

SAHAJ ANNUAL REPORT 2015-16



SAHAJ Publications 2015-16

Adolescent Rights

- Module on Gender
- Peer Leader Training Module
- Set of 12 Flash Cards on Gender and Rights of Adolescents

Maternal Health

Policy Brief. Strengthening People Centred Services through Improved Accountability: The Enabling Community Action for Maternal Health Project in Gujarat, India.

Research Brief. Entitlements for Cash Free Maternal Health Services: Implementation experiences from three districts in Gujarat, India

Asha George, B. Subha Sri, Ved Rajani. Evaluation Report - Strengthening People Centred Services through Improved Accountability: The Enabling Community Action for Maternal Health Project in Gujarat, India.

Mata Swasthya: Sahbhagi Dekhrehk ane Shishkan Mate Saamagri

Directors' message....

This year has once again been a fulfilling one. And it gives us immense pleasure to present our Annual Report 2015-16.

Our team and partnerships are maturing and becoming stronger. During the year team members have undertaken several small studies to assess the status of School Management Committees, Mamta Divas, and a KAP study on Breast Feeding in the urban *bastis*. We have also been active in health networks like the Jan Swasthya Abhiyan and CommonHealth. SAHAJ was a member of the coordinating group for the JSA- NHRC Western Region Public Hearing on Right to Health Care and as a part of the preparation, the team members did studies on effectiveness of the Janani Shishu Suraksha Karyakram and Access to Free medicines, in their field areas.

An external team evaluated our Maternal Health Accountability Project and we were heartened by their findings. We used their report as a basis for developing another proposal to consolidate our Maternal Health work. Another highlight for our team this year was the National Consultation on Community Based Interventions for Maternal Health. In a spirit of partnership, we organized this with ANANDI, CommonHealth and Indian Institute of Public Health, Gandhinagar. Almost 60 leading experts in the country attended the Consultation and engaged in rich discussions.

SAHAJ once again hosted young student volunteers from Germany. Interaction with them is stimulating for our team members and provides us an opportunity to develop our mentoring skills. Students from various Social Work departments in Gujarat came for internships.

We thank our partners – communities, NGOs as well as networks – for the opportunity to work together. Also, all the donors who repose trust in us. And finally, our Governing Board members and advisors for their guidance and *salaah mashwara* whenever we feel that we have reached a dead end!

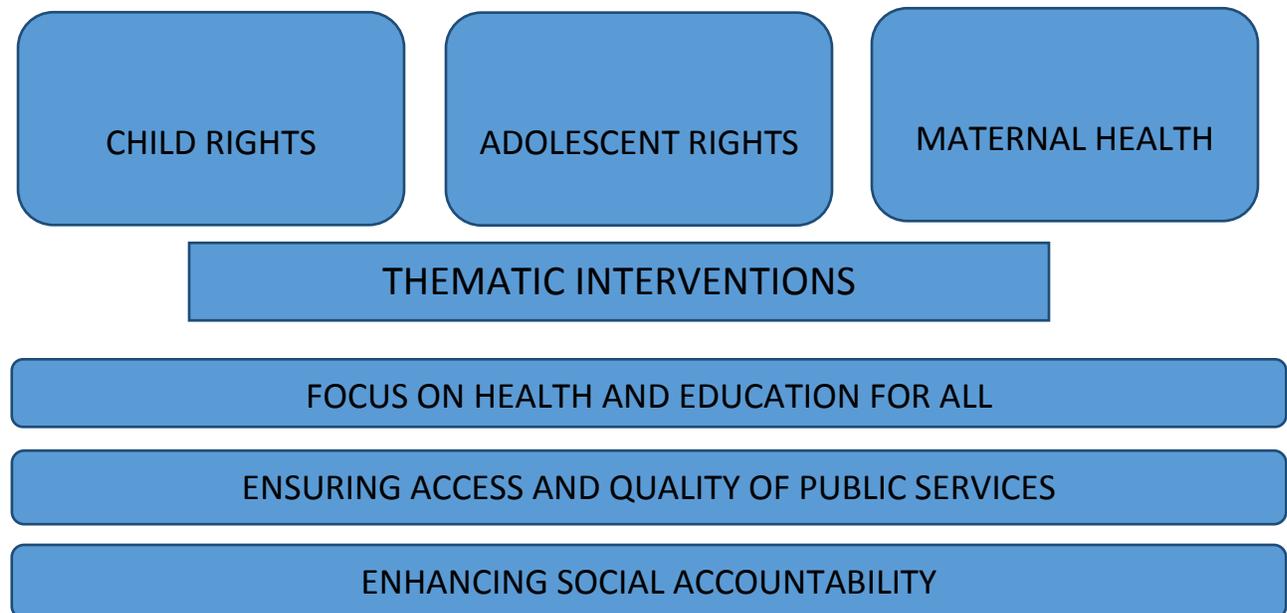
Renu Khanna and Archana Shrivastava

INTRODUCTION

SAHAJ founded in 1984 strives to make a practical difference in lives of underprivileged people both through direct action in the communities as well as through action research and policy advocacy work. We believe in developing programmes that are led by the community based on their needs.

Over the years, we have come to believe that our work has to result in building capacities of the communities we are engaged with. There are hosts of government programmes and schemes for specific community groups (the below poverty line, schedule castes, schedule tribes, children, adolescents, women) but they fail to reach target population. The underprivileged either do not have the required knowledge of the schemes or the process of availing them or there are barriers in terms of necessary documents required such as identity cards, proof of residence or bank accounts. Our work, we believe is to inform people about their entitlements and organize them such that they can access these entitlements.

SAHAJ is a lead organization in Gujarat on Social Accountability and Citizenship Building focusing on a life cycle approach, for children, adolescents and women in two specific sectors, Health and Education. Our team strives to bring about a difference in people's lives. We have developed thematic interventions in our goals towards Child Rights, Adolescents Rights and Maternal Health by emphasizing Social Accountability - working with stakeholders to ensure and strengthen access and quality of Public Services for the most vulnerable, Advocacy with relevant stake holders, and Networking with organizations and individuals with common goals and vision.



OUR STRATEGIES

- 1) Equip communities to access opportunities by supporting them.
- 2) Build their capacities to analyze own situations (critical consciousness of 'myself and my society') and address them with appropriate solutions.
- 3) Document the lessons learnt and undertake evidence based advocacy.
- 4) Publish and share documents and information with networks and collaborate with others.
- 5) Produce material for community use.

SPECIFIC OBJECTIVES FOR THE YEAR

Child Rights

1. Sensitize parents and community on their role in comprehensive development of their children with a gender equality and civic rights based approach.
2. Empower children by educating them about health, sexuality, gender and life skills.
3. Advocate for secure childhood as every child's right through empowered community cadres and pressure groups.

Adolescent Rights

1. Increase awareness about gender, sexuality, rights, and entitlements related to SABLA, ARSH and NYKS programmes.
2. Promote collective action by local groups of girls and boys.
3. Advocate with stakeholders on adolescent rights issues.
4. Monitor and evaluate the progress made towards the goal and to document lessons learnt.

Maternal Health

1. Enable communities to monitor access to and quality of maternal health care through use of 'safe delivery' indicators.
2. Equip communities with skills to identify and report pregnancy related deaths and perinatal deaths.
3. Build capacity of NHM accountability mechanisms and other community based organizations to examine the social, economic and gender factors underlying maternal deaths which need to be addressed.
4. Advocate with stakeholders in the health system to facilitate community monitoring of maternal health care and community participation in Maternal Death Reviews.

Subsequent sections of this report describe our achievements and challenges in 2015-16, in each thematic area.

CHILD RIGHTS

WORK IN URBAN AREAS

Every child must be guaranteed equal rights to survival, development, protection (freedom from labor, exploitation, discrimination) and participation. SAHAJ has shaped its work on child rights issues, in Vadodara city, through a local grass-root level network of animators. With a gender and rights based approach, the organization advocates for children's rights, by sensitizing parents, community and teachers, and empowers children by providing them health, sexuality, gender and life skill education.

STUDIES CONDUCTED

This year many small studies were conducted which helped the team to understand the current scenario in the community and move forward strategically to obtain the desired change.

A small study on status of governance of School Management Committees (SMC) in urban Vadodara

The purpose of this study was to evaluate the current status of SMCs, identify the gaps between the guidelines and practices and to develop strategies for making SMCs answerable and empower them. For the SMC study six government schools from the nearby *bastis* were approached and 11 respondents were interviewed.

Conclusion - It is quite evident that there is a wide gap between the SMC guidelines and their implementation in urban Vadodara. Much work needs to be done to enhance the capacity of individual members of SMCs. School administration does certain activities as per their whims and fancies and denies access to information to other members of SMC, who also happen to be their students' parents. There is need for training of SMC members to bring about a change in their aptitude as well as knowledge, attitude and practice (KAP) of especially those members who belong to the underprivileged class. At the same time school administration should also change their old methods and should be open and receptive to listen to the voices of members of SMC. This will result in better action plans for the smooth functioning of SMC which will ultimately lead to improved conditions in schools. This will give opportunity to students to perform better in academics as well as in extra-curricular activities.

Monitoring of the Village Health and Nutrition Day (VHND): November 2014 to August 2015

Observation of 45 VHND (Mamta Divas) in urban Vadodara revealed

- Absence of doctor on Mamta Divas.
- The sick children were not referred to senior/specialist doctors at any of the VHND.

ENGAGEMENT IN GOVERNMENT SCHOOLS

1. We enable community leaders to monitor the services provided by the Government schools on an annual basis and fill the implementation gap through basti level committees. Many positive changes were observed as compared to last year,
 - All seven schools now have proper sanitation facilities and six of them have separate toilets for boys and girls
 - All seven schools provide clean drinking water
 - Six out of seven school premises have safe building as per the government safety norms
 - Six out of seven schools have outer compound walls for the school
2. Involvement with SMC members. The plan was to get the SMC members together to make them aware and accountable towards their roles and responsibilities but it did not work out due to unavailability of members and the political pressure from school authorities. Hence we decided to meet minimum two members in a month and train them.
3. Meeting with Principals of Government schools. Animators or Field Officers meet principals of Government schools in the vicinity of our project area regularly to know about the school functioning. We have built good rapport with them and as a result, they have started sharing their problems and asking for our help. Some of them have even invited our team members in their SMC meetings, which was an indication of their trust in us.

ACHIEVEMENTS

Schools

- Advocacy was ongoing to demand a new building for the Gotri School since two years. Now the new school building has been sanctioned and the construction has been initiated.
- A number of applications for getting transportation facilities for children in Jalaramnagar, Bhesasurnagar and Subhashnagar were issued and as a result one more van was placed in Subhashnagar.
- A safety wall was constructed, toilets facility has started and watchman has now been placed at Akota Public School.
- A new teacher for Science subject has been appointed in KaviDayaram School. The post was vacant earlier.

Anganwadi

Through continuous follow up and community monitoring, some results were achieved

- The people in Subhashnagar and Hanumantekri were constantly following up on their demand for an Anganwadi Center since last three years. Finally the sanction for an Anganwadi Center in Hanumantekri came through in November 2015 and a center became functional in December 2015.
- Construction of a new building for Anganwadi Centre in Mahakalinagar has started.
- A new building of Anganwadi in Bhesasurnagar was inaugurated.
- Immunization of children has started in Kalidas ni Chali, even though there is no Anganwadi Center available.

- Quality of services provided through Anganwadi Center is improving in Jalaramnagar, Gayatriपुरा, Sanjaynagar and Bhesasurnagar. For example, increase in immunization, regularization of Mamta Divas, inclusion of rag picking and balloon selling women and creating awareness about immunization, child growth monitoring chart, take home rations and education health and nutrition to pregnant and lactating mothers.

Changes seen in Child Health during 2015-16

- Getting birth certificates of new born babies increased from 93% to 98%
- Complete immunization of children in age of 0 to 1 year showed an increase from 86% to 89%, Subhashnagar which had the lowest rate has now increased from 71% to 83%

Some concerns

- Neonatal and child deaths were six (three girls and three boys)

Changes seen in Child Education during 2015-16

- 47 boys and 61 girls aged 6 years were enrolled in school for the first time
- 16 children in age group of 6 to 14 years were re enrolled in formal schools
- 97% of children in age group of 6 to 14 years are school going

Challenges faced were

- Working with the School Management Committee (SMC) members
- It is very difficult to get the drop out children of 15 to 18 years back to schools

ADOLESCENT RIGHTS

WORK IN URBAN AREAS

SAHAJ, through its work in urban Vadodara with adolescents for the past ten years, has created a pool of change agents – adolescent and youth peer leaders who are now part of the Yuva Manch. This youth organization is a multifaceted group of individuals having a gender and rights perspective working along with three adolescent government programmes – The SABLA/ Mamta Taruni Abhiyan, the Nehru Yuva Kendra Sanghatans (NYKS) and the Adolescent Reproductive and Sexual Health (ARSH) programmes. This programme is implemented with adolescents from three districts as well as urban Vadodara.

GROUP SESSIONS

In order to increase awareness about gender, sexuality, rights, and entitlements and to promote collective action by local groups of girls and boys various training sessions are taken up in schools and *bastis* as depicted in Table 1 below.

Table No. 1: Work done with the adolescents

With adolescents in <i>bastis</i> of urban Vadodara	With adolescents in schools of urban Vadodara
<i>Sessions on</i> <ul style="list-style-type: none">◦ My City Vadodara◦ Child Sexual Abuse◦ Important Documents	<i>Sessions on</i> <ul style="list-style-type: none">◦ Reproductive System and Menstruation◦ Gender◦ Anemia◦ Quiz on Sexuality
<i>Competitions</i> <ul style="list-style-type: none">◦ Skit competition on Adolescent Rights◦ Poster Competition on Adolescent Rights	<i>Health camp on</i> <ul style="list-style-type: none">◦ Checking hemoglobin levels of girls in Pratap High School, Sayajigunj

THE SCHOLARSHIP PROGRAM

This year 48 children from 18 *bastis* applied for scholarships. The Scholarship Programme Coordinator verified the eligibility through home visits and school visits. The eligibility criteria were developed by SAHAJ in consultation with the community leaders.

Thirty seven children were shortlisted this year and their full school fees were paid. Students willing to study ahead and needing additional coaching and assistance were enrolled in tuition classes, where the cost was shared equally by SAHAJ and parents.

Table 2 represents the eligibility criteria on the basis of which the students (girls and boys) were selected.

Table No. 2: Eligibility details of children receiving scholarships 2015-16

Sr. no	Eligibility for receiving scholarship	Girls	Boys
1.	Single parent a. has only mother who earns for the family b. has only father c. has only mother and child has to help her earn a living	10 1 0	1 0 0
2.	Orphan/destitute child	5	1
3.	Family run by mother although father is earning but he is not willing to take responsibility	1	1
4.	Other reasons such as poor financial condition and other social factors	10	4
	Total	27	10

POSITIVE FACTORS

The success of this program is due to factors like

1. We could reach marginalized and needy children in 18 *bastis* through our various on-going programs.
2. Children with good academic performance could be identified easily.
3. Children especially girls were motivated for higher education.
4. Contacts with parents are established to convince them on the importance of further education for their child.

PROBLEMS

1. We do not have financial corpus for this programme.
2. Considerable staff time is spent on follow-up and filling in tuition fees and school fees.

Programme Overview

Education contributes to the empowerment of an individual. Supporting higher education for a girl not only recognizes her potential but also delays her age of marriage thus enabling her overall development.

Criteria for Selection

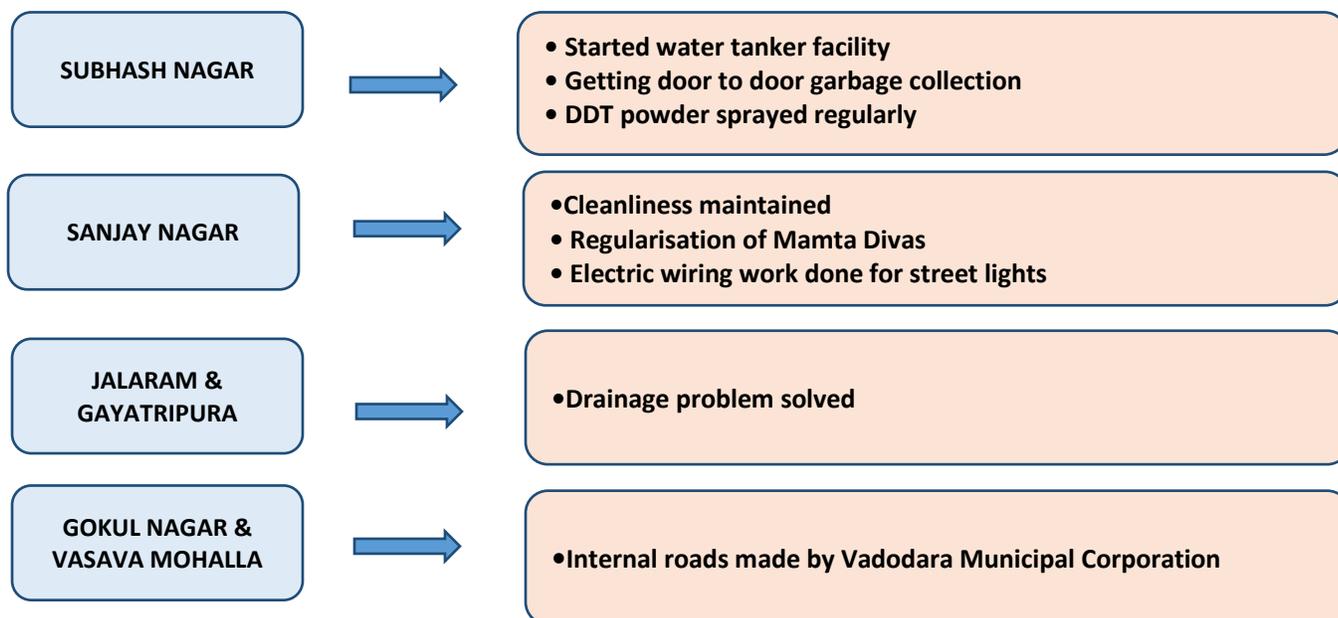
- Girls wanting to pursue education after Std 8
- Orphan children
- Children from families having either parent suffering from chronic illness
- Children from female headed households
- Children from poor economic background

Support needed for the year 2016-2017

- School fees Rs.4,650/- to Rs.7,200/- per child (16 children)
- Tuition fees Rs. 9,000/- to 13,000/- (50% borne by parents) (20 children)
- Tuition fees for graduation courses Rs. 35,000/- (3 children)

COMMUNITY DEVELOPMENT THROUGH LOCAL COMMITTEES

SAHAJ has been building capacities of local leaders for almost 10 years now. During this year the Community Development Committees in several *bastis* were successful in solving civic problems, with the help of SAHAJ team members.



WORK IN RURAL AREA

In the current context both in the state as well the country, we believe that demanding accountability and making duty bearers answerable is strategic action – also the sense of being a responsible citizen has to be inculcated amongst the marginalized youth and children from a gender and rights perspective so that regular societal checks and balances can be created.

We have partnered with two NGOs (SARTHI and SWATI) working in the tribal and rural areas, which are also high priority areas, to reach out to adolescent girls, boys and parents and other stakeholders from about 60 Anganwadis in Dahod, Mahisagar and Surendranagar districts of Gujarat. As in the urban area, identifying peer leaders and building their capacities as 'Educators' and 'Advocates' were some of the important milestones achieved in the last two and a half years.

JAN SAMWADS

We believe that Jan Samwads or Public Dialogues are a constructive way to engage public services departments. This year, we supported our partners to facilitate a few Jan Samwads.

The peer leaders did a small survey to find out the present status of the three programmes (SABLA, NYKS and ARSH) in their villages. With the help of this data they organized dialogues with the officials in charge of these programmes at the taluka and the district levels and put forth their demands. The Anganwadi workers, CDPOs, Auxiliary Nurse Midwives and Medical Officers were present for the Jan

Samwads that also included some parents of the adolescents who supported them (Table 3). The CDPO from the ICDS department in Vadodara and officials from the NYKS were not present in any of the Jan Samwads. Meetings at village level were conducted after the Jan Samwads to share the happening of the event and follow ups were required.

As a result of the Jan Samwads many activities were initiated (Table 4) in the three districts. The ICDS department from Dahod and Mahisagar, the NYKS department from Dahod and the health department from Surendranagar were involved in these activities.

Table No. 3: Jan Samwads participation and duties

District	Date	People attending it
Urban Vadodara	April 29 th 2015	60
Dahod	May 20 th 2015	250
Mahisagar	May 29 th 2015	128
Surendranagar	May 22 nd 2015	70

Table No. 4: Progress after the Jan Samwads

Activity	Place
Kishori Divas (ICDS Department)	15 AWC from Dahod, 6 AWC from Mahisagar
Mamta Divas (Health Department)	35 girls from Zainabad
Five days Vocational training in Mehendi, Beauty Parlour and Embroidery (ICDS Department)	51 girls from Dahod and Mahisagar
Exposure visit to Post Office, Primary Health Center, Baroda Rural Bank and Panchayat Office (ICDS)	83 girls from Dahod
Jagruti Shibir by NYKS	48 girls and boys from Dahod
Cultural Programme by NYKS	41 boys and 23 girls from Dahod
DDC Course- Three month Computer course by GOG	42 boys and 32 girls from Mahisagar

GROUP SESSIONS

The peer leaders whom we have been training over the past three years, are now capable of handling their groups, mobilizing people for events and following up on entitlement related issues at the village and taluka level. This year their skills as facilitators were enhanced. They conducted sessions on Life Skills with their groups after attending Training of Trainers workshop. The average attendance for each session conducted by them was between 15 to 20 adolescents. Totally about 1000 adolescents from Dahod, Mahisagar and Surendranagar attended these sessions (Table 5).

Table No.5: Work done with the adolescents

With adolescents at village level	With adolescents in schools in districts
<i>Workshops on</i> <ul style="list-style-type: none"> ◦ Pre Marriage Counseling ◦ Reproductive Health and Sexuality <i>Sessions on</i> Life Skill Education (five sessions)	<i>Sessions on</i> Anemia Substance Abuse Mobile Craze Traffic Rules and Safety

YUVA WORKING GROUP

Formation of the Working Group of the Yuva Manch this year gave new dimension to the peer leadership at different levels. While the peer leaders managed handling of issues at the village and taluka level, the Working Group shouldered responsibilities at the district and state level. Support from the parents in many areas enhanced this leadership and participation of adolescents in various activities. Support from government officials in many places motivated the peer leaders especially in SABLA and NYKS in Dahod and Mahisagar and Mamta Taruni programme and ARSH in Surendranagar.

The Yuva Manch now comprises about 800 adolescents (girls and boys) across the four districts (including urban Vadodara). These are led by about 200 peer leaders. Some adolescent peer leaders associated with us from the starting of the Adolescent Rights Programmes, have become very proactive in identifying issues and following them up collectively at the taluka, district and state level. A Working Group of such 51 peer leaders (27 girls and 24 boys) has been formed as seen in Table 6.

Table No. 6: District wise membership of peer leaders in Working Group

District	Girls	Boys
Mahisagar	6	8
Dahod	8	7
Surendranagar	6	4
Vadodara	7	5
Total	27	24

Yuva Mela

The Yuva Working Group decided to review the status of the programmes and they noted down the successes and the gaps prevailing there. They had district level meetings with the peer leaders and prepared a list of achievements and the gaps. With the help of these pointers a Charter of Demands was prepared. They organized an inter district gathering where they invited the state level officials and presented the work to them.

Two hundred and thirty eight youth and adolescents from the four districts came together on February 22 and 23, 2016 for a youth mela in Koba, Gandhinagar and The Charter of Demands was endorsed by the gathering. None of the officials who were invited for the dialogue were present except the NYKS Officer from Gandhinagar. So the Manch nominated a few Working Group Members to present the Charter to officials in Gandhinagar. Eight members from the Yuva Working Group visited Gandhinagar on March 11, 2016 and met the SABLA Officer and the NYKS State Coordinator.

ACHIEVEMENTS

- Formation of the Working Group of the Yuva Manch.
- The Working Group has shouldered responsibilities like interactions with the officials at the district and state level on behalf of all the Anganwadi areas of their PHC.
- They have contributed in making the Charter of Demands for all the three government programmes, which was handed over to the officers of the various departments in Gandhinagar.
- Peer leaders enhanced their skills as facilitators.

- Sessions on reproductive and sexual health were conducted with adolescents.
- The male peer leaders have undertaken various follow-ups on their own. They extend support to the female peer leaders as well.
- There is a good rapport between the adolescent peer leaders and the Anganwadi workers.

CHALLENGES

- Difficulties in involving a satisfactory number of adolescent boys since most of them are either school going or working.
- In some areas peer leaders withdrew their leadership and the participation of other adolescents was affected since some parents blamed the adolescents' involvement in the project for their failure in the board exams.
- The non-responsive attitude of the officials from the NYKS especially from Surendranagar and the Medical Officer from Dahod and Mahisagar district disheartened the spirits of the Yuva Manch and the Working Group.
- Some Anganwadi workers withdrew their support after the Jan Samwad in which they felt blamed in a public gathering.

MATERNAL HEALTH RIGHTS

WORK IN URBAN AREA

Animators keep track of pregnant women throughout their Ante Natal and Post Natal period in 12 *bastis* and nine Anganwadi centers. They educate pregnant women and their families about the benefits of early registration and institutional deliveries. Complete Ante Natal Check-ups (ANC) and Post Natal Check-ups (PNC) are necessary to avoid any kind of complication pre and post-delivery. They also inform about the high risk symptoms and process of obtaining medical assistance in case of an emergency. Animators provide information regarding various government schemes such as the Janani Suraksha Yojana, the Chiranjeevi Yojana and the Kasturba Sahay Yojana and encourage them to register under these schemes to avail the benefits.

After receiving a couple of trainings on Near Miss and Perinatal Death Audits, animators have started to identify such cases in *bastis* and strengthen the committees in preventing such medical conditions.

STUDIES DONE

A big chunk of this period was invested in doing smaller precise studies to have a better understanding of the community, their practices and derive a work plan thereof.

Monitoring of the VHND: November 2014 to August 2015

Observation of 45 VHND (Mamta Divas) in urban Vadodara revealed -

- Absence of doctor on Mamta Divas.
- Poor quality ANC wherein all the entitled and enlisted check-ups are not being carried out (for example, blood pressure measurement, blood tests, abdominal check-up are often missed out).
- Information related to high risk pregnancy was observed only on 7 out of 45 Mamta Divas.
- Most adolescent girls were deprived of Mamta Divas services.

Implementation of Janani Shishu Suraksha Karyakram (JSSK): October 2014 to September 2015

Gujarat government introduced the JSSK in 2010 to provide cashless services for ANC, institutional deliveries and neonatal care in public health care facilities. However, our study found -

- 87% families incurred costs during pregnancy and delivery.
- 81% woman had to bear the cost of transportation.
- 19% pregnant woman had to bear the cost of sonography.
- 16% pregnant woman had to bear the cost of medicines.

Knowledge, attitude and practice of community on 'breast feeding': April 2015 to June 2015

A study was conducted to document views and attitudes on breast feeding from a representative sample of newly married, pregnant and lactating women as well as their mothers-in-law from 12 slums of urban Vadodara and to identify factors that influence breast feeding practices. This study showed-

Knowledge - Women residing in Vasavamohallah and Munjmahuda have considerable knowledge on good breastfeeding practices like exclusive breastfeeding, importance of colostrum, initiation of supplementary food and their benefits. But in the rest of the 10 *bastis*, lot of work needs to be done on providing accurate knowledge. Though we are working in these *bastis* since last three years and giving important insights to pregnant women during their house visits but somehow the results on

implementation are not satisfactory. Hence, strategically planned intervention with pregnant/ lactating women and their mothers-in-law need to be carried out.

Attitude- While some women have good knowledge about breastfeeding practices, they are still not willing to change their attitude (such as feeding colostrum to new born babies, exclusive breast feeding, etc.) due to pressures from family members, less power of women, social practices etc, as observed, especially in Hanumantekri, Mahakalinagar and Parvatinagar. On the other hand, there are some women who despite not having adequate information and are willing to change and adapt to new ideas. For instance, the women in Vasavamohallah, Gayatri pura, Munjmahuda were quoted saying that “Earlier colostrum was not given to new born babies, only sweetened water would be fed, no body understood then, but now times are changing and thus we need to change too” (*‘Pehla na jamana ma to colostrum aapta nata, khand nu pani aapta, pahela koi samjavtu natu, pan have to badhu badlai gayu chhe etle aapde pan badlavu pade’*).

Practices that need to be addressed- Efforts are required to change traditional practices. For example, in each *basti* half of the women start breastfeeding only after three days of birth, until then they feed goat’s milk, jaggery water, honey, *patasa nu pani* (small sugar lumps dissolved in water) etc. to the new born babies. Colostrum is not given to the baby. However, gradually they have started following good practices such as initiation of supplementary food. Hanumantekri, Mahakalinagar, Subhashnagar, Parvatinagar are the *bastis* where more intervention on these issues is required.

Changes seen in maternal health during 2015-16

- Early registration of pregnancy was 55%
- Institutional delivery remained same as last year on 91%
- Delivery in public institutions increased marginally from 36% to 39%
- Complete post natal checkups increased from 12% to 34%
- No maternal death reported

Some concerns

- Home Birth Rate increased marginally from 7% to 9%
- Complete ante natal checkups declined from 76% to 66%

WORK IN RURAL AREAS

The project ‘Enabling Community Action to Promote Accountability for Maternal Health’ was aimed at enhancing the understanding of community leaders to improve accessibility and accountability of health systems. The work was undertaken by SAHAJ in partnership with ANANDI and KSSS in three districts in Gujarat, namely, Dahod, Panchmahal and Anand. Table 7 shows the areas and population covered under the project. The project was implemented with financial support from MacArthur Foundation.

Table No.7: Project-wise area covered

NGO	District	Block	PHCs	Sub-centers/ Total	Villages/ Hamlets	Population covered/Total
KSSS	Anand	Anand	Rasnol	3/3	10/10	46,130/46,130
		Umreth	Pansora	8/8	10/10	25,631/25,631
ANANDI	Dahod	DevgarBaria	Sevaniya	3/5	7/14	10,374/24,217
			Dabhya	3/5	5/16	7,935/27,444
	Panchmahal	Gogambha	Simaliya	4/4	8/15	7,627/15,561
			Gamani	4/5	5/10	10,001/17,224
	Total		6	25/30	45/75	107,698/156,207

OVERVIEW OF ACTIVITIES

In addition to the field activities conducted by the partners, viz. filling up of pregnant women's monitoring tools, doing social autopsies, conducting meetings at PHC block and community levels as well as project review workshops, a major highlight of this year was the 'external evaluation' done by Dr. Rajni Ved and Dr. B. Subhasri accompanied by Dr. Asha George from April to July 2015. A State Level Working Group meeting was organized in November wherein the members engaged with the report of the external evaluators and helped generate ideas for the follow up proposal. A National Consultation was organised in February 2016 in collaboration with CommonHealth, ANANDI and IIPHG. This consultation brought together around 60 participants from across India and included very engaging discussions. Two position papers/research briefs were produced. A research study on the Emerging Role of Traditional Dais was done.

SPECIFIC ACTIVITIES**Training**

During April 2015 to February 2016, as part of community monitoring process, three training sessions were conducted with the support of COPASAH:

- a) Basics of photo-voice for community monitoring.
- b) Follow up workshop to make photo stories on banners, pamphlets, etc. for recording gaps in the health system and generate evidence for advocacy.
- c) Hands on experience of film making.

The fourth workshop was conducted on Near Misses and Perinatal Death Audit by Dr. B. Subhasri of CommonHealth. In order to analyse the data collected, a follow up training was organized in November 2015 which was conducted by Dr. B. Subhasri and Dr. Alka Barua.

Monitoring maternal health quality

Quality of maternal health provided to women was monitored through individual pregnant women's WarliMadi forms, observations of the services provided at the VHND and follow up with women at the ANC clinics.

Between April to February 2016, 152 women's quality of pregnancy care and deliveries were monitored in Dahod and Panchmahal districts by ANANDI and 516 women were monitored in Anand district by KSSS. Between April 2015 and February 2016, 283 VHNDs were monitored.

Two report cards were produced, one from each project area. Thirty report card sharing meetings were organized in different villages of Anand in the month of May and June 2015. Nearly nine report card sharing meetings were organized in Dahod and Panchmahal in the months of February and March 2015. These meetings saw rich group discussion on the findings.

Village level meetings on quality of maternal health care

In Anand, KSSS organised one Village Development Committee (VDC) meeting every month in the villages and since May 2014, maternal health was also incorporated as an important agenda in the VDC meetings. In these meetings viable solutions to village level problems related to Public Distribution System, water, Anganwadis, BPL cards, access to entitlements and findings from the Report Cards and maternal deaths were discussed in detail.

Social autopsies

Between April 2015 and February 2016, five social autopsies were done in the ANANDI area and three were done in the KSSS area. On a pilot basis 15 Perinatal Death Audits were done and discussed in the partners' follow-up meeting in November 2015.

Advocacy with stakeholders

Advocacy with stakeholders took the form of dialogues with PHC Medical Officers, District Health Officers and District Collectors, and state level officers. In the ANANDI field area, four meetings were held with the health system officials and other government department official whereas in the KSSS area, five meetings were held. Coalition building and strengthening was also attempted through activities concentrating on maternal health with the Jan Swasthya Abhiyan and CommonHealth.

OUTCOMES OBSERVED

ANANDI (Dahod and Panchmahal districts)

- Improvement in quality of maternal health care as an impact of regular dialogues.
- Action taken to curb expenses on sonography under JSSK scheme.
- Health checkups, monitoring procedures and tablet distributions improved in VHNDs.
- Increase in number of enquiries due to the Mahiti Patrika (information poster) stuck on the walls of pregnant women's homes. Use of the poster by a Deputy Sarpanch. Involvement of men in maternal health thanks to the Patrika. The Patrika also contributed to reducing the first and second delays for seeking emergency obstetric care.
- Invitation to be a part of the MDR meeting at the Collector's office, Godhara.
- Invitation to Taluka Panchayat at Ghoghambha for recommendations to reduce maternal deaths.
- Health system listening to voices of the community during Maternal Death Reviews.

KSSS (Anand district)

- Progress in repair work at sub-centers.
- Increase in deliveries at the Pansora PHC, whereas earlier women were going to private sector.
- Improvements observed at Sarsa CHC.

- Changes in VHND like appointment of a new nurse, Medical Officers becoming regular and active, improvement in maternal health service delivery, increase of VHNDs in remote areas and services also extended to the daughters of the village.

MAIN FINDINGS FROM THE EVALUATION

As mentioned above in the Outcomes section several things have changed - families, communities, panchayat members are becoming more aware of maternal health issues, birth preparedness, emergency care required. The women are becoming aware of their entitlements, beginning to monitor them, and approaching the health system representatives with their issues and demands. The health officers are beginning to take women seriously and are planning programmatic improvements with them.

The evaluators' report states 'At the end of three years, this review of the project shows significant gains. The project has resulted in increased awareness of maternal health entitlements, increased utilisation of antenatal and delivery care, increase in the use of government facilities for institutional deliveries, and improved accountability of services. In addition, the project has been able to share its results with broader networks like Jan Swasthya Abhiyan, thus laying the foundation for wider reach of the processes and tools used by it.'

The bar charts below show the improvements that have taken place over the four years of the project. Women receiving information on schemes for maternal health increased over the project period as shown in Figure 1. Receipt of ANC services reported by pregnant women as captured in the WarliMadi monitoring tool, shows an improvement (Figure 2). Figures 3 and 4 show that there is a shift in institutional deliveries from private to public and that the most vulnerable women have benefitted the most from the public facilities becoming more responsive as a result of community monitoring and increased dialogues with the health system.

Figure 1: Receipt of information on benefits received by pregnant and postpartum women in community monitoring data in Dahod and Panchmahal districts from December 2012-October 2015 (N=1145)

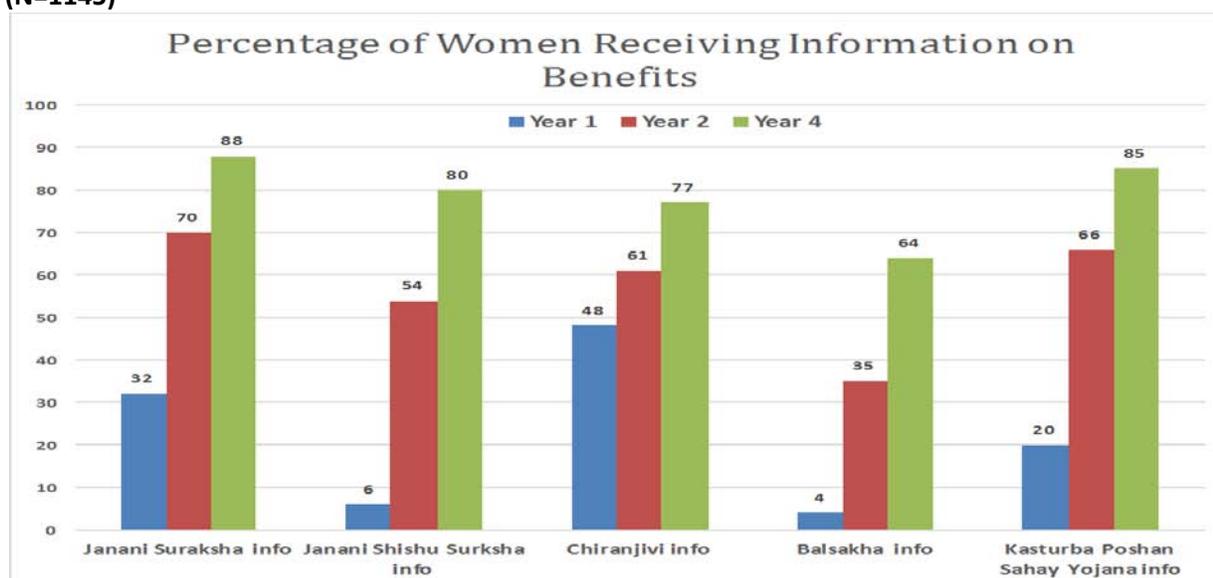


Figure 2: Receipt of ANC services by pregnant women in community monitoring data in Dahod and Panchmahal districts from December 2012-October 2015 (N=1145)

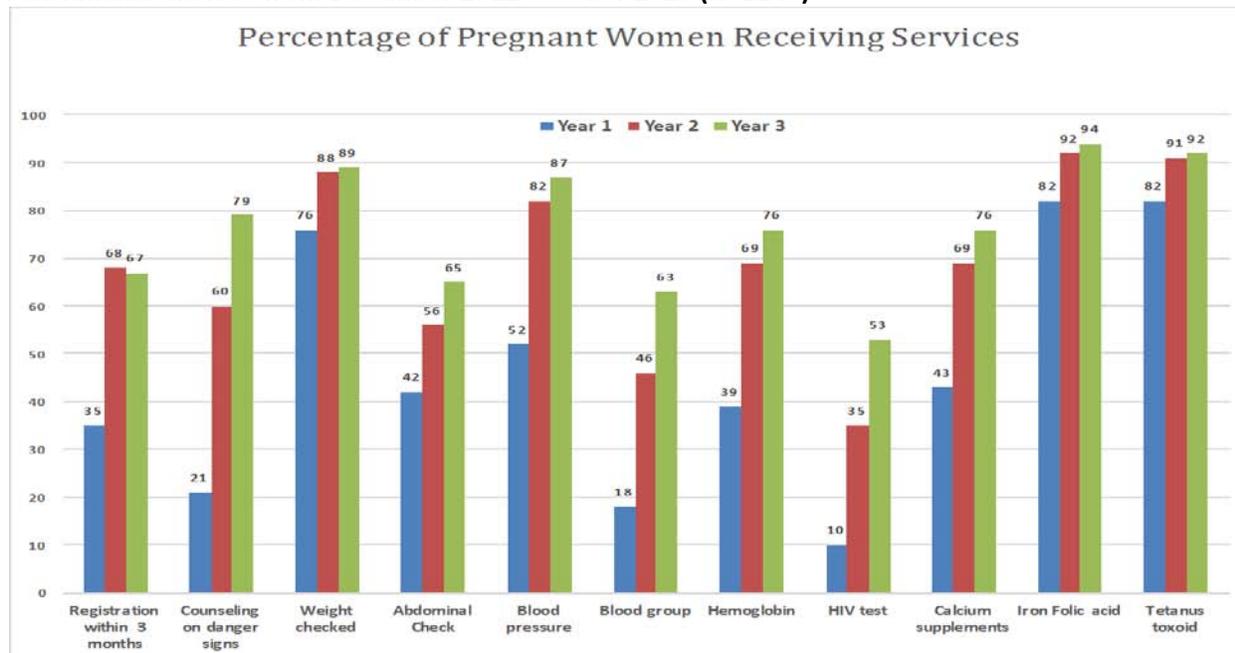
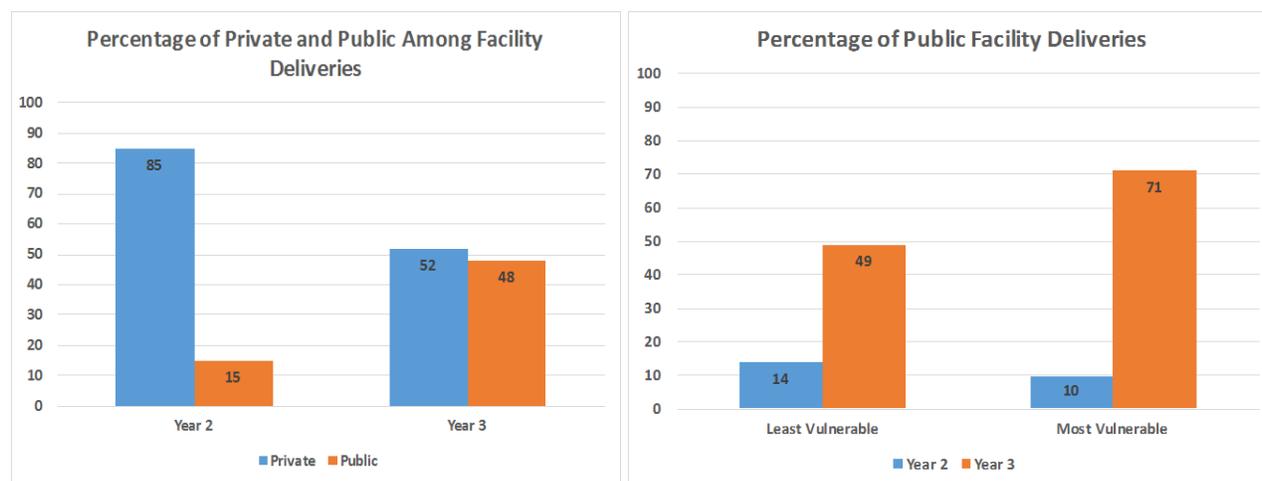


Figure 3/4: Location of facility deliveries for the least vs most vulnerable (SC/ST) from Year 2 to Year 3 in community monitoring data in Anand district from January 2014-October 2015 (N=1250)



CAPACITY BUILDING

Meetings and conferences attended

- State Level Community Action for Nutrition workshop was organized at Gandhi Bhavan, Ahmedabad by ANANDI in May 2015. Mahima Taparia and Manushi Parikh from SAHAJ attended this meeting, and also provided support in analysis of the data for malnutrition from two districts.
- Content Development Workshop around Quality of Care in Maternal Health, organized by White Ribbon Alliance in October 2015 in New Delhi was attended and documented by Pallavi Saha from SAHAJ.

- National Meeting on Maternal Health and Safe Abortion was organized by Common Health in August 2015 and was attended by Sandhya Chokshi, Sangeeta Macwan and Renu Khanna from SAHAJ. (<http://www.commonhealth.in/CH-publications-Reports.html>)
- National Consultation on SRHR indicators for Sustainable Development Goals and Advocacy Strategies organized by CommonHealth and SAHAJ in January 2016 at Pune was attended by Neha Muliya, Renu Khanna and Sangeeta Macwan from SAHAJ. (<http://www.commonhealth.in/CH-publications-Reports.html>)
- The National Consultation on Community Based Interventions for Maternal health was jointly hosted by SAHAJ, ANANDI, CommonHealth and IIPH Gandhinagar in Ahmadabad in February 2016. Around 60 leading experts from the government, research and academic organisations and NGOs attended the meeting.

Capacity building Workshops conducted by SAHAJ Team

- Sharing and documenting ICT experiences (in collaboration with COPASAH): National level workshop held in Vadodara from July 2-3, 2015 and attended by 32 participants from six states.
- Film making workshop (in collaboration with COPASAH): State level workshop in Vadodara from September 22 and 23, 2015 and attended by 11 health practitioners from five districts in Gujarat who had attended the ICT workshop mentioned above.
- Workshop on 'Safe Abortion' (in collaboration with CommonHealth): This state level workshop was attended by 33 participants from 18 NGOs working on women and adolescent youth rights in Gujarat in July 2015. This was the second state level workshop; the first one was conducted last year. The participants of the workshop last year had expressed the need to reach out to more people / workers from NGOs who could take on work on safe abortions and understand what safe abortion means with a gender and rights perspective. The objectives of this two day workshop were
 1. Learn about modern techniques of safe abortion.
 2. Learn about Medical Termination of Pregnancy and Pre Conception Pre Natal Diagnostic Technique Act.
 3. Know about the CAC guideline.
- Workshop on 'Reproductive Health and Sexuality': A one day workshop in July 2015 on this topic was attended by all the team members of the partner organizations involved in the Adolescent Rights programme.

NETWORKING

Meeting for planning and deciding the themes for Western Region Public Hearing NHRC-JSA

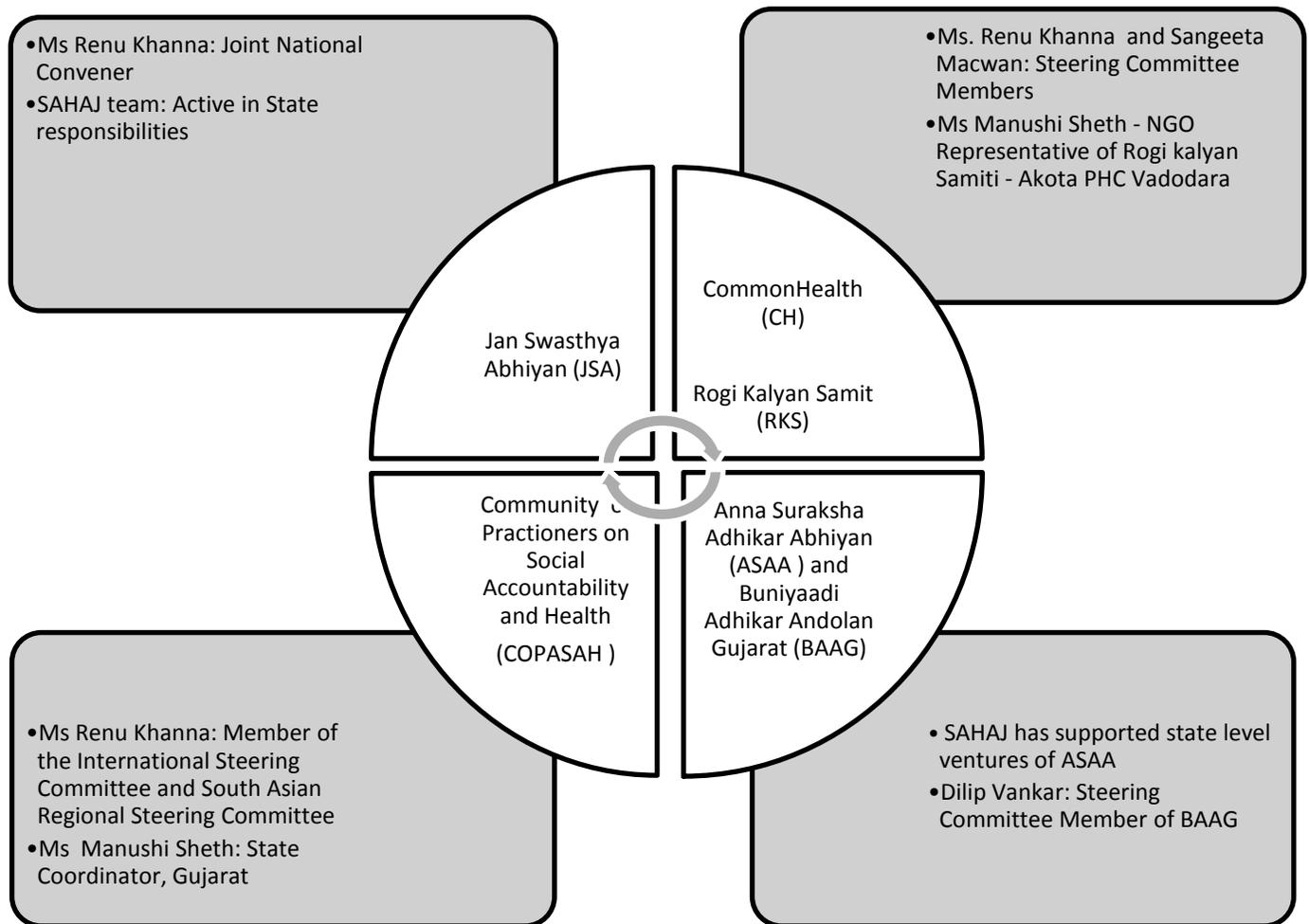
This meeting was convened at Jivan Darshan, Vadodara in August 2015 where 66 participants from 35 NGOs from around 19 Districts were present. Formats were developed and discussed in the meeting and responsibilities were distributed amongst the JSA members.

Meeting for preparation of Western region public hearing

A meeting was held on December 12, 2015 in Ahmadabad wherein 85 participants were present. The participants were from 20 NGOs along with the victims and their families whose cases would be put up in the public hearing. The SAHAJ Team contributed significantly in organizing the above meetings as well as the entire public hearing process. Most sensitive cases were taken up and discussions were done about how to present the cases as well as how the mediator would handle the situation.

NETWORKING AND COLLABORATIONS

SAHAJ is actively associated with networks like



Support Received this year

- Child Rights and You for 'Child Rights Programme'
- MacArthur Foundation for 'Enabling Community Action for Maternal Health'

Small Grants received this year

- Letz Dream Foundation – Gurgaon
- Shroff Family Charitable Trust

Thanks

We convey our heartfelt thanks to ANANDI, Kaira Social Service Society, SARTHI and SWATI, our partners in various projects, to help achieve the set goals, and also to our Animators, Health Workers, Community Development Committees and Bal Adhikar Mitras we feel proud when community related issues are solved independently.

Thanks are also due to all the following friends. Your faith in us is a huge motivator and a responsibility.

Donations received this year

No.	Name of the Donor	Amount (in Rupees)
1	Dr. Zaver Patel (in kind)	21,000
2	Kaushik Vyas	3,400
3	Tara Mehta	1,00,000
4	Ramakant Shah	1,100
5	Renu Khanna	53,150
6	Dr. Anil Ganju	25,640
7	Brijesh Patel	6,000
8	Nirmal Sethi	1,500
9	Chandrajit Shah	12,515
10	Chetan Puri	8,200
11	Chaitanya Dave	1,00,000
12	Aruna Lakhani	8,000
13	PushpaLal	5,000
14	Pranav Shah	30,000
15	Brij Arora	20,000
16	Hannah	50,000
17	Asha George	12,416
	Total	4,58,281

We would like to convey our special thanks to: Poorvi Fofaria and her group for donating clothes during floods; Allscripts for donating blankets and; Mr. Ramakant Shah for donating LCD TV to SAHAJ.

Consultancies this year

No.	Organization/ Company	Amount (in Rupees)
1	ARROW (Malaysia)	3,34,934
2	ISST (New Delhi)	3,49,800
3	Support to Bethany Fawcett (Liverpool) (LSTM)	34,170
4	Transpek (Vadodara)	2,000
5	Vadodara Mahanagar Seva Sadan (Vadodara)	1,62,500
	Total	8,83,404

List of Bastis, villages and schools where SAHAJ worked in 2015-16

Urban Vadodara	Name of the <i>basti</i>
Gotri	Jalarnagar, Gayatripur, Bhesarnagar,
Tandalja	Saharnagar
Vishwamitri	Muzmahuda, Hanumannagar, KalidasniChali, Subhashnagar
Atladra	Gokulnagar, VasavaMohallah, Shanti Nagar
Akota	Sanjaynagar, Dhantekri, Rampura
Gorwa	Laxminagar
Districts	Name of the villages
Anand	Anklav-Pansora: PHC Umreth (10 villages), Anand: PHC Rasol (10 villages)
Dahod	Devgarh Baria (40 villages), Dahod: PHC Ballaiya (20 anganwadi areas)
Panchmahal	Gogambha (42 villages)
Mahisagar	PHC Ukhreli (20 anganwadi areas)
Surendranagar	Patadi: PHC Dasada (20 anganwadi areas)

Schools in Urban Vadodara

- Atman Vidyalaya, Old Padra Road
- Atmajyot Vidyalaya, Tandalja
- H.S. Patel High School, Vishwa Jyot Ashram
- Adarsh Niwasi Kanya Shaala, Old Padra Road
- Saurabh Vidyalaya, Old Padra Road
- Pratap High School, Kadak Bazaar, Sayajigunj
- Rang Avadhoot Vidyalaya, Gayatrinagar Road, Gotri
- Gayatri Vidyalaya, Near Vinoba Ashram, Gotri

Team Members 2015-2016

Renu Khanna	Director
Archana Srivastava	Co Director
Sunanda Ganju	Programme Manager (Maternal Health Rights)
Sangeeta Macwan	Manager (Community Programmes)
Manushi Sheth	Coordinator (Child Rights Programme)
Mahima Taparia	Assistant Programme Manager (Maternal Health Rights)
Pallavi Saha	Coordinator (Maternal Health Rights)
Sunanda Gamit	Field Coordinator
Smita Sonawane	Field Officer
Rekha Makwana	Field Officer
Dilip Vankar	Field Coordinator
Dinesh Vankar	Field Coordinator
Bhavna Rajput	Training and Research Assistant
Kelvin John	Documentation Assistant (Till November 2015)
Silvanus Christian	Accountant (Till August 2015)
Chandu Vankar	Office Assistant
Jyotsna Parmar	Office Assistant

Board Members

- Ms. Renu Khanna, Secretary, SAHAJ, Vadodara
- Sr Celine Payapilly, Holistic Health Practitioner, Holistic Health Centre, Pune
- Mr. Sourirajan Srinivasan, Managing Trustee, LOCOST, Vadodara
- Dr. Brij Mohan Arora, Distinguished Professor, IIT – Mumbai
- Dr. Tara Mehta, Retired Professor and Head of Biochemistry Department, M.S. University (presently visiting Professor S.P. University, Vidyanagar)
- Dr. Sridhar Srikantiah, Technical Director, Integrated Family Health Initiative (IFHI), Project Bihar CARE India
- Ms. Aruna Lakhani, Development Professional, Vadodara
- Ms. Archana Srivastava, Director, In posse - Possibilities a plenty - A Training and Development Consulting Organization, Vadodara

SAHAJ

SAHAJ Society for Health Alternatives was founded in 1984, with an idea of providing a supportive and facilitative atmosphere to people interested in doing original work in the area of health and development. The common strand for all work of SAHAJ has been a conscious focus on marginalized and deprived communities with an attempt to make a difference to peoples' lives and social processes.

Vision : A society where there is social justice, peace and equal opportunity for all.

Mission: To strive for health of poor communities – health defined in a broad sense to encompass the social, spiritual, economic and political.

To strive for practical relevance to the poor in all the work undertaken.

To be innovative and creative and try and break new ground in work undertaken.

Contact us at

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Alkapuri;
Vadodara
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Behind Rotary Hall;
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