pressurized and sensitized the Primary Health Centres to be more sensitive to the people. SATHI team also developed high quality training and awareness materials on Primary Health Care and also emerged as a resource team at the national level for the Primary Health Care movement through its participation in the People's Health Assembly process in 2000.

In the next phase of three years, ***SATHI Phase I Project*** (2002 to 2004) SATHI-team expanded and consolidated its work in these three field areas, and also gave training and capacity building inputs to other like-minded NGOs. It made attempts at long-term sustainability of the Community Health Work in these three areas in the form of seeking, where possible, state support for the Community Health Worker programme. The state health officials in Maharashtra agreed to consider certain improvements in the Pada Swayam Sevak (hamlet health volunteer) scheme as part of a special plan for tribal areas. In a pilot project in two PHC areas in Dahanu

block, the SATHI team trained women health volunteers appointed and supported by the state under this Scheme.

The SATHI cell undertook a number of advocacy initiatives for health rights at local, state and national level. SATHI hosted the national secretariat of the Jan Swasthya Abhiyan (JSA) from May 2003, and the team played a leading role in the national campaign for right to health care.

As the secretariat of JSA, the SATHI Cell initiated and facilitated five *regional public* hearings in various regions of the country and a national public hearing (Dec. 2004) on the 'Right to Health Care'. This was done in collaboration with the National Human Rights Commission and as a coordinated JSA activity involving many constituent organizations of JSA including JAA, the Maharashtra unit of JSA.

During this period a series of action research studies and investigations were conducted under the guidance of the SATHI Cell. A number of publications emerged through the training, awareness, advocacy and survey activities, which continue to be widely sought and used.

Thus overall, during 1999 to 2004 the A. S. Project and the SATHI Phase I project helped SATHI to firmly put health on the agenda of various people's organisations and enhanced capacities of people's organizations and other groups for action on community health and health rights. The SATHI team emerged as a leading partner in the right to health care campaign at state and national level, as well as a resource team at the state and national level for various NGOs taking up health work. All this formed the basis for the interventions undertaken by SATHI in its '**SATHI phase II project' from April 05 to June 07,** which was like SATHI phase I also funded by Novib. A significant development which influenced SATHI's interventions in this phase, was the launching of the National Rural Health Mission (NRHM), by the Government of India in April 2005.

The aim of this *'SATHI phase II project'* at the beginning was to support the movement for community health initiatives and health rights. For fulfilling this aim, the **following objectives were**

chalked out *for the SATHI Phase II Project*–

1) To enhance the capacities of People's Organizations (POs), and Community Based Organizations (CBOs) to take up a range of Community Health initiatives as well as to take action on health rights, especially the local monitoring of health services.

2) To facilitate local, state and national level advocacy for health rights in the context of the broad campaign for health rights launched by Jan Swasthya Abhiyan, including state level monitoring of basic public health services in Maharashtra. To initiate a number of Policy & Practice Changes in collaboration with other organizations and networks.

3) To strengthen the information base of health rights initiatives to conduct appropriate surveys, investigations and bring out supportive publications related to community health and health rights.

These objectives were achieved through activities outlined below.

A) Community Health Initiatives

A.1.1) Continued collaboration with selected partner People's Organizations (POs) to stabilize the ongoing Community Health Worker (CHW) programmes.

During this project period, the overall direction of work with the Community Health Workers was to try for their integration in a government programme to reduce the responsibility / work of the People's Organisations in the routine running of the CHW based programme, and make available resources from the Public health system to support the work of CHWs. Additional training was also given to the CHWs to make them more self-reliant in their health work.

Maharashtra

After persistent attempts made by Kashtakari Sangathana and the SATHI team, 8 CHWs ***in Dahanu area*** got absorbed into the Pada Swayam Sevak Yojana (Hamlet health worker programme of the government of Maharashtra). The remaining eight could not get absorbed partly because there was some official reluctance to

include non-literate CHWs into this Yojana and partly because of local vested interests. SATHI team therefore decided to foster more, the process of the PO, (Kashtakari Sangathana) taking over the core activities of the CHW programme in case of the remaining CHWs. Towards this end, Kashtakari Sangathana appointed one woman activist for distributing medicines to CHWs & collaborating the CHW program. A SATHI team member trained her to send order for drugs to LOCOST and to update all required registers.

In order to make the CHWs more self-reliant, a series of training camps on herbal medicines were conducted, involving the CHWs and activists of Kashtakari Sangathana giving orientation to over 80 persons. A 'Forest awareness trip' was also organised, to increase knowledge about use of various herbal medicines. A visit to the NGO 'Vachan' (a Health sector NGO in Nashik district of Maharashtra) was organised for the CHWs in Dahanu in Feb. 07. The Vachan CHWs shared their experiences, and the course of work for the health workers in the absence of SATHI, was discussed during the meeting.

In Aajara area, in the absence of a government scheme for CHW programme, the PO in Aajara, Shramik Mukti Dal (SMD), managed the CHW programme completely. CHWs started replenishing their stock of medicines through the new drug store - Shramik Aushadhalaya - started by Sharmik Mukti Dal from June 06. A SMD activist, took over the task of sending medicine orders to Locost. Overall supervision of CHWs is also now done by SMD. SATHI Team's involvement in CHW programme in Aajra was restricted primarily to conducting Continuing Education Shibirs (Workshops) twice in a year to give some additional inputs to the CHWs in order to make them more self-reliant.

Madhya Pradesh

In ***Barwani District*** SATHI began functioning as the supervising, monitoring and training agency for the official 'ASHA (Accredited Social Health Activist) programme' under National Rural Health Mission (NRHM). In Pati block, two batches of ASHAs, all of whom were previously working as CHWs under guidance from JADS &

SATHI, received their training. Now nearly all the Swasthya Sathis in Pati were selected as ASHAs despite their lower level of formal education, thanks to the advocacy by the Jagrit Adivasi Dalit Sangathan, the People's Organisation in Barwani and the SATHI team.

A.1.2) Continued collaboration with selected partner People's Organizations

In Aajara, a special ***essential medicines counter*** was started in one of the chemist shops, to sell the essential drugs in their generic names, at almost half or one fourth of their price in the brand market. The local wing of the Indian Medical Association (IMA) declared it's support to this effort, but hardly co-operated. Secondly, the chemist who had agreed to keep the counter of LOCOST medicines in his shop, was regularly threatened and pressurised by the local Chemists Association. Hence the counter could not continue. After repeated efforts at reviving the counter failed, SMD, the local people's organisation decided that it would itself start a toiling People's Medicines store with the help of SATHI to make available LOCOST drugs. An appeal to this effect was circulated on behalf of the movement to the various sympathisers in Maharashtra and beyond to donate seed capital for the ***'Shramik Aushdhalaya',*** the Toiling Peoples' Medicines Store in Aajara. More than Rs. 100,000 were collected through a number of small donations from across India and this medical store was inaugurated in June 2006. It sells essential medicines in generic name at prices which are one half to one fifth of the prices of same medicines in their branded form in other medical stores. The store is slowly catching on and although the store is running well, it has to increase business further in order to attain self-sufficiency. For this purpose, an awareness raising campaign was planned in Aajara, in May 2007, with a focus on profiteering by the pharmaceutical companies leading to very high prices of medicines and the role of Shramik Aushshadhalaya in countering this exploitation.

In Pati area of Barwani district of MP, the initiative for growing of nutritional and medicinal plants picked up very well after training for the same was organized by SATHI in collaboration with the Jagrit Adivasi Dalit Sangathan (JADS). The nursery plot developed by a member of JADS in Golpatiwadi now has a large number of plants of about 15 varieties. A camp was conducted in May 06 to promote selling of saplings of nutritional and medicinal plants to the fellow-tribals, which evoked a good response.

Several Swasthya Sathis were trained in the preparation of herbal medicines, which they now routinely prepare and sell to persons requiring them, at a small price.

Aajara - After a well attended rally in April 2005 to the Deputy Director of Health Services in the district town - Kolhapur, amongst other things, he agreed for regular meetings of Medical Officers at PHCs with the representative of the Peoples' Organization and to improve the supply of medicines to the PHCs and Rural Hospital. Since then for two years, a SATHI team member along with activists of the Shramik Mukti Dal, was keeping a check on the availability of drugs in the three PHCs and one RH. Though the supply situation had improved initially, lobbying by the Sangathana activists was required to sustain this.

In Pati block of Barwani district of ***Madhya Pradesh***, ***Village Health Committees (VHCs)*** were formed in several villages by JADS with inputs from SATHI; periodic meetings were held during 2005-06 and members of 10 VHCs were oriented in monitoring of Primary Health Services.

A.2.1) Health Training and other inputs to other Community Based Organisations.

Many like minded organizations in Maharashtra are interested in starting health work, even though their main work is in other areas of developmental field. SATHI interacted with such organizations and offered to orient their activists in different types of health activities from the rights based perspective that they can take up. There was a very positive response to this offer and a series of health rights orientation training camps were organized. At the end of each training

camp, some specific action plan was planned as a follow-up of this training –

- In Osmanabad district, in Marathwada, a relatively under developed and poor region in Maharashtra, the training covered the issues of health rights, women's health, anaemia, and misuse of saline and injections. It was attended by 25 women from the Self-Help Groups formed by Lok Pratishthan, a local NGO. An Action Plan was prepared at the end of the training programme, in order to convert the learning into a long term activity. It involved dissemination of the information learnt by the women, in their villages by conducting meetings and *melavas*.

- In the process of meetings with Thane's DHO, SATHI proposed an anaemia campaign, supported by district health machinery, with Kashtakari Sanghatna, Shramik Mukti Sanghatna & Shramjivee Sanghatna. The DHO approved this proposal in April 2006. Shramjivee Sangathana showed special interest in Anaemia Campaign and invited SATHI to conduct a training of their activists on anaemia. During this training in October 2006 at Usgaon Dongri (Vasai), along with anaemia, the following health action issues were taken up in the activists' training - Primary health related Health rights, Women's health & women's basic health rights, misuse of injection & saline. Twenty women and twenty other activists participated in this training after which it was decided that the Sangathana will demand in 2 PHCs, as part of the campaign, treatment of anaemia to all women and not only for pregnant women.

- In collaboration with Rachana Trust, an NGO working in rural areas of Pune district, a group of nearly 100 secondary school students were given orientation on health rights. In a separate programme, teachers and secondary and high school students were trained together in First aid as per the request of the local organisation.

- In February 06, training in Satara with 15 women from the Dalit Mahila Vikas Manch, was held on anaemia. These trained women later used our pictorial poster exhibition to create awareness about anaemia in their villages.

- In October 06 SATHI conducted training at Chiplun of 25 women selected from 20 villages as a preparatory training for health worker programme of Samwad, a local NGO. Issues covered were - women's reproductive health, anaemia, misuse of injection & saline, primary health care in a rights perspective, adverse effects of liquor & tobacco on health. It was decided that of these 25 trainee women, 20 would be selected for health worker training. After this training they started providing First Contact Care in their own village/hamlet and used the pictorial SATHI material to do awareness on these issues in their respective villages.

- A training was conducted for members of Lok Sangharsha Morcha, a People's Organisation in Northern Maharashtra at Taloda in January 2007 by the SATHI team, on anaemia, misuse of injection-saline, and health rights. It was decided that of these 80 women, 40 would be selected for health worker training so that they can provide First Contact Care in their own village/hamlet and would use the pictorial SATHI material to do awareness on these issues in their respective villages.

- A similar training was conducted in Murbad, with Shramik Mukti Sangathana in February 2007 for 35 women activists. The issues covered were anaemia, ill effects on health of alcohol and tobacco, patient's rights, menstruation and woman's health. During the training a plan was also prepared to include awareness building on these issues into the regular work of this Sangathana.

A.2.2) To enhance capacities of CBOs and smaller NGOs in Maharashtra and Western India, on the issue of health rights

Locally active NGOs and CBOs had shown interest in being involved in the movement for health rights. However to be involved effectively, they needed basic orientation and training on the issue of health rights as well as in the specific activities being undertaken such as survey of public health care services in their areas, or monitoring of specific indicators for such services.

The first step was the conceptualisation of a comprehensive training module on Right to Health Care. Being a new area of training, this involved a lot of research, deliberations and discussions by all

team members. Draft training material was created in April-May 2005; however the material evolved a lot after the first draft. The material was put together and then session plans were made. Games, group discussions and exercises were prepared in order to make the training interesting and interactive.

Apart from basic training on health rights, SATHI decided to include - the specific issue of how to use the spaces created by the National Rural Health Mission (NRHM). NRHM was launched in April 2005 by the newly elected United Progressive Alliance. For the first time since 1990s, the Central Government increased the Health Budget by more than 20% and initiated new schemes like strengthening of the Primary Health Centres and Subcentres; promising 24 hours service 7 days a week progressively in all PHCs by 2012; appointment of one Community Health Worker (CHW) called ASHA (Accredited Social Health Activist) per thousand population. etc. One of the important new programmes under NRHM is the Community Based Monitoring (CBM) under which civil society organizations have some role in monitoring of the public health services in order to make them more accountable. SATHI decided to do value addition to this CBM programme under SATHI Phase II project in collaboration with partner organizations in order to promote further the Health Rights of the people in areas in which our partner organisations are active. The Health Rights training by SATHI accordingly included the topic of CBM.

In Maharashtra

Two trainings were conducted, one in Ambejogai, for Marathwada region and the other in Nagpur for Vidharbha region. Both these regions of Maharashtra are under-developed and resource poor. The training in Nagpur was attended by members of 32 organisations, while the one in Ambejogai was attended by members of 8 organisations. Both training programmes led to the creation of a regional action plan on the theme of right to health care and this action plan was duly followed up by the SATHI team as well as the local NGOs.

After the initial training, follow up of the Vidharbha training was held in November 2006, in Kurkheda in Gadchiroli, in co-ordination with Aamhi Aamchya Aarogyasathi. The focus of this training was NRHM, and Community Based Monitoring within NRHM. This training developed the understanding and interest of the organization in the issue of Community Based Monitoring under NRHM. It was decided that this organization would actively participate in the Community Based Monitoring to be launched under NRHM.

Several efforts and rounds of follow-up were done to conduct a follow-up training in Marathwada, but the collaborative organizations were not able to ready themselves for this follow up training.

In Madhya Pradesh

For Right to Health training in *Madhya Pradesh,* organizations were selected on the basis of their capacity to initiate some social action. This training was held in Indore in September 2006 and attended by twenty two participants from various organizations from thirteen districts of the State. For this training, important chapters from the Marathi manual prepared by SATHI for the earlier trainings in Maharashtra, were translated in Hindi and distributed amongst all the participants. In this training, the possible social actions at the community level to ensure right to health care were emphasized upon. This shift in the training strategy was adopted after assessing inclination and perspective of the participant organizations.

B) Advocacy in collaboration with other organizations and networks

B.1) Advocacy for ensuring availability of basic health services (mainly in Maharashtra)

In Maharashtra,

In Thane and Pune district, SATHI team members along with representatives of various Civil Society organisations, were part of the process of review meetings with the District Health Officer, as a form of monitoring of the health system.

The Jan Aarogya Abhiyan (Maharashtra chapter of the Jan Swasthya Abhiyan) has been conducting 6 monthly meetings to discuss various issues related to delivery of health services including the issue of right to health care. It was decided that on the issue of patients' rights in private hospitals, Jan Aarogya Abhiyan Maharashtra would generate mass awareness on the need to address patients' rights in the ***rules of the Bombay Nursing Homes Registration Act amended in Dec. 05***. A series of Public meetings were held on Patients' Rights under the auspices of Jan Aarogya Abhiyan (Pune on 2nd July 2006) or by the local JAA associated organizations in Kolhapur, Ambejogai and Dahanu (July and August 2006). In all these well attended and well publicized meetings, a senior SATHI Team member played a leading role either as facilitator or as main speaker. A signature campaign was carried out in July 06 by the JAA in which SATHI played a leading role. The collected signatures were sent to the Health Minister. This demand by the civil society groups was referred to during the discussion on this issue amongst officials.

In preparation for the ***National Health Assembly-II*** of the Jan Swasthya Abhiyan, the State Health Assembly in Maharashtra was organised by the Jan Aarogya Abhiyan in Feb. 2007. District and regional assemblies were also conducted. From a rights based perspective, a series of demands were formulated on a whole range of issues by building on and updating the earlier representations to the Health Minister and the Director General of Health Services. These health demands including the right to essential medicines, especially for the vulnerable people like women and HIV positive people, were concretized during the Maharashtra State Health Assembly on 22nd Feb. 2007. In a plenary session on 23rd February, they were presented systematically before the Director General of Health Services and specific assurances were obtained from him about these demands. This was followed by a detailed follow up meeting with him in May 07. In this whole process many JAA constituents took active participation and there was considerable co-ordination amongst various JAA constituents in formulating and

following up specific policy demands. SATHI team played a leading and facilitating role in this whole process.

In Madhya Pradesh, SATHI played a central role in organising the district level health assembly in Barwani in Jan. 07. This was the first district health assembly in the state and hence provided a lead for organising such programmes in other districts.

People's Rural Health Watch is Jan Swasthya Abhiyan's activity to independently monitor the performance of the National Rural Health Mission to see to what extent the declared objectives of NRHM are being met. SATHI gave inputs for conducting the JSA's-People's Rural Health Watch state level workshop in Bhopal in June 06. Here SATHI team members contributed as resource persons who helped to orient JSA-MP activists from various parts of the state regarding the conduction of surveys.

The SATHI team gave inputs for organisation of the M.P. State level assembly in Bhopal in Feb.07. The team was also involved in giving regular inputs at state level in M.P. (as the host state) for preparations related to the National Health Assembly-II.

B.2) Facilitating the coordination work of the right to health Care campaign in Western India and at the national level

Based on the inputs from various health experts associated with Jan Swasthya Abhiyan, a critique of the national framework related to National Rural Health Mission (NRHM) called ***'Action Alert on NRHM'*** was prepared on behalf of the JSA by the Christian Medical Association of India (CMAI) and printed in November 05. The 'Action Alert' critically analyses the NRHM policies and programmes and points out issues that are important for JSA associated civil society organisations while engaging with the Rural Health Mission. A SATHI team member was centrally involved in the conceptualization and drafting of this Action Alert.

A ***National Consultation on immunisation policy issues*** was organized by IMA in Delhi on 14th May 06 on ***Hepatitis-B immunization and polio eradication.*** A senior SATHI team

member was invited for this consultation and made a presentation on impossibility of polio-eradication with oral polio vaccine. As an outcome of this meeting, IMA has come out with a report expressing doubts about the strategy of polio eradication and of Hepatitis B immunisation and accordingly a set of recommendations were made for the Ministry of Health for it's considerations.

An article outlining a brief critique of the polio eradiation programme written by a senior SATHI Team member was published on the editorial page in Times of India – 6th Oct. 06. It was widely appreciated as the first critical article in the lay press on the much hyped polio eradication programme. The health ministry took a serious note of it and circulated a rejoinder.

In view of the recent debates regarding the future of the Polio Eradication Initiative (PEI), on **26th October 2006 at Delhi a one-day *policy consultation on the Polio Eradication Programme*** was organised on the issue, by Jan Swasthya Abhiyan along with Medico Friend Circle (MFC), Centre of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi, (both constituents of Jan Swasthya Abhiyan), Swasthya Neeti Samvad, New Delhi, and the People's Report on Health (PROH) Council for Social Development, New Delhi. There were about 40 participants, which included members from the neighbouring states of Uttar Pradesh, Haryana, Himachal Pradesh, and Madhya Pradesh, and a couple of members of the government agencies involved in the initiative. The Additional Secretary, MoHFW with two other colleagues responded to the issues that had emerged out of the deliberations and discussions of the day. As a follow up of this consultation, all important facts and the common concerns regarding the polio eradication programme and the demands based on these, were sent in the form of a letter to the Health Minister. A senior SATHI member was centrally involved in this whole process.

Jan Swasthya Abhiyan organised a ***National Health Assembly-II*** during 23rd to 25th March 2007. The theme for the NHA II was 'Defending People's Health in the Era of Globalisation'. This assembly was planned to be in line with the first one that was held in Kolkata

in the year 2000. Along with other senior health advocates of JSA, senior SATHI team members were centrally involved in deciding the content and planning of sessions for NHA-II, and also in actual facilitation of several sessions, and co-facilitation of some workshops. Most of the SATHI team members attended the Assembly. Secretariat members were centrally involved in co-ordinating the rapporteuring of the sessions in NHA-II, -required for preparing a detailed report of the process.

Senior SATHI team members made substantial contribution in the conceptualisation and drafting of two of the booklets for NHA-II - "Crisis of Health Systems in India", and a major section of "New Technologies in Public Health - Who Pays and Who Benefits?" SATHI took the responsibility of managing the DTP work and printing of these booklets and also contributed towards the cost of this printing.

A senior SATHI team member made one of the two presentations in the inaugural plenary whereas the other senior member facilitated the plenary on the last day for the dialogue with decision makers. One of the SATHI team members prepared an audio-visual presentation on the journey of JSA in the last six years, with inputs from the team, and some professional assistance. This was presented in one of the plenary sessions at the Assembly.

SATHI co-organised two workshops during NHA-II. One on Community Monitoring and the other on Critique of Polio-Eradication Strategy in India.

A SATHI team member was appointed as a member of the National Advisory Group on Community Action (AGCA) for NRHM. In the meeting of this standing group of NRHM in June 06, the SATHI team member presented a detailed framework of community based monitoring under NRHM and along with other JSA members, suggested that the Advisory group facilitate this process. As part of a small sub-group of three members, he helped develop a framework for operationalisation of community monitoring which was presented in the next meeting in July 2006. This was followed by further detailing of a proposal for a national pilot to operationalise

Community Based Monitoring of health services under NRHM. The national pilot project for community based monitoring in eight states was sanctioned by AGCA for NRHM, in its meetings in December 2006 and February 2007. The work related to this has been reported in a separate section.

A SATHI team member was appointed as a member of the Planning Commission Steering Committee on Primary Health Care. During meetings of this committee, various critical issues regarding design and implementation of NHRM were raised. The SATHI team member was also a part of the five-member drafting team of the committee to finalize the recommendations on Health to the Planning Commission for the Eleventh Five Year Plan.

The ***People's Rural Health Watch (PRHW***) was initiated by JSA to monitor, assess and analyse the activities of the National Rural Health Mission (NRHM) at the state and national levels and providing a feedback for improvement. A set of six different questionnaires was prepared for the field survey component of the Watch. The questionnaires were designed bearing in mind the measures proposed in the NRHM for improvement of the services at these levels. SATHI team members contributed to development of these questionnaires. SATHI along with the state JSA constituents, was centrally involved in the preparatory workshop held in Bhopal in January 07. A senior team member was one of the main resource persons for this workshop. The SATHI team in MP has also been involved in the data collection of PRHW in Barwani. Efforts were taken by the team to modify PRHW methodology in context of MP. The team also gave technical inputs for the data collection in Jhabua district.

SATHI's other contribution to the national level advocacy activities are in a separate section which details the contribution of SATHI in the capacity of hosting the National Secretariat of the Jan Swasthya Abhiyan.

B.2.2) State level advocacy

The Bombay Nursing Homes Registration Act (1949) was modified by the Maharashtra State Government in Dec. 05. This Act aims at regulating private hospitals. The Act was amended in December 2005, but this amendment hardly reflected any of the concerns of the health movement. However, when in 2006, the Government of Maharashtra started the process of making the rules for the amended BNHRA, the task had been given to CEHAT, Mumbai. Senior team members from SATHI were quite involved in the consultative process undertaken by CEHAT for this purpose. These SATHI team members took lead in formulating Patients' Rights to be included as part of the minimum standard for private hospitals. This charter of patients' rights was circulated in the Jan Swasthya Abhiyan Maharashtra and was discussed in JAA to fine-tune it.

As a consequence of the NHRC's public hearings and the recommendation in the National Action Plan on Right to Health, the Government of Gujarat decided to enact a comprehensive ***Gujarat Public Health Act.*** This Act would -

- ✓ establish a legal framework for maintenance of Public health conditions, would delineate the right of citizens to guaranteed public health services,
- ✓ establish the health rights of social sections with special health needs, and would
- ✓ regulate the private medical sector.

A SATHI team member has been involved as one of the main consultants in the process of drafting this Act since June 2006. A Law college student was engaged by SATHI as an intern to assist in the early stage of the drafting process, and the SATHI team member helped to organise the inputs of other consultants besides giving his own inputs towards the drafting of this Act. This Act is expected to legally establish the Right to health care in certain form at the state level, for the first time in the country.

Learnings

Taking into consideration the achievements of the team, internal discussions undertaken from time to time, and the pertinent observations of an external evaluation team, we can categorize the lessons learnt in this phase into two categories: Health rights and Community Health Worker programmes.

Concerning Health Rights, one key lesson of this phase has been that given an opportunity to influence policy, there is a need to translate community based experiences of Health Rights issues into policy level recommendations and provisions. This can help create systemic provisions and spaces, wherein people can effectively demand their health rights. The second lesson is that such provisions are necessary but not enough, and that systematic community based action and monitoring needs to be continued tirelessly to translate these '*changes on paper'* into '*changes in practice for people'*.

Concerning Community Health Worker programmes, the experiences of SATHI show both the strengths and limitations of local programmes developed in collaboration with People's organisations. On the one hand, such locally sustained programmes generate skills and confidence among people to take up health as a collective issue, while providing some relief from acute health care deprivation and exploitation. On the other hand, it is extremely difficult for resource-poor communities struggling for their daily livelihood to sustain such programmes over a long period of time, and some type of Public Health system support is essential for sustainable continuation of such programmes. Given this learning; interfacing with the ASHA programme under NRHM, and attempting to form a bridge between these emerging large public programmes and the existing local initiatives is a key challenge for the SATHI team to take the work forward in the new phase.

These lessons were integrated into the planning of the next phase of SATHI's work.

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II.
SATHI Phase III Project
(July 2007 to March 2010, ongoing)

As evident from the section on SATHI phase II, the interventions of SATHI have been aimed at contributing to the strengthening of the Public Health Services and Regulation of Private Health Services so that they together become a part of a National Health Care System, which would ensure universal access to Health Care for all irrespective of the ability to pay at the point of service. Such a system would eliminate all unnecessary medical interventions, wastages, medical exploitation on the one hand and on the other hand put an end to medical deprivation of all people including the vulnerable sections and sections with special health needs. SATHI's work in the next project has been designed to move forward to achieve this aim. Like previous two phases, activities in this phase were also funded by Novib.

Specific objectives of SATHI Phase III project

Based on the achievements of the SATHI Phase II project, SATHI set up the following objectives to address the issue of further weakening of the Public Health System and of brazen, unregulated privatization. The ***specific objectives*** are-

1) Creation of an appropriate niche for less educated/ functionally literate women as ASHAs in specified remote areas of Maharashtra and MP.

2) Consolidation of the gains in National health policy, related to institutionalizing citizen's health rights, service guarantees and accountability/monitoring mechanisms in the context of NRHM.

3) Establishment of demonstrative examples in certain areas in Maharashtra, Madhya Pradesh, of implementation of the Community Monitoring framework envisaged in the National Rural Health Mission.

4) Initiation of demonstrative examples of civil society activation in certain areas in Maharashtra, for implementation of the new rules framed under the amended Bombay Nursing Home Registration Act, especially the provision relating to Patients' Rights including the rights of HIV positive persons.

5) Enhanced capacity and activity of civil society organisations in certain pilot areas, concerning right to essential medicines, including medications for HIV positive people, as part of the overall campaign for increasing access to health care

6) Generalization of these demonstrative examples through various networks

7) Creation of an appropriate niche for less educated/ functionally literate women as ASHAs in specified remote areas of Maharashtra and MP.

8) Mainstreaming of SATHI's training methods including the training material for less educated Community Health Workers.

These objectives are being met through activities outlined below-

A) Activities for mainstreaming the SATHI training methodology for Community Health Workers

After continuous, prolonged lobbying, SATHI was ultimately successful in obtaining the official decision by the health department to have a special pictorial training manual for ***less educated ASHAs.*** Secondly, SATHI was asked to prepare this pictorial manual, despite the fact a manual was already prepared in Marathi by the Public Health Institute in Nagpur, based on the manual prepared in English by the Union Ministry of Health. This decision was facilitated by the fact that SATHI had already prepared a draft pictorial manual for ASHA training module-I, with its own resources based on the manual of the Ministry of Health. Impressed by this draft manual, the concerned officials asked SATHI to go ahead further in this work. Further, in Feb. 08, the Director-NRHM impressed by the quality and utility of this manual, took a decision to print 9000 copies of this Volume - I and for giving a copy each to all the 9000 ASHAs in Maharashtra, instead of giving it to only about 3000 less educated

ASHAs, as was envisaged earlier. Later SATHI was given an assignment to shoulder the responsibility of printing this volume to ensure that quality printing at reasonable rate occurs in time. Further, a decision was taken that preparation of the remaining four manuals and their printing would also be done by SATHI.

SATHI was also successful in advocating for acceptance of the proposal by SATHI of conducting demonstrative pilot training of a few batches of ASHAs by respective experienced NGOs in different districts in Maharashtra. The objective being, the trainers in the District Training Teams would get introduced to the training methodology for less educated ASHAs as practiced by experienced NGOs. After many attempts, finally the proposal by SATHI was accepted by the Director-NRHM Maharashtra, through which two batches of 25 ASHAs in each of the five districts would be trained - Thane, Nandurbar, Amravati, Gadchiroli, Nashik by respective, experienced NGOs in these districts. This endeavor is described in some detail elsewhere in this report as a separate project.

Similarly in Madhya Pradesh based on four volumes of ASHA training manuals released by the Union Health Ministry, SATHI has prepared pictorial manuals in Hindi for less educated ASHAs and 35 ASHAs have been trained so far till manual Volume IV.

In an attempt to mainstream the SATHI's training methodology which could definitely improve quality of training across the entire state of MP, SATHI was continuously negotiating with the State Government for selecting our training manual and method of training for training of ASHAs in MP, as had already been done in Maharashtra. However receptivity and openness of the existing health bureaucracy and the State Government in Madhya Pradesh has been poor. That is why in spite of continuous follow up and deliberations at the State level there has been marginal progress in mainstreaming the SATHI's training methodology in MP. However a SATHI team member is now a member of the State ASHA mentoring team, and attempts are being made to generalize the SATHI training methodology for Volume - V in West M.P.

B) Collaborating with selected partner organisations for strengthening of Health Rights

Maharashtra

SATHI has been in touch with many civil society organizations in Maharashtra and MP, who are interested in health rights work. Out of these, after rounds of mutual discussions, it was decided that SATHI would collaborate with seven organizations in Maharashtra (MASUM, Aamhi Amchya ArogyaSathi, Lok Samanvay Pratishtan, Rachana Trust, Janarath, Jan Aaorgya Samiti, Aajara, Kashtkari Sangathana) and two in Madhya Pradesh - Jan Sahas and Jagrit Adivasi Dalit Sangathana (JADS), for strengthening sustained health rights work in their respective areas.

A ***state level workshop*** of activists (two- three activists from each partner organization) from these partner organizations was conducted on 29th - 30th October 2007, in Pune. In this workshop these activists were oriented in depth about specific health rights issues which could be taken up during the current project. This was followed up with a training/orientation workshop in a central town in each of the areas in which partner organizations work. In all more than 150 activists of the partner organizations participated in these workshops during November 2007 - March 08.

The issue discussed in these workshops was – how to concretely further people's health rights, including the rights of the vulnerable sections like women, children, HIV positive, poor in Public Health facilities and Private Hospitals. A pictorial exhibition on Health Rights and one on misuse of injection- saline was used in this training and a copy was given to each partner.

Adequate ***supply of essential medicines*** through the Primary Health Centres and its outreach activities is an important health right. Therefore, SATHI in collaboration with its partner organizations decided to monitor the availability of Essential Medicines in PHCs. As a preparatory activity a state level training workshop was organized in Pune on 30th June, 1st July, 2008 to train representatives of SATHI's partner organizations in this monitoring. It was decided that wherever we were involved in CBM, we would monitor in some

detailed manner, availability of Essential Medicines in respective districts. It was decided to specifically include in the monitoring, medicines required to treat 'opportunistic infections' in AIDS patients. Several of our partners have collected such data.

Exercising of ***patients' rights in private hospitals*** depends upon the finalization and implementation of rules under the Bombay Nursing Home Registration Act. This aspect would be taken up concretely in forthcoming training camp when the implementation of the new BNHRA rules would begins.

Based on these deliberations, various partner organizations launched various health rights activities in their respective areas with the help of specific inputs from SATHI -

Rachana in Pune district organized a series of community meetings on health rights issues in 15 villages in Haveli, Welhe and Mulshi blocks with the help of pictorial poster exhibition prepared by SATHI. Rachana activists used other modalities for raising health rights awareness - puppet show, rally, street play, slide show. After this ground work, during March-April 08, Rachana organized a series of ***Jan Aarogya Samvad meetings*** in the four central villages in the field areas with Health Officials. Based on the face to face discussions with the health officials in these public meetings a series of promises were given by the health officials. These promises were followed by the Rachana Activists. On 21st March 09, in Sangrun, a meeting was held with Additional DHO, Taluka Medical Officers from Haveli, Mulshi blocks, MO of the Sangrun PHCs and concerned staff. About 175 villagers, most of them women, from these three blocks had gathered to discuss about functioning of Mutha, Sangrun PHCs and the panshet unit. All these activities together led to the following ***improvements*** -

- Filling of vacant posts - 1 MPW in Aglambe subcentre, 1 ANM and 1 MPW in Mutha PHC.
- Regular Immunization started in every village under Sangrun and Panshet PHC
- Regular visit by MO in each sub center of Mutha PHC

- After Jan Aarogya Samvad (21st march, 09) health functionaries decided in one meeting that 1 MO would now visit each sub centers of Mutha, Sangrun and Panshet PHC
- MO invited a Rachana activist, to attended and participated in PHC monthly planning meeting at Sangrun
- 20 out of 30 Village Health and Sanitation Committee (VHSC) meetings were conducted with the help of Rachana (members participation increased to 50%)
- Separate Rugna Kalyan Samiti fund for Panshet unit was sanctioned.
- Funds for Bahuli sub center was sanctioned.
- Light, water and ambulance facilities became available, for sub center and Panshet unit.
- Regular chlorination of drinking water started in some villages.
- Better availability of medicines and Anti Rabies Vaccine (ARV) in PHCs.

With the help of SATHI team members, Rachana conducted orientation about '***the calendar programme'*** for its village level activists. Calendar programme consists of taking a commitment from the PHC staff to visit different villages as per a pre determined programme time-table (Advance Tour Programme - ATP) and to monitor these visits in order to ensure that the health services from the PHC staff are actually delivered at the village level. It is some achievement that health officials agreed to implement this calendar programme though it is not part of the method of functioning of the PHC system. This programme was implemented in 5 villages in Sangrun blocks and one in Panshet block.

In December 2008, Rachana activists also conducted signature campaign in 14 villages in which people signed on a letter to the Maharashtra Health Minister requesting her to give sanction to the draft rules under the ***BNHRA*** (amended, Dec. 2005).

Awareness raising was done on the issue of ***unnecessary use of injections and saline*** was done with the help of Lokvidnyan

Sangathana's pictorial exhibition on this issue. After each awareness session villagers were requested to sign a 'Dear Doctor' letter in which doctors were requested not to indulge in unnecessary use of injections and saline henceforth. This letter was given to the local doctors. Students from 5th to 9th standard were involved in this activity.

MASUM in Pune district used the health rights pictorial poster exhibition prepared by SATHI to raise awareness in 10 villages in the Malshiras block This resulted in strengthening of the Village Health and Sanitation Committee in these villages. MASUM conducted signature campaign in these villages about giving sanction to the draft rules under the BNHRA (amended, Dec. 2005).

Janarth, one of our partner organizations in Nandurbar district conducted similar awareness campaign in 10 villages in the Shahada block about unnecessary use of injections and saline and about the issue of sanctioning the draft rules under the BNHRA (amended, Dec. 2005)

Loksamanvay, our second partner organization in Nandurbar district carried out a much bigger campaign about unnecessary use of injections and saline. During 21st to 25th January 09 Loksamanvay, with the help of inputs from two members of the SATHI team conducted an awareness campaign on the issue of ***unnecessary use of injections and saline*** with the help of Lokvidnyan Sangathana's pictorial exhibition on this issue. 45 villages in Akkalkua block were covered through 9 big public meetings. About 200 to 600 tribal people participated in each of these meetings. About half of them were women. A 'Dear Doctor' letter was read out after each of these public meetings in which doctors were requested not to indulging unnecessary use of injections and saline henceforth. The non-literate tribal people put their thumb impression on this 'Dear Doctor letter' after properly grasping its content. These letters were submitted by Loksangarsh Morcha, the local organization to the local doctors. This campaign culminated into a big public meeting on 26th January at Akkalkua, the block place, in which more than thousand tribal

people from different parts of Akkalkua block participated; more than half of them were women. This meeting warned the public health officials and the private doctors that tribal people will not tolerate any more neglect and exploitation and would assert their health rights. This public meeting was very well covered in the local press.

In March 09 with the help of checklist prepared by the SATHI team, Loksangarsh Morcha surveyed seven PHCs and one Rural Hospital in Akkalkua block to assess the ***availability of 67 most essential, routinely required medicines*** in PHCs and RH. This information was analyzed by SATHI. It showed that there is gross shortage of these essential medicines across these health facilities. On 25th March 09, a press conference was organized in Nandurbar, the district town, to draw the attention of the public towards this continuing shortage of most essential medicines even after three years of NRHM. This press conference was very well covered in the local press. The Sangathana would follow-up this matter systematically with the concerned officials.

During November 08 to March 09, in Gadchiroli district ***Amhi Amchya Aarogyasathi*** (AAA) organized Jan Samvad in Korchi, Kurkheda, Aramoree and Mendkii and at Vihirgaon. The issues raised during these public programmes were followed up by the activists of AAA. This together led to improvement in the availability of health services in these PHC areas.

On 18th December 08, ***Shramik Mukti Dal***, our partner organization in Kolhapur district organized a Dharna in Gadhinglaj in front of the sub divisional office demanding that the health minister should immediately give final sanction to the draft BNHRA rule which have been waiting since July 06 for her signature. About 50 health activists participated in this demonstration. This was part of the state vide campaign on about sanctioning these draft rules in which amongst other things includes a set of patients' rights in private hospitals.

Shramik Mukti Dal, organized a ***rally*** on 18th Jan. 09 in the town Gadhinglaj in collaboration with Stree Sakhi Mandal, a local

women's organization in Gadhinglaj, on the issue of gross improper functioning of the ***sub-divisional hospital in Gadhinglaj.*** More than 100 people, out of which about 40 were women, participated in this rally, which culminated in a demonstration in front of this sub-district hospital. Supddt. and other officials of this hospital, after initial resistance, bowed down to respond to the various demands of this demonstration - stop taking bribe from the patients, improve behaviour with patients, improve gross shortage in supply of essential medicines, guest room facility ('dharmashala') meant for use of patients relatives must be reserved for this purpose only etc. Three SATHI team members participated in this demonstration and played an important role during the negotiations with the Health officials. After this demonstration, services in this hospital improved considerably and as per the promise given by the Supddt., the Civil Surgeon came down to Gadhinglaj from Kolhapur on 5th March 09 to discuss issues for which he is responsible. During this meeting with Civil Surgeon, in which a senior SATHI staff member participated, it became very clear that the Civil Surgeon himself is corrupt and is also incompetent to ensure timely supply of medicines to the Gadhinglaj hospital. The delegation of the Shramik Mukti Dal and the Stree Sakhi Mandal grilled him and other health officials on the above mentioned issues. They together promised to improve matters and agreed to have periodic review meetings with these two organizations to monitor the progress as regards various promises given during this meeting.

Madhya Pradesh

I. Direct Monitoring of CHC Pati, Barwani

19th of May, 2008 was quite unique in the quiet town of Pati in District Barwani of Madhya Pradesh. For more than three days, between 50 to 200 people, mostly activists of the ***Jagrit Adivasi Dalit Sangathan***, many of them Village Health Committee (VHC) members or ASHAs (officially designated Community Health Workers), were camping by turns in the premises of the Community Health Centre (CHC). VHC members in small groups have directly observed and monitoring activities in various departments of the

CHC, to ensure adequate services. A ***'People's health information centre'*** was set up by the Jagrit Adivasi Dalit Sangathan in a large tent in the primises of the CHC where doctors and SATHI staff members were giving information to patients approaching the CHC about the services and facilities they should be provided as a right. After completing their consultation in the hospital, patients reported back to the information centre where doctors used to see their prescriptions and advise them about the adequacy of the investigation and treatment - then some of them went back to the CHC demanding revised treatment or additional necessary services. Gross deficiencies in services were announced on the loud speaker, so that the CHC staff can hear it and make amends. A few VHC members were posted at the nearby medical store to see if any patient from the CHC is being sent to purchase essential medicines. Over 60 pictorial posters were displayed on all sides of the tent, explaining issues like People's health rights and mandatory services at various levels, rational approach to injection and saline infusions and women's reproductive health issues.

In the late afternoon after the OPD closed, both the regular medical officers of the CHC (there are only two full-time public health system doctors in place for the entire block) were invited to the tent for a dialogue with the over 200 people present there. They were first asked to explain their problems and the limitations they were facing in giving good quality health care. They talked about the lack of staff as a major problem, which needed to be addressed by action at district and state levels. Then the issue of inadequate field level services by ANMs and MPWs was raised, noting that no routine immunisation has taken place in certain villages since over a year. The need to ensure that the ANMs and MPWs carry basic medicines with them was also accepted by the doctors, and they promised to give a list of 12-15 basic medicines to treat simple illnesses which would be made available with the field staff. It was decided that the schedules of field staff would be discussed and detailed accounts of the Rogi Kalyan Samiti (RKS) would be presented in another meeting, to be held a week later. Following this, a number of 'rules' for the CHC were laid down, which were accepted by the doctors and written out on posters

with the doctors' signatures, and put up prominently in the CHC premises. These 'rules' put on posters include -

- No patient will be required to purchase any of the medicines being prescribed at the CHC. All patients will be provided all necessary medicines from the CHC.
- Patients with ordinary illnesses will be given, as per need, medicines for three days (in contrast to the present practice of people from remote villages being sent back with a single dose or single day's supply of medicine)
- Each patient requiring an injection will be given this with a separate needle and syringe (in contrast with the existing practice of injecting up to ten patients with the same needle). The need to minimise unnecessary injections was also stated.
- Ambulances to transfer serious patients from villages to the CHC, and from the CHC to Barwani district hospital would be available free of charge to all those with 'Deendayal cards'. In case of patients without such cards, subsidized rates fixed by the RKS would be charged. However any serious patient who does not have a card, yet is unable to pay, would be given the ambulance free of charge.

Impact of direct monitoring

1) It has been reported by community members that there is an overall definite qualitative improvement in the services.

2) Practices like prescribing medicines from out side have significantly reduced.

3) Benefits of the Government incentive schemes are now readily provided the potential beneficiaries.

4) Attendance and behavior of the Medical Officers has improved, which was serious issue prior to this action.

This was followed by a demonstration organised by JADS near the district hospital, Barwani on 27th May, 2008 to demand improved services.

II. People march on clinics of private 'doctors'

On 22nd may 2008, village activists mostly belonging to the Jagrit Adivasi Dalit Sangathan organised a march to the clinics of all the private 'doctors' in Pati town. Most of these 'doctors' running clinics in Pati are known to administer unnecessary injections and saline / glucose infusions on a large scale, even though it was doubtful if in the first place, they had any degree allowing them to practice modern allopathic medicine. The procession of village people marching through Pati gave slogans 'if the disease is ordinary, no need for injection' and 'what is there in a bottle of saline – just salt, sugar and water'.

A group of about 25-30 people accompanied by SATHI team members visited each of the ten or so private clinics in Pati and requested each of the 'doctors' to show their degrees. As expected, almost all of them were administering injections and saline infusions, but only one of them (an ex-medical officer of the CHC) had the qualifications to give such treatment. The other 'doctors' included a naturopath, an electro-homeopath, a self-proclaimed dentist, and an ex-compounder. The adivasi activists, most of them non-literate, then explained to all of these 'doctors' why injections and saline are not necessary in ordinary illnesses, made the doctor to commit not giving these unnecessarily, and put up pictorial posters in all the clinics on the need to avoid unnecessary injections and saline in each clinic. Based on a rough costing of saline / glucose bottles, I.V. sets etc, the doctors were made to accept that if given in a necessary situation, they would not charge more than Rs. 50 for infusing a bottle of saline or glucose (existing charges vary from Rs. 150 to 250). Posters to this effect were also put up in all clinics, affixed with the signature of the doctor.

C) Activities for facilitation and training for Community Based Monitoring of health services

As mentioned earlier, SATHI has been chosen as the State Nodal Agency for the Community Based Monitoring (CBM) of Health Services in Maharashtra, and is collaboratively giving inputs at state

level in M.P. SATHI, therefore has been leading and facilitating role in the CBM activities especially in Maharashtra. As part of this work, SATHI team conducted training of partners in five districts-Pune, Thane, Amravati, Nandurbar, and Osmanabad - about monitoring of health rights. This was being supported by a project by the Union Ministry of Health. But with the help of the SATHI Phase III project, SATHI decided to do value addition to this CBM project.

For the areas where literacy level is less, SATHI team members specially developed pictorial monitoring tools which could be easily filled even by the less educated grass root community member. These pictorial monitoring tools and the report card were circulated in other pilot states where the CBM project is going on.

Similarly in Barwani District of Madhya Pradesh where SATHI was directly involved in implementing the CBM project, community level activists, representatives of the District nodal NGO were trained by the SATHI team using range of innovative methods.

SATHI's intervention played an important role in planning the activities of year 2 and contributed to inclusion of CBM in the state Project Implementation Plan for 2009-10.

D) Activities for facilitation of state level advocacy in Maharashtra and MP

In sub-section IV below, we outline SATHI's work in the Community Based Monitoring project funded by the government. In addition, during the first one year of the SATHI Phase III project, SATHI focused on CBM and gave inputs for advocacy ***for value addition to the CBM*** project for the proper implementation of the CBM project in the selected five districts each in Maharashtra. Along with the training of the activists of the partner organizations in the objectives, methods, tools of CBM, SATHI also gave inputs for media advocacy on **CBM in Maharashtra**; for the media workshops for CBM in Thane, Pune and Amravati. A SATHI team member was part of the State Mentoring Team for CBM in Maharashtra and successfully advocated for specific changes in the governmental rules for proper implementation of CBM. For example, an official

circular was formulated which specifies the mandate of the CBM committees. This mandate includes examination of the supply of medicines to PHCs, Rural Hospitals, District Hospitals versus the indents sent by these centres to the Civil Surgeon or District Health Officer.

SATHI continued to be a leading element in the advocacy for finalization and implementation of ***Bombay Nursing Home Registration Act (BNHRA) rules***. Jan Aarogya Abhiyan circulated a letter amongst intellectuals and social workers to the Health Minister of Maharashtra, urging the Health Minister to formally sanction the rules under BNHRA, which have been on the Maharashtra Government's website since 30th June 2006 awaiting the Health Minister's signature. Signatures collected from around 100 renowned social workers in Maharashtra were presented to the Health Minister on 1st February 08 in Mumbai by a delegation of JAA. SATHI played a leading role in this process. During this meeting the Health Minister claimed that she wants to implement these rules and promised to make concrete commitment during the next meeting on 1st March. In practice, this 1st March, 08 meeting did not take place despite repeated attempts to get her appointment.

In Mumbai, on 6th November, 2008, JAA organized a state level convention on BNHRA rules, followed by a press-conference, which was covered by the electronic media also. Prof. Jogendra Kawade, a well known political leader was the chief guest of this convention. In December 2008, another round of advocacy was launched by JAA with signature campaign on the eve of the winter session of the Maharashtra's State Legislative Assembly and by contacting MLAs and political leaders. SATHI played a leading role in this procees and SATHI representatives went to Nagpur during this session for active follow-up. This matter was to come up for discussion on the last day of his session, but was postponed.

E) Inputs to National level advocacy

SATHI continued its inputs for advocacy on Heath Rights at the National level through its involvement in the JSA network and also through its inputs at national level in the process of community based monitoring.

In the conceptualization of the pilot project for CBM, one of the SATHI team members played a significant role. A SATHI team member being part of the AGCA, was centrally involved in preparing the proposal for the Community Based Monitoring of Health Services. SATHI team members also contributed significantly in preparing the budget and facilitation of the project as part of the AGCA. SATHI played a role in conceptualization and drafting sections in the national draft prototype of the implementers' manual which was adapted in other states. A subcommittee of the Advisory Group of Community Action (AGCA) and the Technical Advisory Group (TAG), prepared the tools for monitoring, implementers' manual and other resource books for the personnel involved in CBM-process. This was widely used across nine pilot states. SATHI team members contributed to this process of preparation of tools and training manuals.

During this period, as a part of the JSA network, SATHI team members were also involved in liaisoning with the National Human Rights Commission (NHRC) regarding a proposal for JSA to organize regional and national public dialogues on Health rights. However the continued interaction with NHRC is yet to result in a concrete plan for conduction of such public dialogues.

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III.
Jan Swasthya Abhiyan's National Secretariat

Jan Swasthya Abhiyan (JSA) is a *coalition of 21 national networks* of voluntary organizations and peoples movements/national resource groups involved in advocacy for pro-people improvements in health care delivery, health policy and health related issues. JSA is an outcome of the People's Health Assembly campaign in India in the year 2000, and have continued to participate in this process. These national networks have numerous constituent organisations, which implies that a few hundred organizations are involved directly in the national process. Beyond these networks, several hundred other organizations have been involved at state, district and block level activities across the country.

This ***National Coordination Committee*** is the national decision making body of the JSA. Executive functions are handled by the National Convenor and nine National Jt.Convenors of JSA who are spread out in different parts of India.

The National Coordination Committee meets regularly twice or thrice in a year to share and to plan various JSA activities. To strengthen and expedite the process of National co-ordination, it was decided in April 2003 that a formal ***National Secretariat*** for Jan Swasthya Abhiyan would be constituted. It was also decided that the National Secretariat would be hosted, in rotation, by a constituent organisation of the JSA. SATHI team (based in Pune) hosted the JSA National Secretariat from April 2003 to May 2008. Initially for the first two years, there was no financial support for the Secretariat. SATHI team did this work voluntarily.

The National Secretariat facilitated the co-ordination of the following activities during the first two years -

2003

➢ ***National workshop and National public consultation on the 'Right to health care'*** on the 5th and 6th of September 2003 (25th anniversary of the Alma Ata 'Health for All' declaration) in Mumbai, hosted by CEHAT, and facilitated by the newly formed JSA Secretariat. This two-day programme constituted the ***launching point of JSA's 'Right to Health Care' campaign.*** The public consultation, which was in the nature of a public hearing, was conducted in the presence of *Justice Anand, Chairperson of the National Human Rights Commission (NHRC).* It was attended by over 250 delegates from 16 Indian states, representing 85 different organisations dedicated to health and rights based movements

2004

➢ ***International Health Forum (IHF)*** In January 2004, the IHF was organised by the global People's Health Movement and locally hosted by Jan Swasthya Abhiyan in Mumbai. Over 600 *health* experts and activists from nearly 50 countries attended this two-day forum, organised in continuity with the *World Social Forum,* which was also held in Mumbai in January 2004**.**

➢ ***Public dialogue on health issues with representatives of various political parties was organized*** on 12th March 2004 by the JSA. Around 300 people attended the public dialogue including members from different political parties and the media both print and *electronic*. JSA representatives initially presented a specially prepared policy brief, which outlined the current health scenario and called for specific political initiatives in health care - most important of which was making health a fundamental right and increasing the budgetary allocation for public health. The ***rally*** that followed this dialogue had a strength of around 250 JSA representatives who voiced the need to make the right to health care a reality.

➢ ***Regional public hearings on Right to Health Care Health*** were organised by National Human Rights Commission (NHRC) in collaboration with JSA in various parts of country –

- Western region (Bhopal, July 2004)
- Southern region (Chennai in August 2004)
- Northern region (Lucknow in September 2004)
- Eastern region (Ranchi in October 2004)
- North-eastern region (November 2004)

Each of these hearings were attended by hundreds of delegates and with presentation of dozens of cases of denial of health care. This was followed by the culminating event -

➢ ***National public hearing on Right to Health Care on 16 - 17 December 2004 at New Delhi.*** It was also organised jointly by JSA and NHRC

November 2005 onwards

As reported earlier, the National Secretariat was hosted by SATHI without any funding support specifically for it. But it was later decided in the JSA that some minimum funds should be sought from an appropriate source to support two persons in the National Secretariat and for coordinating some national level activities - the National Health Assembly - II to be held in Bhopal in March 2007 and the National Rural Health Watch. Hence a proposal was submitted to the ***Sir Dorabji Tata Trust*** towards this end. This project was sanctioned and the support was available from November 05 onwards. This project was collective responsibility of the JSA, though the day to day functioning and coordination of the National Secretariat was to be managed by SATHI. It was decided that the Pune based Secretariat would be supported for Delhi level work by N.B. Sarojini from SAMA, a resource group working on Women's Health, and Dr. Vandana Prasad, a senior volunteer physician, both of whom are based in Delhi. Both gave their voluntary part time inputs.

It was decided that JSA being a large national coalition managing multiple activities, each of the major component activities would be coordinated at different places by constituent groups, based on the type of activity. For instance, for the People's Rural Health Watch, a group of JSA linked organisations in Delhi will coordinate the activity and primarily handle the funds. Similarly for the National Health Event, a specific organisation or small team, which would be coordinating the event, would convene the activity and handle the funds. *The Delhi office of the National Secretariat,* started since September 2006, mainly to co-ordinate the NHA II and the PRHW. It was decided that SATHI team would manage the overall distribution of funds and reporting of expenditure regarding all the various components. Further, SATHI will be formally responsible for the compilation, auditing and submission of the consolidated statement of the accounts to SDTT.

The tasks undertaken by the SATHI based National Secretariat during the project period can be divided into two categories:-

I. Organizational work of the JSA Secretariat

- The Secretariat undertook the task of updating the JSA brochure, and printing it as it had been out of stock for some time. The Secretariat members from Pune, with inputs from the National Co-ordination Committee members and design inputs from SAMA in Delhi, finalized the brochure after several drafts and rounds of discussions. The brochure was printed in Pune and distributed across JSA constituents.

- The Yahoo e-group for JSA was managed by the National Secretariat. A number of new members were added to the group based on requests backed by recommendations of National Organisers.

- Updating of the national JSA directory, an exhaustive activity which required a lot of liaisoning with groups all over India taking a few months.

- Updating of the JSA website - The website updating was earlier being done from Bangalore. But during this project period

this task was taken over by the Secretariat in Pune. Services of a consultant were acquired for training two-three staff members of SATHI to take over this task. The Secretariat co-ordinated for the renewal of the website registration for the period 2007-09. It also undertook revamping of the current Jan Swasthya Abhiyan site in Joomla (Content Management System Software), with inputs from a software expert.

II. Facilitating National level activities

A) Activities related to National Health Assembly-II

The national level ***preparatory workshop in Bhopal from 4th to 6th January 2006***, was attended by over a hundred JSA participants from across the country. During this workshop the first draft of the schedule for NHA-II and broad contents of the proposed NHA-II booklets was extensively discussed. This was followed with a National Workshop for material preparation for the National Health Assembly II. (NHA-II) on ***24th and 25th of February 2006, in Bangalore*** involving about 25 national resource persons within the JSA circles, to plan for creation of campaign material for the NHA-II. A plan was prepared for 8 booklets, and the task was allocated between 2 core committees and 2 editorial teams. Finally in Hyderabad a national workshop was held on 15th and 16th of July 2006 to discuss and finalise *these booklets*. This two day workshop was attended by about a hundred and fifty JSA representatives from across the country. Each booklet was presented by the authors, and comments were sought from the group. Then in groups, the various booklets were discussed in details. Apart from this, there was also a session to plan the sequence of events and the mode for the actual assembly in February 2007. A large part of the co-ordination for these workshop was undertaken by the National Secretariat.

Updating of the JSA website- The schedule for NHA-II, the list of parallel workshops and all the booklets, along with details of the NHA-II venue and the Draft Alternative Health Plan to be discussed during NHA-II, were uploaded on the website.

Co-ordination in context of the NHA-II - Cordination was done by the Pune based secretariat with -

- participants people regarding the actual programme of NHA-II, logistics accommodation details, etc. of *resource persons*;
- the National Human Rights Commission (NHRC), in the context of the session on "Dialogue with Policy Makers" planned on the third day of NHA-II.;
- *rapporteurs of the NHA-II;* and the Media unit set up by the local organisers,

As a ***follow-up of National Health Assembly*** the Pune based National Secretariat undertook compilation and editing of the notes taken during several sessions of NHA-II. This helped in the compilation of the first draft of the final report for NHA-II.

The Pune based National Secretariat also facilitated the NCC meeting on 18th and 19th May, 2007 at Mumbai to follow-up on the National Health Assembly II. During this meeting extensive reporting from states about the processes that were undertaken preceding NHA-II; brief review of NHA-II; organizational review of JSA national and state components and plan for future activities was discussed.

B) NHRC National Review Meetings

As a part of the process of establishing Health Rights, as reported earlier, a series of Regional public hearings on Right to Health Care were organised by National Human Rights Commission (NHRC) in collaboration with JSA in five regions of the country during the year 2004. These major regional hearings, each attended by hundreds of delegates and with presentation of more than two hundred cases of denial of health care, were followed by a culminating event, the National public hearing on Right to Health Care organised by JSA and NHRC on 16-17 December 2004 at New Delhi. As an outcome of this entire process, the NHRC came up with a Joint Action Plan along with JSA. This plan and the recommendations from the respective regional public hearings, were sent to the states and some states had responded to the NHRC about the progress they had made in this respect.

In order to follow-up on the implementation of the Action Plan, based on suggestions from JSA, the NHRC had organized a National Review Consultation in Delhi on 4th March 2006. Based on the reports submitted by the states, some JSA constituents prepared a rejoinder on the actual situation as observed by them at the ground level, in their respective state. JSA state organisers from ten states (Maharashtra, Madhya Pradesh, Gujarat, Rajasthan, Uttar Pradesh, Assam, Karnataka, Tamil Nadu, Orissa, Jharkhand) made presentations of "State Health Rights Report cards" in presence of the state health department and NHRC representatives. Nearly 30 JSA representatives, both from states and national networks, participated in this consultation. The JSA National Secretariat was involved in the co-ordination with the NHRC as well as in mobilizing state JSA constituents towards the preparation for the meeting.

A second review meeting was organised by NHRC on 6th March 2007, in Delhi. On behalf of JSA, SATHI took up the entire responsibility for co-ordinating with the NHRC, state JSA units, and all other travel and accommodation arrangements etc. SATHI played a central role in giving broad guidelines and inputs for the content for the presentations of several state JSA constituents. A SATHI team member made the main, initial presentation on behalf of JSA and the Union Health Secretary had to respond to the issues raised in this presentation. There was participation from 8 states in this meeting. Another SATHI team member made a presentation on behalf of Maharashtra JSA and it was quite appreciated by the NHRC panel. NHRC promised a review next year also.

Since SATHI was hosting the National Secretarial from April 03, SATHI requested that now some other JSA constituent should take over this responsibility. Hence in a JSA meeting in Nov. 07 it was decided that the National Secretariat would be shifted to Bhopal and that Madhya Pradesh Vigyan Sabha (MPVS) would coordinate activities of the National secretariat on the behalf of All India Peoples Science Network (AIPSN).

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IV.
Community Based Monitoring of the Health Services
(April 07 to November 08)

Background

Assisting community initiatives to access improved Public Health services as a right has been a key theme of SATHI work since its inception. Hence we welcomed one of the most significant health policy initiatives under NRHM that has been introduced in the form of a broader framework for community-based monitoring at various levels of the Public Health institution. Perhaps for the first time in India, such an intensive accountability framework for the Public Health institutions has been introduced by the Government at the national level. This provision would allow community members and beneficiaries, with support from community based organizations/ NGOs working with communities, to actively and regularly monitor the progress of NRHM interventions in their areas.

A SATHI team member, is a member of Advisory Group on Community Action (AGCA). This group of experts was specially constituted by the Union Health Ministry to get technical and other inputs for implementing NRHM programmes wherever community action is envisaged, including community based monitoring of the health services. From May 2007, the Union Ministry of Health and Family Welfare in consultation with the AGCA, initiated the **national pilot project on Community Based Monitoring** of Health Services in nine states of the country, including the State of Maharashtra. SATHI team members have contributed substantially in the conceptualization of the pilot project at the National level. It is worth noting here that before the official recognition of the process of CBM in the NRHM, in the state of Maharashtra and also in Madhya Pradesh some people's organisations had made discrete efforts to

create a model of community accountability of health services, with the help of SATHI team. Although their success stories are confined to limited areas, it should be noted that to an extent some of the core strategies of the CBM that are mentioned in the NRHM implementation framework are definitely influenced by these insights.

SATHI's role in implementation of the pilot project in the State of Maharashtra

In Maharashtra a pilot project was conceptualised and implemented in the following five districts, in five different regions of the State - Nandurbar, Amaravati, Osmanabad, Pune and Thane. In each pilot district three blocks, in each block three PHCs and under each PHC five villages were selected for implementation of the project. (Thus 15 Blocks, 45 PHCs and 225 Villages were selected.)

For the pilot phase SATHI team was entrusted with the responsibility of being the State Nodal NGO. The Director, NRHM, Ministry of Health financially supported this pilot project by providing a grant to the Public Foundation of India, who transferred the budgeted amount to SATHI. SATHI in turn transferred the budgeted amounts to the five District Nodal Agencies in respective districts. There was too much delay in completing various formalities and in getting the requisite funds. A great deal of the time of the SATHI staff was spent on these matters.

The core responsibilities of SATHI, as the State nodal NGO, have been as follows–

1. Liaisoning with the government officials, the National Secretariat for the pilot project and district and block implementing organisations

The pilot project on Community Based Monitoring was unique social experiment where in Maharashtra, for the first time such community accountability, feedback and dialogue mechanisms in the health sector were to be systematically implemented on a significant scale. The challenge of managing in a timely manner a

wide range of activities through a chain of collaboration stretching from the national secretariat to the block level NGO, and of ensuring that these activities would lead to concrete improvements to maintain the momentum of the process was significant. Another daunting task was to liaison with wide range of social and official actors and dealing with potential conflicts in a creative manner.

2. Technical support and capacity building of the District and Block nodal NGOs

One of the key components of the pilot project is 'trainings on CBM' at all levels of the monitoring committees. This was the most challenging and demanding activity in the spectrum of activities completed in the pilot. The capacity building process through trainings was broadly at two levels- State level workshop, training of trainers, and workshops, trainings at the district level. The State workshop was held to orient all stake holders like- State mission officials, District Heath Officials, NGO networks and civil society networks. Following this a state level 'Training of Trainers' (ToT) was conducted on 8th to 11th August 07. In this training, district coordinators and block facilitators, who were also expected to act as master trainers in respective districts, were trained in the skills and tools that would be required in CBM. Prior to this training, National prototype of indicators and tools for monitoring were adapted at the State level by SATHI keeping in view the Maharashtra context. These tools were shared with the trainers.

In the district workshop, the resource persons from SATHI explained the structure of CBM and also outlined issues on which cooperation of the district, block and the PHC level officials would be required. SATHI's contribution in these key processes has been widely appreciated by the district implementing organisations and also became reference point for CBM in other states.

3. Conceptualisation and methods of community level interventions

Some of the core strategies of monitoring processes like preparation of the report cards, public hearings, Jan Samwad were influenced by SATHI's previous experience of working with the grass root organisations; SATHI's perspective about monitoring had significant impact on the monitoring processes that unfolded at the community level. At the same time wherever innovations were introduced by the partner organisations, SATHI supported it.

4. Publication of orientation and awareness material

SATHI published a range of awareness and orientation material regarding the community based monitoring of the health services during implementation of the pilot project. This includes-

- Guidebook for trainers - This booklet contains general information about NRHM with focus on entitlements, framework and tools for monitoring and process of filling up a report card.
- Specially designed pictorial VHSC tools. These tools were used in Thane, Nandurbar and Amravati districts keeping in mind the tribal population and lower literacy levels. This tool helped illiterate or functionally literate person to understand the monitoring questions.
- Village and PHC report cards published in poster format.
- Village health services calendar was designed at state level and was used in some districts.
- A range of posters regarding the service guarantees mentioned in the NRHM were published and widely disseminated.

(The details are in the list of publications on page 73-76).

5. Organisation of the State level events like media workshop, project culmination workshop etc.

In the pilot phase of CBM, one of the key strategies was to involve the media in creating public opinion about the existing state of the public health system and also to positively influence decision makers. With this objective SATHI conducted the State media

workshop in August 08. In this one-day workshop, media participants were familiarized with the process of CBM. Preliminary analysis of data from 128 villages, which was available with SATHI, was presented in the workshop. The NRHM State Director Shri Madhukar Choudhary was also present for this workshop. This helped the media persons to get the official perspective on the reported deficiencies from the 128 villages and also helped the media to understand the specific issues associated with the quality of health care in Maharashtra.

To share the collated findings from the CBM processes across the state, the state culmination and review workshop was held in Mumbai in November 08. This workshop was attended by the Secretary and Commissioner of Family Welfare, Ms. Vandana Krishna and the Director from Union Ministry of Health and Family welfare, Dr. Tarun Seem. The Director of the NRHM in Maharashtra, Shri Madhukar Choudhary, and various officials from the Directorate of Health Services were also present for this meeting. The workshop was attended by nearly 100 participants including concerned PHC medical officers, Taluka Medical Officers, DHOs and civil surgeons; all block and district nodal NGOs and state nodal NGO representatives were also present.

Impact of Community Based Monitoring Project in Maharashtra

1) Maharashtra was the first state of the country to include Community Based Monitoring of the Health services in the State Project Implementatory Plan (PIP).

2) A total of over 120 news items were published in leading national and state level news papers, concerning community based monitoring of the health services in Maharashtra. Similarly, events like Jan Sunwais and the state review workshop were significantly reported in the electronic media.

3) At the National level the model of the project that has evolved in Maharashtra has been widely recognised as the important step

towards establishment of credible model of Community Based Monitoring of the Health services.

4) A number of documented instances by implementing organisations which point towards definite change in the attitude of health functionaries and increase in regularity of services.

It seems that SATHI would continue to be selected as the state Nodal Agency to anchor the process of Community Based Monitoring in Maharashtra, as the State nodal NGO even during the forthcoming generalised phase.

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V.
Asha Training Project
(April 08 onwards)

Involvement of NGOs in demonstrative training of ASHAs in selected blocks in Maharashtra

Introduction

It is a widely accepted principle amongst concerned experts that the Community Health Worker (CHW) is an essential part of Primary Health Care. CHWs are very much required in villages, especially in remote areas and in particular tribal areas, where no other resident health care provider is available. Prompt treatment of minor conditions at an early stage; early detection and initial treatment of some serious conditions like dehydration, pneumonia with timely referral when necessary; are amongst the key roles that the CHWs can play, to help to reduce infant and child mortality.

Given this context, it is a very significant development that as a component of the National Rural Health Mission, the nationwide ASHA programme has been launched, covering high focus states as well as tribal districts in non-focus states like Maharashtra. SATHI has certain reservations about the conceptualization and design of the ASHA programme and yet SATHI decided to get involved in the training of ASHAs in certain areas in Maharashtra as well as in it's state level mentoring. This is an attempt to shape it to a certain extent in a pro-people direction.

Several NGOs working in tribal areas of Maharashtra have demonstrated the definite potential of well-trained CHWs (especially women) in tribal areas, who are able to provide basic health services at the hamlet level, in an accessible and affordable manner. Thus on the one hand there is a national CHW scheme being launched and operationalised, and on the other hand there is the positive NGO experience of upgraded training to village health workers in various tribal areas of Maharashtra. This is the logical backdrop to the

suggestion given by SATHI that in some areas ASHAs be given upgraded training by experienced Health NGOs with support and collaboration with the State Health department.

SATHI could convince the concerned officials in the health department that certain experienced NGOs would conduct demonstrative trainings of 50 ASHAs in each of the 5 selected 'sensitive tribal' districts. The trainers from the health department would be involved in this training so that later on they can use the methods employed by NGOs in the training of other ASHAs. SATHI would play a leading and facilitating role in this process of conducting demonstrative training. The objectives of this on going small project funded by NRHM Directorate are -

Objectives

- Training and capacity building of several batches of ASHAs by a consortium of experienced NGOs using innovative methodology and material, in five 'tribal' districts of Maharashtra – districts who have a high proportion of tribal population – Thane, Nandurbar, Nashik, Amravati and Gadchiroli
- Methodology for training less educated ASHAs would be refined, standardised and implemented on a significant scale to serve as a model for training of less educated ASHAs in the state
- Trainers from the State Health department in respective districts and blocks would be oriented with respect to the innovative methodology.

Scope, time scale, key activities

This innovative and intensive training of ASHAs by selected NGOs is being implemented in these five districts during mid-2008 to mid-2009. In each of these districts one or two batches of ASHAs are being trained as part of the project. In all ten batches, with about 25 ASHAs in each batch, about 250 ASHAs would be trained in this project.

Key Activities undertaken in this project are-

- Facilitation of additional selection of some ASHAs
- State workshops for trainers

- Intensive training of a few batches of ASHAs with innovative methodology and material
- Follow up, ongoing support and mentoring

Institutional mechanisms

As mentioned above, SATHI has taken responsibility to work as the ***state level training resource agency*** for this project, providing basic training material for ASHAs (mainly pictorial manuals), training of trainers and guidebooks for them and state level coordination and monitoring for the activities.

A ***state level training resource pool*** has been formed consisting of trainers from various experienced NGOs such as SATHI, The Foundation for Research in Community Health (FRCH) and ABHA and some of the Block training resource agencies. These resource persons have been giving inputs for training of trainers of the seven NGOs and also in various blocks as required.

In various blocks in the five selected districts, specific NGOs have taken responsibility for conduction of activities. The following organizations are working as district ***training resource agencies in respective districts***-

1) Thane – BAIF / MITRA
2) Nashik – VACHAN
3) Amravati – Apeksha Homeo Society and Khoj- Melghat
4) Gadchiroli – Amhi Amchya Arogyasathi
5) Nandurbar – Janarth and Lok Samanvay Pratishthan

Progress of activities

For the trainers in these five districts, a ToT workshop was organized in Pune from 19th to 21st March 2008 for Vol. I and for volumes II and III from 8th to 11th September 2008. Dr. Mohan Deshpande was the main anchor person in this workshop. The main objectives of this workshop were to evolve a common methodology for training in the five tribal areas of Maharashtra, with a positive emphasis on women's health, and to incorporate various media and teaching aids in the training methodology. A mid-course review

meeting was organised with the heads of the 7 collaborating organizations, on 21st of July 08 and the preparation of next round of training was done with the help of the suggestions in this meeting.

The training of ten batches of ASHAs with Vol. I, II, III has been completed by the NGOs in respective districts with the help of certain inputs from the state level training resource pool mentioned above, as planned between April 08 to March 09. The training was greatly facilitated by the availability of the pictorial training manuals prepared by SATHI. Although these manuals were prepared specifically keeping in mind the needs of ASHAs who are less educated than the stipulated 8th standard criterion, it was a big help in the training even of those who fulfilled the 8th pass criterion, as it had been a long time since these women had left school. In addition to the manual the training process was made easy for the ASHAs due to the use of various methods like group discussions, posters, role plays, video films, songs etc. After each day a revision session was held to enable in retaining the knowledge gained. Oral and written examinations were also taken to assess the actual gain in knowledge. The average score achieved by ASHAs in the Multiple Choice Question test was more than 65%. The use of interactive methodology for training and the maintenance of an informal and easy atmosphere in the training sessions, also ensured that the ASHAs enjoyed the training.

Value addition to the ASHA training project

It is not enough to interact with trainee CHWs only during the training camps. There is a need to visit them in their village before and after the training camps to interact with the family members and the villagers to facilitate social support to her. Secondly, some additional training material besides the training manual, trainer's guide and training of trainers of the partner organizations was needed. But the funds available from the Health department were barely sufficient to conduct the training camps. Hence we sought support from another source - 'Association for India's Development' (AID) which is a group of young NRIs based in U.S. who had supported SATHI team's CHW work earlier. Some amount from this earlier

grant had been saved. From April 08 onwards it was used for this purpose. Further, additional donation was sought and received from the volunteers of Association for India's Development, Seattle Chapter (AID Seattle). With these funds, from April 09, additional inputs would be given for six months with the help of Dr. Mohan Deshpande of ABHA, FRCH and partner organizations. A SATHI staff member is being supported to devote full time attention to this project.

The value addition undertaken by SATHI with the help of the small grant from AID Seattle is as follows -

- Finalisation and reproduction of all volumes of Trainer's Guidebook with drafting by Dr. Mohan Deshpande and regular inputs from other trainers. These guidebook volumes are a key resource, which guide various trainers about how to conduct each session in an interactive manner.

- Contacting ASHAs in their villages before the training to inform them, and follow up with ASHAs in their villages after the training to enquire about availability of medicines, their work and record etc. This is to be done in each area by the field programme organizers of respective partner training NGOs.

- Collation and reproduction of various additional innovative training materials like flannel chart picture stories, body mapping, body puzzle, educational films, revision quiz game etc.

- Coordination and monitoring of the entire activity including regular communication with seven partner NGOs, Health department officials at state and district levels, state level trainers and resource persons; organisation of State level TOTs; coordination of material preparation (guidebook volumes, ASHA volumes).

- State level review meetings involving main functionaries of all partner organisations, state level resource persons and SATHI team members. In these meetings, discussion on issues related to the trainings conducted and lessons learnt, along with planning of further trainings would be done. Two such review meetings are planned in the course of the training process.

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VI.
Activities Beyond the Projects

SATHI team members have been participating in many activities which are not part of any project. Participation in the JSA and JAA is the most prominent example. However, there is a lot of overlap between project activities and JAA/JSA activities: project activities have indirectly, directly strengthened the JAA/JSA activities. Hence these have been mentioned in the relevant sections. In this sub-section, are mentioned other activities beyond the projects.

- ***Aarogya Samvad Melawa*** has been a new initiative by a collective which has emerged in Maharashtra since 2005. It fosters a two-way, 'horizontal health communication' from amongst the community instead of the dominant top down approach. It also fosters the use of songs, skits, role plays etc. in order to promote enthusiastic participation by grass root activists in health communication. The annual Aarogya Samvad Melawa is meant to present a few 'best practices' in Maharashtra as two way communications in health in order to popularise this concept and tradition of 'Aarogya Samvad'. SATHI has been part of the State Organising Committee of the Arogya Samvad Melawa from it's inception in 2005. SATHI team members have participated in all the five annual festivals of health communication. For the last 3 years the DTP work of the Marathi report of this Melawa has been done at SATHI and the writing of these reports was also supported by SATHI.

- SATHI team members have been participating in the ***annual Science Exhibition held in Khodad on the National Science Day,*** 28th February. The exhibition of human organs and our pictorial exhibitions have been very popular and hence every year we get invitation from the organisers to participate in this event.

- A senior team member was invited to join the advisory group for preparation of the ***Maharashtra State Health Policy*** (SHP) 2007. His note which raised some key concerns was the main point of

discussion in this advisory group meeting and some of the points were subsequently integrated in the SHP document.

- Besides being involved in People's Health Movement in India (Jan Swasthya Abhiyan), SATHI has also contributed to the ***People's Health Movement at the global level***. A SATHI team member initially conceptualized the idea of a global 'Right to Health campaign' and circulated this among PHM organizers. Subsequently he developed a detailed concept note in collaboration with the PHM organiser Claudio Schuftan. He co-organised a PHM workshop and made a presentation about this proposed campaign at the World Health Assembly at WHO, Geneva in April 2005. The SATHI team member was involved in co-organising a workshop on 'Global right to health campaign' during the People's Health Assembly-II at Cuenca, Ecuador which was attended by about 1300 delegates from 80 countries. Besides making a presentation on the Indian Right to Health care campaign during the opening plenary of the Assembly, he was the coordinator of the Synthesis committee of the People's Health Assembly - II, and coordinated the preparation of the 'Cuenca declaration' adopted as the culmination of the international assembly.

Subsequently the SATHI team member has continued as a member of the global core team which is helping to develop the global Right to Health campaign in about 20 countries. He represented PHM-India during the PHM global steering council meeting in Cairo in November 2006 and made a presentation on activities of Jan Swasthya Abhiyan, along with leading the discussion on the emerging global Right to Health campaign.

- ***Maharashtra Mahila Arogya Hakka Parishad*** (Women's health meet)-

On 19th and 20th December 2008, second Maharashtra Mahila Arogya Hakka Parishad (Women's health meet) was organised in Pune.

In this two days meet, following issues were discussed:-

1. Health rights of differently abled women
2. Health rights of commercial sex workers

3. Women living with HIV AIDS

4. Issues related to the implementation of the Protection of Women From Domestic Violence Act, 2005

5. Women in unorganized sector

6. Issues related to women's access to health care

7. Mental health

8. Rights of women in institutional care

Around 125 women from various parts of the state attended this meet. The discussions and presentations during this meet were enriching and the participants were very responsive.

The findings of the study conducted by SATHI regarding health care access for the sugarcane cutter migrant workers were presented in this meet. Some of the SATHI team members were centrally involved in the organisation of this meet.

Given the need for such a platform to deliberate the issues related to women's health, it was decided that next meet will be held in 2010 in Vidarbha region.

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SATHI's Research Project

(November 2005- 2009)

Maharashtra Health Equity and Rights Watch

Background

'Maharashtra Health Equity and Rights Watch' is the research project of SATHI which is a blend of primary research with secondary data based research. This component is part of a larger project- Fostering Reforms in Public and Private Health Care in India being undertaken jointly by CEHAT and SATHI and constitutes MODULE 1 of this larger project.

In the state of Maharashtra, the distribution of wealth is highly unequal for e.g. the annual per capita income of Mumbai is Rs. 30,600 whereas that of Gadchiroli is just Rs. 6,829 i.e. less than one fourth. These socioeconomic inequities also reflect into the inequities in other developmental indicators. For e.g. the Infant Mortality Rate (IMR) for Mumbai is 25 per 1000 live births whereas for Gadchiroli it is 59 per 1000 live births.

This research project is a logical extension of SATHI's work on health rights. The unfair and avoidable differences in health status and access to healthcare for various groups are a breach of basic principles of justice as well as they are violations of basic human rights since they imply inequities in opportunities for people to live and deliver to their fullest capacity.

The effects of liberalisation and privatisation approach taken by the Government are also evident in health sector. Due to declining investments in the public health sector, the quality of health services has been deteriorating. The obvious consequence is the burgeoning of unregulated private health services. Thus healthcare services are increasingly becoming an expensive commodity, available only to those who can afford it.

In this overall socioeconomic context, the project, Health Equity and Rights Watch has been initiated with the aim of monitoring access to health care, and highlighting various inequities in access

to health care and key health related factors in the Maharashtra, a major Indian state. Analysis of primary and secondary data, providing inputs for advocacy for right to health care from rights based approach and a special emphasis on women's access to health services constitute salient features of this project. This project is funded by the IDRC (International Development Research Centre)

Specific objectives of the project

In the context of Maharashtra the specific objectives of the project are -

1) To document existing inequities in access to health care with special focus on caste, tribe, class, gender, rural-urban and regional disparities

2) To monitor trends regarding key process indicators responsible for such inequities and to widely disseminate the findings

3) To support state-level advocacy for reduction of inequities in health care and to strengthen initiatives to establish the Right to health and health care

At an All-India level,

4) To sensitize the decision makers and health advocacy groups in other Indian states, by regular dissemination of the reports and activities of the Health Equity watch

5) To explore the possibility and lay the groundwork for an All-India Health Equity Watch

Detailed description of the activities undertaken in this project to fulfill the above mentioned objectives is as follows:

A) Primary research activities

A.1) Household survey

A household survey in 10 districts of Maharashtra and Mumbai city (sample size 1650 households) has been conducted. The districts are - Pune, Satara, Osmanabad, Aurangabad, Thane,

Ratnagiri, Nandurbar, Nashik, Gadchiroli and Amravati. The household study is an attempt to highlight the inequities in access to health care using region, geographic location, caste, tribe, gender and socio-economic class as stratifiers.

Information regarding following events has been collected in the survey

1) Episode of illness in a period 15 days prior to the survey - regarding nature of illness, source of treatment and expenditure etc.

2) Episode of hospitalization in last one year –place of hospitalization, expenditure, source of expenditure etc.

3) Deliveries in last 2 years- information regarding antenatal care, place of delivery, expenditure on delivery, post natal care etc.

4) In addition, information regarding gynaecological morbidities in all women above age of 15 years.

5) The survey also includes study of perceptions of community about the public health system and their suggestions for improving the system.

A.2) Facility Survey

Along with the household survey, a survey of public health facilities accessed by the residents of the villages was conducted. Twenty primary health centers and 18 rural hospitals have been studied.

Specific objectives of the facility survey were-

1) To find out the status of provisioning of services in the facilities accessed by the respondents of the household survey

2) To understand the perceptions of the health service providers regarding functioning of the public health facilities

3) To understand the perceptions of the users regarding quality of the health services provided by the public health system

A.3) FGDs for understanding barriers faced by women in accessing healthcare

In the household survey, a section was especially devoted to studying the access to health care for reproductive health problems among women above the age of 15 years. Probing was done to elicit responses regarding existence of these morbidities among women. on the basis of findings of this section, a qualitative enquiry into women's access to health care was undertaken.

Objectives of this qualitative study were -

1) To identify the processes/ factors which enhance or impede the access to health services for women

2) To understand the phenomenon of 'misguided' access for treatment of gynaecological morbidities taking rising number of hysterectomies as an illustration

3) To study the dynamics of decision making process regarding health care seeking in case of women

These FGDs were conducted in three selected villages out of 29 villages, where household survey was conducted. The villages were selected purposively to study the specific situation in that village. The three situations were as follows-

***Situation 1*:** Situation of over medicalisation as seen in higher rates of hysterectomies

***Situation 2*:** Situation of poor utilization of health care facilities in spite of physical accessibility to health care facilities

***Situation 3*:** A tribal setting

A.4) An exploratory study of health care access for migrant workers

An exploratory survey was conducted to study the health risks faced by the sugarcane cutters and the access to health care for them in Kolhapur district of Maharashtra.

In this survey, 100 migrant families were interviewed to elicit information regarding the morbidities treated on OPD basis in a

period of 15 days prior to the survey. In addition, focused group discussions with women workers and men workers have been conducted to understand the barriers faced by them in accessing healthcare. Also, the interviews of key informants such as the private practitioner, medical officer in the nearest Primary Health Centre, manager of the sugarcane factory and the recruiter have been conducted to get a better understanding of the dynamics of migration process keeping health as the central issue.

All research projects involving collection of primary data are required to undergo the ***Institutional Ethics Committee process*** of Anusandhan Trust. This project has complied with this requirement. The data are being analysed and the report would be ready by July 09.

B) Research activities based on secondary data

B.1) Report on Health inequities in Maharashtra

This report consists of papers which analyse the variety of existing data from an equity lens, to explore various dimensions of health inequity in the state.

The first chapter analyses socioeconomic inequities in the state of Maharashtra looking at regions as well as sub-groups of the population, using indicators of income, poverty and educational attainment among others. It also briefly traces the declining share of agricultural sector in the state's economy and looks at increasing incidence of farmers' suicides from a socio-economic as well as public health perspective.

The second chapter delineates inequities in access to health care. It gives the rank of Maharashtra across all states and union territories for access to selected healthcare services, along with selected health and nutrition outcomes. It analyses the inequities in health infrastructure, utilization of health care services and expenditure on health care in Maharashtra.

The third chapter on inequities in health status gives information about inequities in morbidity, infant mortality, child mortality and life expectancy across various stratifiers such as caste, class, gender

and geographical distribution. From both these chapters it emerges that despite public commitments to ensure health services for all, there are major inequities of health status and access to health care in the state.

Considering the uniqueness of gender as a cross-cutting stratifier, the fourth chapter studies gender and health and healthcare access inequities. It attempts to underscore horizontal and vertical inequities faced by women. Besides these two types of inequities faced by women, the chapter discusses the third unique inequity that women face - the additional health risks faced by them, such as gender violence.

The final chapter of the report summarizes the key findings emerging from the previous chapters. Time trends regarding inequities and convergence of inequities are also explored. In addition, policy recommendations have been made, pointing a direction to move towards more equitable healthcare delivery and health outcomes in Maharashtra.

Overall this report, attempts to develop the newly emerging field of Health equity in India, and is useful for Health researchers, Public health professionals, Social science researchers, and activists concerned with health and social sector issues.

This report was released on 1st February, 2008 in Mumbai. Shri P. Sainath, the renowned analyst and journalist was the chief guest for this programme. The authors of various chapters of the report - Ravi Duggal, Lakshmi Lingam, Srijit Misra, Amita Pitre were present for discussion on the report. A large number of media representatives from both the electronic as well as print media attended this programme. Among others, researchers and students from Tata Institute of Social Sciences and Indira Gandhi Institute of Developmental Research and members of Jan Swasthya Abhiyan, Mumbai were also present for the programme.

The findings of the report have been highlighted by most of the leading newspapers in Mumbai, with largely front-page coverage by papers like Times of India, Indian Express, Sakal, Loksatta and Hindustan Times. The release has been covered and authors of the

report have been interviewed by Doordarshan, Zee News and Mumbai Akashwani.

This report was also presented to the Health Minister, and it has evoked a response from senior officials in the State Health Department.

Print copies of the report can be obtained from SATHI at cehatpun@vsnl.com. Soft copies of the report can be downloaded from www.sathicehat.org

B.2) Budget analysis to assess budgetary gaps and disparities in the healthcare provisioning

The study was conducted in 5 districts of Maharashtra namely, Ratnagiri, Amravati, Nandurbar, Osmanabad, and Satara.

Objectives of the study are-

1) To do trend analysis of total budget allocation and expenditure of the district, and the proportion of the Health Allocation and Expenditure to the Total.

2) To capture the effective usage of the budget, linking the budget/expenditure with the utilization data.

3) To show inequities by comparison of the facilities across the region.

Methodology

The study is based on secondary data maintained through the government administrative and financial records. These documents are (both published and unpublished) maintained at the State and district level. To acquire certain facility-level data like the utilization of some services, program indicators, infrastructure and resources, field visits were made in the selected districts.

These data are being analysed to see the time trend of expenditure for a period of 6 years between 2001-02 to 2005-06. Ratios like per capita health expenditure, per bed expenditure, medicines per bed, ratio of services utilization like Bed Occupancy Ratio (BOR), BTR are being analysed. These ratios are expected to

indicate whether the utilization of the hospital resources is optimal, the human resources in the context of the hospital infrastructure are adequate as per norms, whether wards across the departments/ wards are over-burdened or under-utilized.

In order to have a comparative picture of the PHC infrastructure in the 10 districts of Maharashtra taken as a whole, a disparity index for the districts is being calculated based on the average for Maharashtra. The disparity index is also being used for the RH data. The disparity index is calculated by the size of the rural population (Census 2001) served by the existing PHCs in the 10 districts as well as for the state of Maharashtra. The norms guiding the population per PHC tell gives us the normative population size that the PHCs in each district/the state should be serving. Based on the above information, the percentage of actual population served to the normative population size for each districts/state will be calculated. This activity has been undertaken in collaboration with CEHAT.

B.3) Report on Nutritional Crisis in Maharashtra

The report on, 'Nutritional Crisis in Maharashtra' is an attempt to describe the multifaceted nature of the problem of malnutrition in the state of Maharashtra. The report consists of seven chapters which attempt to unravel the links between socioeconomic inequities and nutritional inequities in the state.

First chapter of the report, 'Undernutrition in Maharashtra, a situation of crisis,' is a situation analysis of the nutritional indicators of Maharashtra. This chapter uses the data from Maharashtra report of the third round of National Family Health Survey and deals with adult as well as child malnutrition.

The second chapter, 'Socio-economic Inequities in Maharashtra: An update' explores inequities in the state of Maharashtra across regions as well as across sub-groups of population in the indicators of income, poverty and educational attainment among others.

The subsequent chapter is on 'Nutritional Inequities in Maharashtra'. This paper explores nutritional inequities in the state

of Maharashtra across regions and across sub-groups of population such as caste, religion, principal occupation of the household and whether the head of the household is a male or female for rural and urban areas separately. The chapter gives trends in per capita per day calorie, protein and fat consumption in rural and urban regions of Maharashtra and India. The same chapter discusses average consumption, calorie deficiency and 'Calorie Poor' across sub-groups in rural and urban Maharashtra.

Next three chapters of the report, viz. 'Implementation of TPDS and Antyodaya in Maharashtra', 'Implementation of ICDS in Maharashtra' and 'Implementation of Mid Day Meal Scheme in Maharashtra', are the evaluations of these key schemes being implemented in Maharashtra.

The chapter on, 'Undernutrition, Ill-health and the Role of the Health System' examines the role of health care in preventing undernutrition by effective community based management of infections as well as undernutrition. This chapter unfurls the vicious cycle of 'Infections and undernutrition' and demonstrates how these two are reinforcing each other.

Substantial part of the work on this report has been completed and it would be published in June 09.

C) National Seminar on Health Equity in India

As part of this project, SATHI had organised the 'National Seminar on Health Equity in India' on 2nd and 3rd October 08 in Mumbai. The seminar was attended by about 60 participants, which included health researchers, economists, NGO representatives and students from prominent institutes like TISS, IGIDR & IIPS.

One of the key objectives of the seminar was to bring together public health experts, social scientists, health sector NGOs and health activists on the issue of 'Health Equity' to develop a discourse on this emerging area of concern in health sector. In addition, SATHI wanted to explore the possibilities of developing Health Equity research and advocacy initiatives by interaction with similar groups across the country.

Specific objectives of the seminar were-

1) To locate health inequity in the context of socio-economic inequities in India

2) To discuss some basic concepts and various perspectives related to the Health equity approach

3) To discuss equity analysis as a tool to analyse the health sector; to take an overview of inequities in health status and inequities in access to healthcare

4) To analyse how overall intensification of inequities impact upon women; understanding gender related health inequities

5) To deliberate upon options towards a system for Universal access to healthcare as an approach to reduce health inequities

6) To explore the possibility of further collaborations on health equity research and advocacy

Prof. Amit Bhaduri, Professor Emeritus at Jawaharlal Nehru University, Delhi inaugurated the seminar, in which the following topics were deliberated upon-

1) Socioeconomic inequities in India: Context of Health inequity

2) Perspectives on health equity

3) Applying the equity approach to health systems research

4) Overview of health status and health care access inequities at national level

5) Gender dimension of Health Inequity

6) Moving towards a system for Universal Access to health care

7) Health Equity issues related to NRHM

The seminar was successful in initiating a discourse on the issue of health equity in India. The presentations by the speakers and the discussions that took place in these two days brought out various dimensions of health equity in India. A detailed report is available at sathicehat.org

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CHAPTER

Library and Publications

Library and Publications

SATHI continues the ***Library and Information Service*** through the small-computerised library which houses basic documents, books on health and health care in India, especially Public Health and receives important reports, journals and magazines on health care. It continues serves as a resources center for social activists, journalists, researchers.

SATHI takes pride for bringing out quality publications - from training manuals to posters to pictorial exhibitions to research reports. The publications brought out during April 05 to March 09 are as follows -

Publications in Marathi

No.	Particulars of Publication	Date of Publication
१.	करू आरोग्याची साथ- भाग १ Training Manual for Primary Educated Community Health Workers in two colour)	December, 2006
२.	कवाडे उघडू या ! (Pictorial Awareness Booklet on Reproductive Health for Neoliterate Women in two colour)	2nd edition 2006
३.	साथी माहिती पत्रक	March, 2006
४.	करू आरोग्याची साथ- भाग २ (Training Manual for Primary Educated Community Health Workers in two colour)	January, 2007
५.	आरोग्याची माहिती घेऊ, आरोग्याची चळवळ बांधू (Pictorial Booklet on Basics of Health & Health Care)	January, 2007
६.	करूया आरोग्य संवाद ! (Guide Book for Health Activist for initiating dialogue with Health Professionals at grass roots)	2nd edition January, 2007

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No.	Particulars of Publication	Date of Publication
६.	लसी कशासाठी? आरोग्यासाठी की नफेखोरीसाठी? (Booklet on Critique of overuse & under use of vaccines)*	February, 2007
७.	आजारी भारतीय आरोग्य व्यवस्था - कारणे व पर्याय* (Booklet on Critique of Health Care System in India & Suggestions for Alternatives)	April, 2007
८.	'जन स्वास्थ्य अभियान'च्या भूमिकेतून - राष्ट्रीय ग्रामीण आरोग्य अभियान * (Critical introduction to NRHM from the JSA view point)	1st edition - February, 2007 2nd edition - May, 2008
९.	राष्ट्रीय ग्रामीण आरोग्य अभियान माहितीपत्रक (NRHM Marathi Brochure)	September, 2007
१०.	राष्ट्रीय ग्रामीण आरोग्य मिशन अंतर्गत आरोग्य सेवांवर लोकाधारित देखरेख - पहिल्या टप्प्यासाठी मार्गदर्शिका (इंग्रजी पुस्तिकेचे मराठी रूपांतर) (Marathi version of the Guide Book of NRHM in English)	October, २००७
११.	आरोग्य सेवांवर लोकाधारित देखरेख- मार्गदर्शक पुस्तिका (Guide book for Village Health and Sanitation Committee)	April, 2008
१२.	आरोग्य हक्क सेवा कॅलेंडर (Health Rights Calendar 2008)	2008
	राष्ट्रीय ग्रामीण आरोग्य अभियानअंतर्गत, महाराष्ट्र शासन आरोग्य सेवा साठी प्रकाशित केलेली चित्रमय प्रशिक्षण पुस्तके - 'आशासाठी पूरक प्रशिक्षण पुस्तक' - १, २, ३	2008-2009

Publications In Hindi

No.	Particulars of Publication	Date of Publication
१३.	आओ खुद को जाने (Pictorial Awareness Booklet on Reproductive Health for Neoliterate Women in two colour)	March, 2007
१४.	भारत की स्वास्थ्य व्यवस्था- संकट और समाधान** (Hindi translation of the booklet on Critique of Health Care System in India & Suggestions for Alternatives)	2007

Publications In English

No.	Particulars of Publication	Date of Publication
15.	A Report on Health Inequities in Maharashtra	January, 2008
16.	Report on First Phase of Community Based Monitoring of Health Services Under NRHM in Maharashtra	December, 2008

* Published for Jan Aarogya Abhiyan

** Published for Jan Swasthya Abhiyan for National Health Assembly-II

Pictorial Posters and Pictorial Poster Exhibitions on Health Rights

Posters (18 x 23 inch) (Feb 2009)

१) जर गोळी देई आराम तर नको सुईचे जास्त दाम (पुनर्मुद्रण मराठी, हिंदी) (Injection Poster)

२) सलाईन म्हणजे मिठाचे पाणी (पुनर्मुद्रण मराठी, हिंदी) (दोन रंगी) (Saline Poster in two colour)

Posters Published in the Community Based Monitoring Project

१) गाव आरोग्य समिती पोस्टर (Village Health Committee Poster)

२) प्राथमिक आरोग्य केंद्रात मिळणाऱ्या आरोग्य सेवा (Health Services available at the PHC)

३) उपकेंद्रात मिळणाऱ्या आरोग्य सेवा (Health Services available at the Sub Centre)

४) गावात मिळणाऱ्या आरोग्य सेवा (Health Services available in the Village)

५) या आरोग्य सेवांवर देखरेख ठेवू ! (Let us monitor these Health Services!)

६) आरोग्य सेवांचे प्रगतीपत्रक (Report Card for Health Service)

(All in two colour)

Flex Poster Exhibitions (1.5 x 2 sq. ft., 4 color)

१) आरोग्य सेवा आपला अधिकार (आरोग्य हक्क) (१४ पोस्टर्स) (Health Rights, 14 posters)*

२) औषध पोस्टर (१९ पोस्टर्स) (Lack of access to Essential Medicines, Why? 19 posters)

४) रुग्ण हक्क पोस्टर (१५ पोस्टर्स) (Patients' Rights, 15 posters)

५) रक्तपांढरी (२६ पोस्टर्स) (Anaemia, 26 posters)

६) स्त्री आरोग्य (७२ पोस्टर्स) (Women's Reproductive Health, 72 posters)

**हिंदीत उपलब्ध आहे.* (Available in Hindi)

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CHAPTER VII

Organizational Structure and Organizational Development of SATHI

Organizational Structure and Organizational Development of SATHI

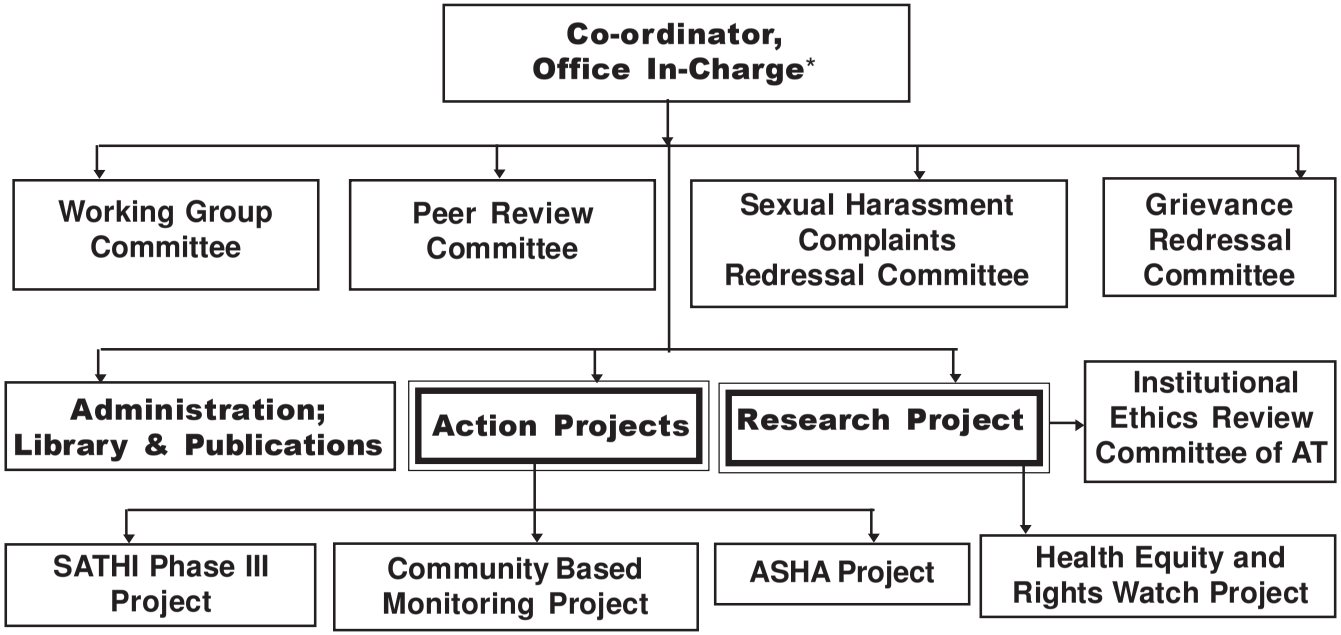
SATHI team was part of CEHAT since October 1998. As per the decision of the Anusandhan Trust it started functioning as an independent centre of Anusandhan Trust from April 05. In the initial period, there were several staff meetings for developing SATHI into an independent centre of Anusandhan Trust. It was decided that majority of the rules, regulations, organizational traditions and practices which were in existence when SATHI was functioning as part of CEHAT, would be retained. However, certain new systems and new rules were adopted.

1) Organisational Structure **(Pl. see the organogram)**

SATHI's ***programmatic teams*** are formed around specific action and research projects. Each project has a formal ***Project-In-Charge.*** In addition, to facilitate the day to day follow up of activities, ***Project Facilitators***, who lead a small team of 2 or 3 staff members have been selected. We have a small team based in Barwani district of Madhya Pradesh consisting of a Junior Project Officer, a Project Associate and a admin cum programmatic Project Associate. Currently, the five member ***administrative team*** has two Administrative Assistants including one accountant, two senior office secretaries, and two office assistant. This administrative team supports all the SATHI teams. One of the Administrative Assistants is Admin-In-Charge. The total staff strength is 19, out of which 8 are women.

The Anusandhan Trust appoints a ***Co-ordinator*** who is overall in charge of the Centre. His/her functions are well defined. S/He reports to the Trust and participates in the Trust meetings. From 1st April 05 Dr. Anant Phadke was appointed as the first Co-ordinator of SATHI. Dr. Abhay Shukla was appointed as the ***Joint Co-ordinator*** from 1st February 06. He however resigned from 1st February 07 as he was too much pre-occupied with programmatic responsibilities.

Organogram of SATHI for period April 2005 to March 2009



** Two Associate Coordinators have been appointed since April 2009 instead of office Incharge*

Dr. Nilangi Sardeshpande was appointed as ***Office-In- Charge*** from 1st February 07 to guide the admin team for the day to day functioning. Dr. Anant Phadke would retire from SATHI from 30th April 09 and Dr. Abhay Shukla would be the new Coordinator of SATHI. Dr. Nilangi Sardeshpande and Dr. Dhananjay Kakade would be the ***Associate Coordinators***. Keeping in view this arrangement, the post of Office - In Charge now stands suspended. A detailed list of over 40 functions of the CO and Associate COs has been prepared and a clear division of responsibilities amongst them has been drawn up. The process of leadership transition has been outlined in a small subsection later.

2) Committees in SATHI

A) The Working Group

As has been the tradition in CEHAT, working group, which consists mostly of ***elected*** members, is the decision making body for strategic decisions and decisions which have SATHI-wide implications. The ***tenure*** of each WG member is of 2 years. One third of the members of the WG retire every year and their posts are filled up through election.

As per the trust decision, in all Centres of AT, the Co-ordinator, is an ex-officio member of WG and has veto rights. In SATHI, it was decided that in addition, the Project In Charge of each project and the Admin in Charge would also be the ***ex-officio*** WG members, albeit without voting rights. Anyway they are part of the strategic decision making process. Hence it was felt that it would be more helpful if they are part of WG.

Since now SATHI is a smaller centre, with less than 20 staff members, mostly based in Pune, it was decided that we would have more frequent meetings of all the staff and hence the role, work of the WG will be reduced. Secondly since now there was to be a Joint Co-ordinator along with the co-ordinator, WG would not be entrusted with executive functions; it would be involved with only with strategic decisions and decisions which have SATHI wide

ramifications. Elected WG members are 15% of staff members. During 2008-09, there were 5 elected members; out of which 2 were women. In addition, there were 4 non - elected, non-voting ex-officio members.

B) Peer Review Committee

SATHI's peer review committee has internal and external members. All staff members at Project/Research Officer and above are internal members. Other programme staff are encouraged to come for the PRC meetings, mainly as observers. There are 3 external members viz. Renu Khanna, Dr. Satish Gogulwar and Brian Lobo. Manisha Gupte and Dr. Mohan Deshpande, the two Pune based trustees, are also members of the PRC. In addition, Prof. Jaya Sagade and Ms. Nagmani Rao have been included in the PRC to advise us about the tricky ethics dilemmas in our action projects. Formation of the full fledged PRC was considerably delayed. The important reasons being - it was difficult to get appropriate experts who can give adequate time for this work. This committee basically reviews the action work of the centre. Two meetings have taken place during 2008-09. (25th February 2008 and 1st August 2008) The important points deliberated upon in this meeting were:

a) Review and suggestions regarding overall direction of SATHI's work-SATHI's objectives and related issues like SATHI's contribution to the Health movement; organisational voluntarism; collaboration by SATHI as an NGO with POs; concerns regarding JSA / JAA; to create alternatives in the Health sector

b) Dilemmas of engagement with Govt. health system (Context of NRHM; Community monitoring, ASHA training

c) Relationship between Action and Research activities of SATHI

d) Ethics review for action projects

e) Sustained initiative and action by common people on health issues - to what extent is this possible, and if so how can we better move towards this

f) Further development of second line leadership in the organisation

g) Ethics review of collaborative action initiatives by SATHI like Community Based Monitoring and Public Hearings in collaboration with NHRC

h) Ethicality of the MoUs between SATHI and its partner organizations

C) Sexual Harassment Complaint Redressal committee (SHCRC)

A Sexual Harassment Complaint Redressal committee has been constituted in SATHI. There are 7 internal staff members - in this committee Kiran, Sant, Nitin, Rashmi, Trupti, Jessy, Bhagyashree and 2 external members - Ms. Priti Karmarkar & Ms. Swati Dyahadroy.

The convenor of the committee is a woman staff member; currently Rashmi Padhye.

A detailed document providing guidelines for the functioning of the committee has been prepared.

Role of the Sexual Harassment Redressal committee is to:

- Create awareness amongst the staff members about the issue of sexual harassment at workplace, and discuss the policy in this matter adopted by SATHI.
- Ensure that any new staff joining the organisation is informed about the policy and explained the procedures therein.
- Resolve complaints as and when they come up and keep a record of the complaints and action taken in a systematic and confidential manner.
- The Committee should from time to time undertake discussion/training/awareness sessions of staff members, on this and allied issues like sexuality, gender, safety in field etc.

D) Grievance Redressal Committee (GRC)

This committee of SATHI has been formed to deal with the disputes or the complaints lodged by any employee of SATHI who is aggrieved by any decision / action of any other staff member of SATHI. The members of GRC are also the members of SHCRC. There are 7 internal staff members - Kiran, Sant, Nitin, Rashmi, Trupti, Jessy, Bhagyashree.

3) Organizational Processes

A) Induction Process

Every new staff member is given a copy of the SATHI brochure, rules and regulations of SATHI, project proposals and reports of the ongoing projects and evaluation report of the last project. An appropriate SATHI team member is given the responsibility of helping the new entrant to get inducted to SATHI. Based on the experience that all this is not sufficient, SATHI has prepared a Power Point Presentation which outlines the vision, mission, goal, strategies of SATHI; it's past projects and ongoing projects; the organizational structure etc. It also contains short video clippings from activities in various projects which makes it lively and interesting. This PPT is also used to introduce SATHI to anybody who wants to know about SATHI in some detail; for example, any individual, researcher, team who have come to visit SATHI to see SATHI's work.

B) Annual Staff meetings

The Staff is the biggest asset and the most important part of SATHI. The democratic structure and functioning are impossible to achieve without the active participation of the staff in the decision making and work. The entire staff of SATHI meets twice in a year. One of the two meetings is chiefly devoted to ***staff development/ training*** and other is mainly for ***organizational management***. The staff meetings have become important for debating and evolving methods of functioning and ideas for work. The rules governing the staff, the salary structure, etc. are first shaped and reshaped in the

staff meetings before the Trust decides on them after having a joint meeting with the WG.

Staff Development Meetings

In SATHI, an annual staff development meeting is organised. The topic of the meeting is decided considering the need for the skill building as well as perspective building of the staff members. In the last four years, following topics have been covered in the various staff development meeting. (The names of the resource persons are in the bracket)

1) 'Role of NGOs in Social Change' (Dr. Ramesh Awasthi)

2) Arogya Samvad- health dialogue (Dr. Mohan Deshpande)

3) A workshop to improve writing for media in Marathi (Late Sanjay Sangvai)

4) 'Basics of training' (Pradeep Prabhu)

5) 'Gender, patriarchy, caste and class- the systems of hierarchy in today's society' (Manisha Gupte)

Staff Meeting on organisational / administrative matters

Along with these staff development meetings, there were annual meetings to discuss the administrative issues related to the organisation. The dates and venue of these meetings were as follows-

Organizational staff Development meeting

2005 - 7th to 9th August, 2005 at Shantivan, Pune

2006 - 9th to 10th March, 2006 in Shantivan

2007 - 8th to 9th September, 2007 at Ghadge Farm, Pune

2008 - 6th and 7th August, 2008 in SATHI office

2009 - 29th and 30th January, 2009 in AFARM, Pune

Administrative staff meeting

2005 - 23rd April, 2005 at SATHI office

2007 - 8th May, 2007 in SATHI office

2008 - 18th and 19th February, 2008, Ghadge Botanical Farm

C) Evaluation process

All SATHI staff members undergo annual evaluation, with the help of a well laid out process which has evolved through years of experience during last 6-7 years.

The job responsibility of each staff member is specified for the level at which the staff member has been appointed. Based on this, the ***task list*** for current year is prepared. The evaluee prepares a list of tasks s/he has performed comparing these with the task list which he/she was supposed to perform. (There are more questions about various aspects of the evaluee's work.) This comparative table in the ***'feedback form'*** is shared with all the Co-workers who rate the performance of the evaluee in the following scale – Unsatisfactory, Satisfactory, Good.

In SATHI, the evaluation session is an ***open-evaluation session***, in which looking at the comparative table, each co-worker shares his/her assessment of the work done by the evaluee, especially the Strength, Weakness, Opportunities, Threats (SWOT) analysis. A two member panel prepares an evaluation report, based on this evaluation session. This open evaluation process has been found to very useful in giving a responsible, frank feedback and evaluation as well as suggestions for improvement to each staff member. (Any colleague can in addition, give any confidential feedback to the Panel.)

Apart from describing the ***SWOT analysis***, the panel is to give an overall rating of the work of the evaluee - unsatisfactory, satisfactory, good. A complex scoring system has also been devised for evaluation purpose. However it is to be used only if any colleague even anonymously, communicates to the Project In Charge, that in his/her view the evaluation of a particular staff should be done by using this scoring system. So far there has not been any such demand during the last 4 years.

The evaluation report is finalized after getting a feedback from the evaluee. It is confidential document for the evaluee but it is read out in the WG meeting. Recommendations to the team and to the

evaluee are given, based on the recommendations of the Panel and the discussion in the WG.

Though the Co-ordinator is a trust appointee, SATHI has developed a tradition that the SATHI team evaluates him in an open session like any other staff. Dr. Mohan Desphande and Manisha Gupte, the two Pune-based trustees were invited for this session and they prepared the evaluation report.

4) Leadership transition

With Anant Phadke retiring from SATHI from April 09, there was the need to plan a leadership transition process in SATHI. As decided in the Meeting of Board of Trustees on 14th and 15th October 2008, Manisha, Mohan and Anant had a detailed discussion with the SATHI staff members on 16th December 08, about new leadership and the this transition process. The important suggestions of this committee, which emerged from this meeting, were -

- Abhay was recommended for appointment by AT as ***New Coordinator*** of SATHI from ***April 09.***
- Dhananjay and Nilangi were recommended for appointment as ***Associate Coordinators*** from 1st March 09. These appointments of Associate coordinators would be by SATHI. Anant would continue to give specific, limited inputs to SATHI as a Senior Advisor from April 09.
- The Committee also recommended that this suggestion of appointment for Associate coordinators for SATHI be accepted by the AT, though it is an internal arrangement of SATHI.
- The detailed note of this discussion in the form of a report of this Committee was shared with the Trustees and the Trustees have accepted this report. Hence, as mentioned earlier, from 1st April 09 Dr. Abhay Shukla is the new Coordinator of SATHI. Dr. Nilangi Sardeshpande and Dr. Dhananjay Kakade are the Associate Coordinators and Dr. Anant Phadke is the Senior Advisor.

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ANUSANDHAN TRUST

Income and Expenditure Statement of SATHI 2005-06 to 2008-09

Income for the period April 2005- March 2009 (Rs. in Lakhs)

	2005-2006		2006-2007		2007-2008		2008-2009	
Funds Received	***Amount***	***%***	***Amount***	***%***	***Amount***	***%***	***Amount***	***%***
Private Foundations	16.59	19	20.91	25				
Government and UN Organisations	15.57	18	20.32	25	68.55	65	45.53	42
Donor NGO	53.40	63	40.40	49	37.23	35	61.76	57
Own Funds	0.39	0	0.68	1	0.44	0	0.75	1
TOTAL	**85.95**	**100**	**82.31**	**100**	**106.22**	**100**	**108.04**	**100**

Expenditure for the period April 2005– March 2009 (Rs. in Lakhs)

	2005-2006		2006-2007		2007-2008		2008-2009	
Utilisation of Funds	***Amount***	***%***	***Amount***	***%***	***Amount***	***%***	***Amount***	***%***
Research	1.15	03	9.65	17	12.79	11	10.33	10
Training / Services	2.79	07	4.75	08	11.91	10	12.00	11
Advocacy	16.73	43	17.91	33	17.96	15	24.41	23
Documentation & Publication	5.05	13	1.84	03	1.54	01	11.29	11
Capital Expenses	1.56	04	0.72	01	2.33	02	0.30	0
Overheads	7.99	20	8.77	15	12.86	11	14.03	13
Grants Disbursed to other NGO	4.11	10	13.13	23	58.53	50	34.01	32
TOTAL	**39.38**	**100**	**56.77**	**100**	**117.92**	**100**	**106.37**	**100**

List of Abbreviations

A. S. Project	-	Aarogya Sathi Project
AAA	-	Amhi Amchya Aarogyasathi
ABHA	-	Aarogya Bhan
AGCA	-	Advisory Group on Community Action
AID	-	Association for India's Development
AIDS	-	Acquired Immunodeficiency Syndrome
AIPSN	-	All India People's Science Network
ANM	-	Auxiliary Nurse Midwife
ARV	-	Anti Rabies Vaccine
ASHA	-	Accredited Social Health Activist
AT	-	Anusandhan Trust
BNHRA	-	Bombay Nursing Homes Registration Act
BOR	-	Bed Occupancy Ratio
CBM	-	Community Based Monitoring
CBOs	-	Community Based Organizations
CHW	-	Community Health Worker
CMAI	-	Christian Medical Association of India
CO	-	Coordinator
DH	-	District Hospital
DHO	-	District Health Officer
DTP	-	Desk Top Publishing
FCC	-	First Contact Care
FGD	-	Focus Group Discussion
FRCH	-	Foundation for Research in Community Health
GRC	-	Grievance Redressal Committee
HIV	-	Human Immunodeficiency Virus
ICDS	-	Integrated Child Development Services
IDRC	-	International Development Research Centre
IEC	-	Institutional Ethics Committee
IGIDR	-	Indira Gandhi Institute of Development Research
IHF	-	International Health Forum
IIPS	-	International Institute for Population Sciences
IMA	-	Indian Medical Association
IMR	-	Infant Mortality Rate
JAA	-	Jan Aarogya Abhiyan

JADS	-	Jagrit Adivasi Dalit Sangathan
JSA	-	Jan Swasthya Abhiyan
MASUM	-	Mahila Sarvangeen Utkarsha Mandal
MFC	-	Medico Friend Circle
MO	-	Medical Officer
MoHFW	-	Ministry of Health and Family Welfare
MPVS	-	Madhya Pradesh Vigyan Sabha
MPW	-	Multi Purpose Worker
NCC	-	National Coordination Committee
NGOs	-	Non Government Organizations
NHA II	-	National Health Assembly - II
NHRC	-	National Human Rights Commission
NRHM	-	National Rural Health Mission
NRI	-	Non Resident Indian
OPD	-	Out Patient Department
PEI	-	Polio Eradication Initiative
PHC	-	Primary Health Centre
PHM	-	People's Health Movement
PIP	-	Project Implementation Plan
POs	-	People's organizations
PRC	-	Peer Review Committee
PRHW	-	People's Rural Health Watch
PROH	-	People's Report on Health
RH	-	Rural Hospital
RKS	-	Rogi Kalyan Samiti
SDTT	-	Sir Dorabji Tata Trust
SHCRC	-	Sexual Harassment Complaint Redressal committee
SHP	-	State Health Policy
SMD	-	Shramik Mukti Dal
TAG	-	Technical Advisory Group
TISS	-	Tata Institute of Social Sciences
ToT	-	Training of Trainers
TPDS	-	Targeted Public Distribution System
VHSC	-	Village Health and Sanitation Committee
WG	-	Working Group
WHO	-	World Health Organization

Trustees of Anusandhan Trust

1) Dr. Amar Jesani	Managing Trustee of Anusandhan Trust, Independent Consultant, Mumbai.
2) Dr. Mohan Deshpande	Independent Consultant and trainer, Governing Board Member, ABHA, Pune.
3) Mr. Ravinder Singh Duggal	Sociologist, Independent Consultant
4) Ms. Manisha Gupte	Independent Consultant and Gender Trainer, Pune.
5) Dr. Dhruv Mankad	Director, VACHAN, Nashik. Also working in Yashwantrao Chavan Maharashtra Open University, Nashik.
6) Dr. Vibhuti Patel	Head, Post Graduate Departments, S.N.D.T Women's University, Mumbai.
7) Dr. Padma Prakash	Editorial Board Member, www.esocialsciences.com (web portal on social science research), Mumbai.
8) Dr. Nobhojit Roy	Head of Department of Surgery, BARC Hospital, Mumbai.
9) Dr. Padmini Swaminathan	Professor, Reserve Bank of India Chair in Regional Economics at Madras Institute of Development Studies, Chennai.

SATHI Staff Members

Name	Designation	Period of work, including tenure in SATHI team of CEHAT
Abhay Shukla	Senior Programme Coordinator	Since October 1998
Abhijit More	Jr. Project Officer	Since August 2008
Ajay Lal Vishwakarma	Project Assistant	Since December 2005
Anant Phadke	Coordinator	Since October 1998
Ashok Jadhav	Project Assistant	Since January 2000
Bhagyashree Khaire	Jr. Project Officer	Since April 2005
Bhausaheb Aher	Project Associate	From August 2003 to April 2006
Dattatraya Taras	Administrative Assistant	From February 2000 to September 2007
Deepali Yakkundi	Project Associate	Since April 2007
Dhananjay Kakade	Project Officer	Since February 2004
Jessy Jacob	Office Secretary	Since January 2006
Kiran Mandekar	Administrative Assistant	Since July 1996
Makarand Purohit	Jr. Project Officer	From June 2006 to January 2009
Meena Indapurkar	Office Assistant	Since October 2002
Nilangi Sardeshpande	Project Officer	Since June 2002
Nitin Jadhav	Jr. Project Officer	Since August 2007
Prashant Khunte	Project Officer	From October 1999 to December 2007

Name	Designation	Period of work, including tenure in SATHI team of CEHAT
Rakesh Sahu	Project Associate	Since April 2009
Rashmi Padhye	Project Associate	Since September 2006
Ravindra Mandekar	Office Assistant	Since November 2000
Renuka Mukadam	Project Officer	From July 2005 to October 2007
Sant Kumar Mahato	Jr. Project Officer	Since April 2005
Shailesh Dikhale	Jr. Project Officer	Since August 2000
Shakuntala Bhalerao	Jr. Project Officer	Since March 2008
Sharda Mahalle	Office Secretary	Since October 2007
Shilpa Toro	Project Officer	From February 2006 to September 2006
Smitha Nair	Project Associate	From April 2008 to 31st July 2008
Suchitra Wagle	Jr. Project Officer	From December 2007 to April 2008
Trupti Joshi	Jr. Project Officer	Since November 2007
Urmila Dikhale	Administrative Assistant	Since September 2007

Elected Working Group Members of SATHI
For the period 2008-2009

No.	Name of WG member	Designation
1)	Dr. Dhananjay Kakade	Project Officer
2)	Ms. Jessy Jacob	Office Secretary
3)	Ms. Rashmi Padhye	Project Associate
4)	Mr. Santkumar Mahato	Junior Project Officer
5)	Mr. Shailesh Dikhale	Junior Project Officer

Peer Review Committee Members of SATHI, including Ethics Reviewers
For the period 2008-2009

1)	Ms. Renu Khanna	Sahaj-BRC, Vadodara
2)	Mr. Brian Lobo	Kashtkari Sangathana, Thane
3)	Dr.Mohan Deshpande	ABHA, Pune
4)	Dr.Satish Gogulwar	Amhi Amchi Arogyasathi, Gadchiroli
	Ethics Reviewers	
1)	Prof. Jaya Sagade	ILS College, Pune
2)	Prof. Nagamani Rao	Karve Institute, Pune

Members of Sexual Harassment Complaint Redressal Committee (SHCRC)
For the period 2008-2009

Internal Members from SATHI

1) Ms. Bhagyshree Khaire
2) Mr. Kiran Mandekar
3) Mr. Nitin Jadhav
4) Mr. Santkumar Mahato
5) Ms. Jessy Jacob
6) Ms. Trupti Joshi
7) Ms. Rashmi Padhye (Convenor)

External Members

8) Ms. Priti Karmarkar
9) Ms. Swati Dyahadroy

Members Of Grievance Redressal Committee (GRC)
For the period 2008-2009

1) Ms. Bhagyshree Khaire
2) Mr. Kiran Mandekar
3) Mr. Santkumar Mahato
4) Mr. Nitin Jadhav
5) Ms. Rashmi Padhye (Convenor)
6) Ms. Trupti Joshi
7) Ms. Jessy Jacob

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ASHA Trainings in Maharashtra

ASHA training, in 'Khoj' Chikhaldara block, Amravati district

Orientation / training of ASHA trainers, in Pune

Community Based Monitoring of Health Services in Maharashtra

Woman filling a report card in the village level meeting, Thane district

Monitoring of Anganwadi in Thane district

Community Actions on Health Rights in Maharashtra

Public rally against irregularities in Rural Hospital, Gadhinglaj-Kolhapur District, Maharashtra

Public meeting against misuse of injection & saline by Loksangharsh Morcha, Akkalkuwa- Nandurbar District, Maharashtra

Support to People's Organisation for Community Actions on Health Rights in Madhya Pradesh

'People's Health Information Centre' outside Pati CHC

Jan Samvad by JADS about malpractice by govt. doctors - Khetia PHC, Barwani District

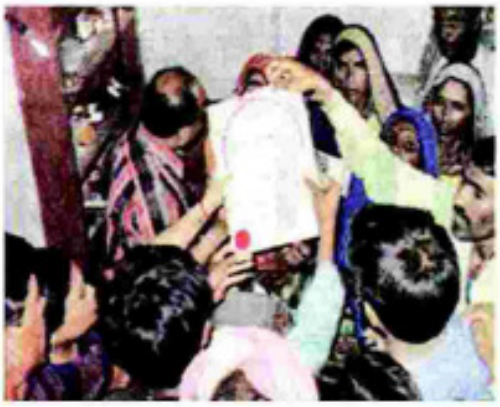
Advocacy for Patients' Rights

Signature capaign in Pune by JAA on patients' rights

Prof. Kawade at the pictorial exhibition on patients' rights during JAA's state convention about BNHRA rules

People Question Private Practitioners

JADS activities question private practitioner about misuse of injection & saline, Pati block, Barwani district



Community members checking authenticity of doctor's degree in a rally by JADS in Pati block, Barwani District

Orientation & Awareness Material

Publications

Flex

posters

Media Coverage

SATHI

(**S**upport for **A**dvocacy and **T**raining to **H**ealth **I**nitiatives)

SATHI is the action-centre of Anusandhan Trust with headquarters in Pune. The SATHI team initiated its work in 1998 as an action team in CEHAT and has now evolved into an autonomous centre. The core principles of SATHI's functioning are social relevance, democratic mode of functioning, ethical conduct and social accountability.

SATHI's strategy is to contribute, as a team of pro-people health professionals, to the health movement and to foster various initiatives which promote health rights.

Presently SATHI's core areas of collaborative work are-

a) Collaborative health initiatives on health rights with like minded People's Organizations and NGOs in Maharashtra and Madhya Pradesh.

b) Fostering advocacy on patients' rights in private hospitals in Maharashtra.

c) Training on Health Rights and facilitation of Community Based Monitoring of Health Services in selected areas in Maharashtra under National Rural Health Mission.

d) Mainstreaming the method, perspective of SATHI and other like minded organizations about training of Community Health Workers, by preparing pictorial training manuals for ASHA and collaborative pilot ASHA trainings in selected areas of Maharashtra.

e) Research on areas like Health and Health care related inequities and provision of essential medicines in the public health system in Maharashtra.

f) Action research related to health advocacy.

g) Publication of relevant training and advocacy material on health issues.

Further information about SATHI may be accessed at-
www.sathicehat.org