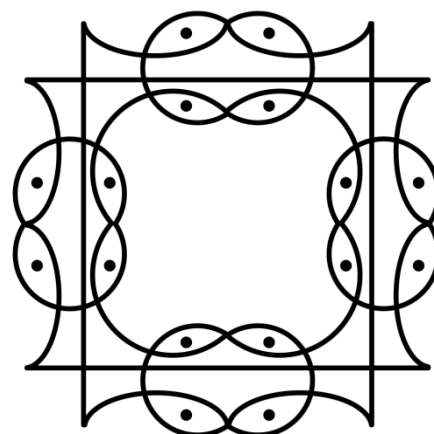


ANNUAL REPORT

SAMA RESOURCE GROUP FOR
WOMEN AND HEALTH

APRIL 2020-MARCH 2021



Sama



Annual Report
Sama Resource Group for Women and Health
April 2020 - March 2021

This report from April 2020 to March 2021 coincides with an unprecedented period of crisis with COVID pandemic that has not left anyone unaffected. However, it has reinforced the underpinning structures of inequality and its devastating and disproportionate impact on the health and lives of the marginalized. Sama's work weaves together response and support to immediate needs of vulnerable communities, as well as using the emerging information and evidence to input into longer term response and strategy.

The need to address or to facilitate immediate addressing of hunger, violence, health care in this precarious situation has been critical, which Sama has tried to do through direct action through responding to calls from violence survivors, provisioning of food rations, medicines, masks, sanitary products for vulnerable communities and frontline health care workers in some states such as Delhi, Bihar, Odisha, Uttar Pradesh, Jharkhand to name a few. Sama in collaboration with grassroots organizations, Sama has been contributing to the support of immediate needs of vulnerable communities for survival.

Sama has disseminated information in multiple languages on COVID-19 prevention, care, etc. widely, which has been a huge need to address false perceptions about COVID-19, vaccine hesitancy, as well as to counter stigma. Alongside this, Sama also actively participated in advocacy spaces to inform policy and guidance in the COVID-19 context are available and accessible. Sama has been engaged actively with the people's health movement towards creating pressure for pro-people responses to COVID-19 through informing government protocols, advisories, etc.

The team also used the legal machinery to address certain issues such as denial of essential healthcare services after a pregnant woman was denied admission in leading hospitals during the lockdown in Delhi. Sama has also taken legal recourse through filing of a Public Interest Litigation [W.P.(C) 2983 of 2020] before the Delhi High Court in April 2020 towards denial of healthcare specifically to the pregnant women in Delhi and the barriers faced by them and their families in such a difficult time.

COVID-19 and response to it has also enforced some shifts in the focus and manner of engagement. While Sexual and Reproductive Health and Rights (SRHR) including maternal health, access to medicines, health system response to gender-based violence, psychosocial wellbeing, are also central to the COVID-19 context, the pandemic has necessitated the locating of Sama's work in this current COVID-19 realm. Immediate concerns of infection prevention, health care access for COVID-19 as well as non COVID care, information / concerns about COVID-19 vaccination, along with the upsurge in social and economic deprivations have meant that almost all sessions/ meetings with communities regardless of the issue, have had to in some ways balance these priorities.

COVID-19 and the response to it have also challenged the way of working, enforcing work to be done remotely. The scope for remote work in the context of grassroots organizations and girls and women from marginalized communities, whom Sama works with, has been limited. For example, not all the women and girls with whom we had been in contact before the lockdown, have had access to

smartphones and the internet and even when they had it, they did not have the digital literacy to navigate the space. As an alternative, initial discussions were organized with a single smartphone which was generally shared between a few girls, restricting access and participation. Although the team-built capacities in use of phone and video applications, this has not been sustainable.

While teams working on various issues improvised their ways of engagement due to restrictions in mobility, the gendered access to communications resources for girls and women in communities has been very evident during this time. While connecting with other civil society organizations, networks, policy planners, etc. has been possible virtually, it has been extremely difficult, if not impossible, for direct interaction with girls and women in communities. Moreover, engagement with rural communities and grassroots organizations through virtual media have posed their own challenges such as interrupted internet connections, lack of technical information about the tools/app being used, time constraints, difficulties in understanding the conversation and keeping all the participants engaged. This has impacted some of the work that was proposed by Sama during this period.

Despite this, Sama has attempted to reach out through emails, where possible, phone calls, WhatsApp to partner organizations in different states whom Sama works with, girls and women from communities, etc. to share information, updates regarding the situation but also to deliberate on ways of addressing and supporting emerging needs and concerns.

Additionally, the burden of work for girls but especially women within households but also in terms of accessing ration support and other entitlements where relevant has worsened during the pandemic and this has also influenced their current and future involvement. Although women and girls articulated the desperate need for safe spaces where they could meet and interact once this is possible.

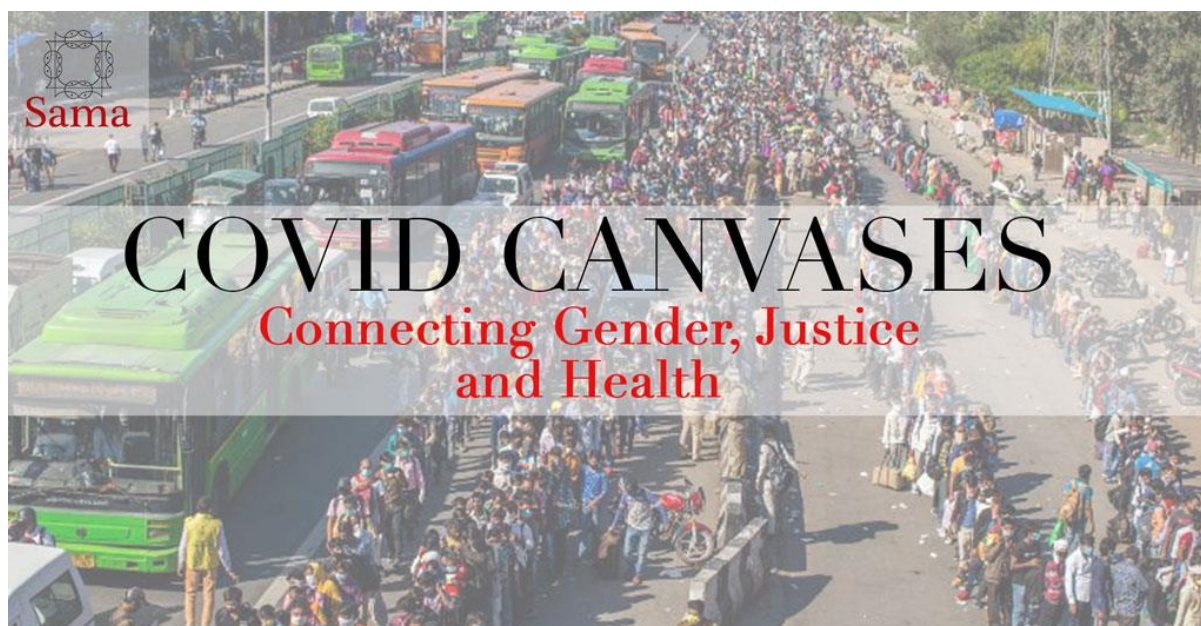
Some of Sama's work with health care providers such as on addressing gender-based violence (GBV) and abortion could also not be carried out due to the non-availability of health care providers for trainings in the COVID-19 situation.

Sama turned to social media to highlight various issues but also pooling of resources and providing assistance, for instance, to provide help to the migrants who were moving back to villages from the capital after the national lockdown was imposed. The team also flagged concerns regarding mental health, equitable access to vaccination, violence against women, sexual and reproductive health rights, denial of essential healthcare services that especially, endangered the lives of several women and children.

Several social media handles like twitter, Facebook, WhatsApp were used to provide information to grassroots non-governmental organizations about frequent changes in policies and helpline numbers from state machinery, non-governmental organizations. This helped in amplifying the concerns and issues emerging from the ground but also provided support to people who were in precarious situations and needed immediate support.

Sama also initiated a dedicated webpage "**COVID Canvases: Connecting Gender, Health and Justice**". The primary objective is to coordinate exchange of information, to build understanding, analysis of gendered and social inequities for COVID-19 and responses to it in community, country,

and regional contexts. This webpage has dedicated reflections, article, commentaries, announcements vis-à-vis COVID.



A page dedicated to COVID-19 support and discussion on the Sama website - <http://www.samawomenshealth.in/samas-engagement-with-covid-19/>

The *Access to 'People's Vaccines'* initiative by Sama is also focused on COVID vaccines and brings feminist and equity analysis to this important space.

The COVID-19 pandemic has pervaded our thoughts, words, work, and has posed new and old challenges. As an organization, it has also thrown up challenges of working remotely, transitions to work from office, staying connected while continuing to manage our work commitments while also iterating the need for solidarity and support.

This report provides an overview of activities of Sama during the period April 2020 to March 2021.

Overview of Initiatives

1. Advancing Sexual and Reproductive Health and Rights (SRHR)

Due to the pandemic and responses to it, inequities and challenges in the everyday lives of women and girls from the marginalized communities were exacerbated. This included further barriers in access to already limited sexual and reproductive health (SRH) care. The intersections of gender, caste, ethnicity, poverty, along with the loss of livelihoods, the increased burden of reproductive work, gender violence, non-availability of essential products for SRH care, non-availability and accessibility to SRH health care created serious concerns for girls and women in the immediate as well as in the long term.

Sama was involved in efforts to support and address the concerns of the girls and women engaged in the initiative as well as to reach out to other vulnerable communities, organizations, and networks particularly engaged in these initiatives.

1.1. Capacity Building and Amplifying Voices of Girls

2 virtual sessions were organized with girls in Benares, UP and Ranchi, Jharkhand in June and August 2020 to understand the gendered realities experienced by girls and women from the Dalit and tribal communities that Sama has been engaged with. Some of the concerns included lack of access to smartphones, fear of discontinuation of education, concerns about early and forced marriage, restrictions on mobility and surveillance, as well as challenges in accessing sanitary pads/SRH services. These were apart from the larger issues of loss of livelihoods, increasing poverty, hunger, etc.



The first training session with girls from Mehendiganj village, Varanasi, Uttar Pradesh, Kiran in the middle is teaching the Girls how to make a make-shift mask from their dupattas.

The sessions also focused on building the capacities and access to information of participants regarding COVID-19 guidance, entitlements, helpline numbers, quarantine centers, SRH care, etc.

As part of the 'Sixteen Days of Activism against Gender-based Violence', Sama organized a webinar titled “Yuva Ladkiyon ki Awaje” (Young Women’s Voices) in the context of COVID-19. Girls had been facing immense challenges during the lockdown. The webinar was led by 8 adolescent girls associated with NGOs working in the Jharkhand, Uttar Pradesh, Rajasthan, Odisha, and Bihar, who spoke about the challenges that rural girls were facing in the context of the pandemic. The webinar in Hindi was attended by about 90-100 participants.

No sessions were possible with women during this period as they expressed the increased burden of household work, care work as well as the lack of access to smart phones or the inability to use them for meetings, sessions, etc.

1.2. Workshops with Civil Society Organizations

Sama has been working with 26 organizations in Uttar Pradesh and 28 organizations in Jharkhand whose work is located across 9-10 districts in each state respectively. The organizations have been engaged with women and others from tribal, Dalit, and Muslim communities, on furthering access to health care as well as to a range of social determinants of health. During COVID-19 and lockdown, organizations were seriously challenged by the pandemic that had aggravated the desperate situation that many of the marginalized communities were already grappling with prior to

COVID-19. Apart from support to access information on COVID-19 related care, entitlements for communities, ration and other support were also provided or facilitated by Sama.

Sama conducted 7 online sessions and consultation meetings with the CSO representatives. 4 sessions each were conducted in the 2 states and 3 sessions were held jointly. These workshops focused on SRH services, comprehensive sexuality education and health services, public health system, community-based monitoring, more generally, but also in the specific context of COVID. These sessions were based on gaps in information, understanding and capacities articulated by the CSOs. Roles, responsibilities, and rights of community health workers; relevant advisories and policies regarding CHWs during COVID-19 were also covered in the sessions.

1.3. Sessions with Frontline Health Care Workers

Sessions with ASHAs and ANMs could not be conducted during this period. However, in Jharkhand (Mandar Block, Ranchi District) the team provided regular information and emotional support to 7-8 frontline health care workers (ANMs and ASHAs) who Sama had been engaging with through telephonic counselling. Many of these health workers were dealing with the fear of infecting their children. These conversations included sharing of information regarding safety measures and precautions vis-à-vis COVID-19 in addition to information on the health insurance scheme for frontline health care workers, concerns about their families, especially children, their own health, etc.

1.4. Inputs to Policy / Programme Recommendations On SRHR

- Recommendations to ensure availability of and access to free, clean and good quality sanitary pads during COVID-19 were submitted to the Rashtriya Kishori Swasthya Karyakram (RKSK) Nodal Officer in Jharkhand.
- The District Programme Manager (DPM) and the Block Program Manager (BPM) under the National Health Mission were also contacted to draw their attention to the ongoing crisis regarding the huge shortage in sanitary pads. The unavailability of sanitary pads and proper menstrual information has been a matter of concern even before the COVID-19 crisis, aggravated by the lockdown. In order to provide interim relief, Sama facilitated access to pads for the girls in villages where Sama has been engaged through Pahal, an initiative which provides good quality pads.
- Recommendations to ensure timely, comprehensive maternal health care in Uttar Pradesh were submitted to the Principal Secretary, Department of Health and Family Welfare. The letter, developed jointly by Sama and JSA UP, was endorsed by 25 organizations, drawing urgent attention to the maternal deaths due to denial of admission into hospitals in the context of COVID-19 only care.

1.5. Webinars to Amplify the Situation of SRHR Especially in the COVID-19 Context

Webinar on access to Maternal Health service/care in Times of COVID-19: The webinar organized on 18 May 2020 discussed the need to revisit the entire approach towards maternal health as a right within a pandemic scenario.

Understanding the barriers faced by ASHAs during Covid-19: The webinar was held in June 2020 to amplify the immense challenges and barriers faced by them. Issues such as stigma and violence, the lack of PPE, limited access to health care, delayed remuneration during the public health crisis, etc. were raised by ASHAs. Three ASHA leaders and two policy experts were the main speakers in

this webinar. More than 100 participants, especially community level health care workers from Bihar, Uttar Pradesh, Jharkhand, Chhattisgarh participated in the webinar.

1.6. Transforming Capacities into Advocacy-SRHR of Young Girls from Marginalized Communities in India

As part of this small grant, SAMA has been able to revisit its conversations with young girls from marginalised groups-about their rights, affirming their expressions as part of SRHR discussions. Workshops with young girls in Bihar (125 girls were reached out to as part of this process) were conducted, as envisaged through a different format of online medium/ZOOM given the COVID surrounding situations and restrictions. These sessions were done during the months of September-December 2020. Initial conversation was held with the local organisation-Akansha Seva Sadan team at Muzaffarpur, Bihar- to plan this initiative as well as to understand and support their ongoing community work of sustaining their outreach to young girls which had got suspended amidst the lockdown period. Local facilitators were also involved in conducting the sessions, building the discussions with girls via the process of video conferencing with Sama team members. Resource person was invited to support the facilitation of arts methods-forum theatre exercises, small games etc to enhance the peer space shared the group of the girls for sharing and articulating their demands and wishes. Drawing on from these sessions, a policy brief writing has been underway by the team including developing of creative materials-posters, songs etc to further highlight the expressions of young girls as part of this SRHR brief/outcome.

Outcome/Debrief of The Workshops Process

Revisiting conversations with young girls enabled further building of their capacities as well as succeeded in creating safe spaces for these girls to articulate their expressions, fears, ambitions and perceived challenges. Although the overlap of this project with COVID context posed challenges in conduct of the field activities amidst the travel restrictions, extended lockdown period etc; the successful connecting with girls via virtual mediums too showed positive responses from them. Using creative facilitation, the sessions with girls encouraged them to view these sessions as peer spaces for openly sharing their insights, expressions and challenges. In a debriefing conversation of these sessions with the partner organisation in Bihar, they shared how these sessions helped the local organisations in fostering a positive relationship with girls and that it facilitated mobilisation of girls' involvement towards participating in local platforms and opportunities.

Expression mask made by one of the participants



This feedback was received particularly in the context of 16 Days of Activism against gender based violence (GBV) wherein the young girls at the community level who were part of these sessions by Sama, participated actively in the local initiatives and amplifying their voices on the issue and for advancing their rights against GBV..

2. Strengthening Health System Response to Gender-based Violence(GBV)

2.1.Rapid Assessments with Multiple Stakeholders to Assess the Concerns Around GBV And Responses to Survivors In Odisha And Jharkhand

Discussions were conducted with organizations and community members in Jharkhand and Odisha states in to assess the situation of GBV and its response during lockdown. Due to COVID-19 the surge in cases of domestic violence also emerged as a concern

nationally and in varied states. Discussions were held with 20 organizational representatives (6 – Jharkhand; 14 - Odisha). These discussions took place over phone calls in May- June 2020. The organizations who were available for the discussion work on varied issues - health, gender-based violence, livelihoods, education, etc. with women from marginalised communities, adolescent girls, trans-women, persons with disability, etc. in the two states.

The discussions provided important insights into the situation of GBV, challenges in responding to survivors due to mobility restrictions, limited access to non-COVID health care, etc. They also flagged the urgent need for services for GBV to be designated as essential, COVID-19 specific protocols for shelter homes, etc. During the lockdown, organizations were themselves unable to reach survivors in need and had to either counsel them on the telephone and if they needed to leave the home immediately, facilitate that through the police or through the local Panchayat members. In Jharkhand, the organizations were working outside the government role, therefore they had more ability and possibility of helping survivors by doing home visits, write to government authority where required, negotiated by including the Panchayat etc. Organizations were also challenged by multiple urgent needs –from food ration sourcing and distribution to updating their knowledge/information on COVID-19/precautions, etc.

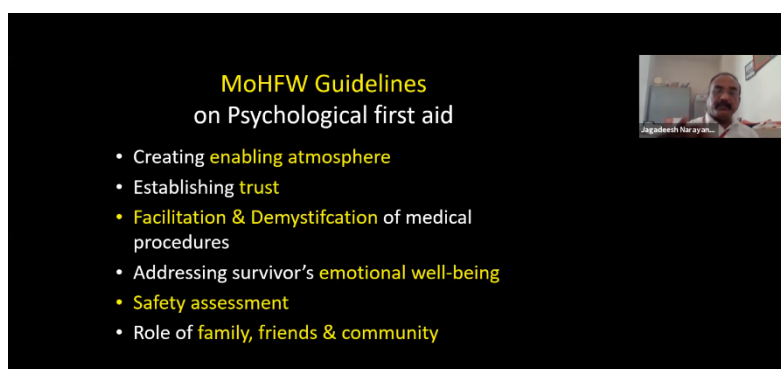
2.2. Assessment on GBV Response in Madhya Pradesh and Rajasthan

An assessment was carried out in the 2 states to build evidence to inform policy and implementation of services. The assessment involved interviews/ discussions with key stakeholders – organizations, health care providers, one stop centres in the states and analysis of the emergent information. The assessment was carried out during November 2020- February 2021. For the assessment, 11 civil society organizations working on gender-based violence or on issues pertaining to gender, education, livelihoods, etc. were interviewed along with 3 one-stop centres. Additionally, 7 health workers - comprising of 3 ASHA workers, 1 ANM, 2 staff nurses, and 1 paediatric nurse were interviewed. The analysis of the assessment is being completed; an issue / advocacy brief will be developed to incorporate this analysis.

2.3. Capacity Building

For Healthcare Providers

- 2 training sessions were conducted with 60 medical officers working in different levels of the public health system from Madhya Pradesh. The sessions conducted online in October 2020 aimed to build their understanding and capacities on GBV as a public health issue, role of health system in responding to GBV, etc.
- Training on “medico legal care of survivors of sexual violence” was conducted between 3rd and 5th March 2021 over 3 sessions. This was attended by about 100-120 participants, including medical officers, staff nurses, social workers, etc. working at multiple levels of the health system in



Maharashtra. The training was led by Dr Jagadeesh Reddy, a forensics doctor and consultant with CEHAT.

- Attempts to initiate training with health care providers in other states such as Rajasthan, Chhattisgarh, Delhi, Jharkhand, did not materialize due to the COVID situation. The

Dr. Jagadeesh Reddy during a session on Medico-legal Care of Survivors of Sexual Violence

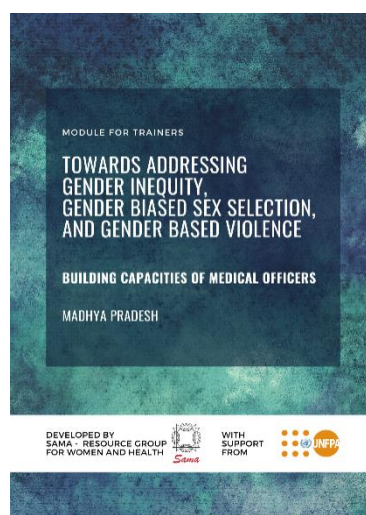
efforts to build capacities will be continued and is likely later in 2021.

2.4. For CSOs and Networks

- 2 three-day online trainings in English and Hindi respectively were conducted on Understanding Gender and GBV for CSO representatives working primarily in the area of livelihoods. The training was conducted at the request of UNFPA for participants particularly involved in waste management. About 45 participants from 15 states were part of the training conducted in the month of December 2020.
- A training to deepen understanding, capacities for responding to GBV was conducted for the staff of Burhans, an initiative to address mental health needs in rural Uttarakhand. The training comprised of 4 sessions in Hindi in September - October 2020 for the 30 staff who are frontline / community level mental health care workers. This was a follow up of training conducted in 2019 for this team.
- Sessions with groups in Jharkhand and Odisha: Sessions were conducted in Jharkhand and Odisha on 21 and 23 September 2020, respectively. These sessions discussed the issues that emerged from the rapid assessment, shared the updates in terms of guidance on GBV by the MoHFW, the NHRC, etc. The sessions also provided space for participants to share the reality for survivors and their role during the lockdown. Measures moving forward following the lockdown were also discussed.
- Sama continues to disseminate information to organizations on COVID-19 guidelines including helpline numbers (national-level) to address cases of sexual harassment and violence. This process is on-going.
- Sama has also supported local organizations in Uttar Pradesh and Jharkhand through conceptual inputs to draft posters and information briefs on GBV for wider mobilization on the issue in their respective communities.

2.5. Review and Development of Training Modules

Online as well as offline modules are being developed for healthcare providers. Towards their development, a mapping of existing resources and modules was carried out and online short courses were examined to broaden possibilities for these modules. An internal database of resources /material available related to GBV and health system responses has been built. During this period:



▪ 3 Offline modules for Medical officers (MOs), Nurses and ASHAs have been developed. These have been developed particularly for the State of Madhya Pradesh. The specifications of the modules are as follows:

- A 2-day(14 hour – 8 sessions) module on gender, gender-biased sex selection (GBSS), and gender-based violence (GBV) for Medical officers.
- A two-day module (14 hour – 8 sessions) module on the same themes for Nursing staff
- A 12-hour (12 sessions) module for ASHA Workers to be rolled out by District and Block Community mobilizers broadly on these themes.

All 3 offline modules are in the process of review and revision and are likely to be completed by end July 2021. While these modules have been developed particularly on the request of Madhya Pradesh, it can be modified and adapted for other states as well.

- **Online Module for Health Care Providers on Responding to GBV:** The objective of this module is to build the capacity of health care providers to respond ethically and legally to gender-based violence and reflect on their understanding of gender and violence. The online module in English comprises sessions that will take 7-8 hours to complete. This online module is self-administered and is expected to be accessed by health care providers, students, para health workers and anyone else who is interested. Participants will receive a certificate on completion of the module.

Currently the broad outline of themes, the duration of sessions, etc. have been worked out. Session content development has begun. The online module content is expected to be quite different from the offline one given the ideal shorter duration of sessions as well as the pedagogy to be used.

3. Right to Safe Abortion Initiative in Chhattisgarh

3.1. Assessment on SRHR And Abortion Access for Women and Girls from Tribal Communities

The assessment was carried out through online discussions with the 23 community-based organizations (CBOs)/ activists, 6 health facilities, group discussions with 30 healthcare providers, 2 unlicensed medical practitioners, and 30 women from tribal/Baiga communities. Some of these discussions took place during field visits in August 2020 and February 2021. A policy brief is in the process of being developed based on the assessment.

Key Findings from the Assessment

- Lack of awareness on the legality of abortion, gaps in recognizing abortion as a right at multiple levels – in communities, health system, etc. and deficiency of support systems at the community level to facilitate access for abortion care.
- Substantial gaps in capacities to implement comprehensive abortion care (CAC) at the primary/community and district level health facilities.
- Larger infrastructural gaps including shortfall in human resources, medical equipment, etc.
- Legal provisions that mandatorily seek “opinion” from one or two doctors and through the recent amendments (2021) the role of the medical board, are systemic issues that need to be understood better especially in the context of barriers to / delays in access.
- Limited access to sterilization services by women from the Baiga community despite an earlier government order that denied sterilization services for women from the Baiga community being revoked through an order of the High Court in 2018. Information and awareness about the same are extremely limited amongst organizations, communities as well as health care providers. Given the denial of health services for sterilization, women travel to health facilities in the neighbouring state

of Madhya Pradesh (~120km) excluding all those who cannot afford these journeys.

- Participants shared that abortion care was largely sought from local traditional healers (*Dais*), *Baigaguniya*, and informal practitioners (*jholachhap doctor*). The treatment ranged from herbal treatments, massages, and sale of medical abortion pills sourced out from the market.
- Availability of over-the-counter medical abortion drugs at a price up to Rs. 500 was also known during the discussions.

3.2. Capacity-building Workshops and Short Courses

The objective of these workshops conducted online was to build a discussion on abortion rights and SRHR within a marginalized context. The workshops present a combination of perspective building, strengthening knowledge around legality, roles and responsibilities of health system, health care providers. Apart from these ground level experiences of participants flagged important issues and challenges in access to abortion care.

At the District level: A meeting in December 2020 was conducted online in collaboration with the local organization. The 20 participants working with women and girls from PVTG and other tribal communities on issues of access to health services, gender-based violence, helping in accessing education opportunities, land rights and more joined the meeting. Online meetings with this group have posed challenges due to poor connectivity. Alternatives are being explored to take this forward in the forthcoming months.

At the State level:

- A workshop with 50 participants from varied groups, networks, and women leaders from the community was conducted in February 2021. The workshop discussed reproductive rights, justice, and understanding marginalized communities' experiences in the context of Chhattisgarh. The pre and post workshop responses reflected the shift in understanding of axes of marginalization are important determinants of access to abortion/SRH services.
- A follow up State level workshop was held in March 2021 to understand the complexities closer to abortion like sexuality and its linkages with patriarchal gender norms as well as its implications within health systems access/barriers.

Short Course on Right to Safe Abortion and Related Issues: The short course titled “*Ankahn Batein: Surakshit Garbhsamapan se jude Mudde aur Adhikar*” (Unspoken

conversations: Right to Safe Abortion and Related Issues) took place over four days. It was conducted from 23rd - 26th March 2021 in Hindi



Poster highlighting the denial of safe abortion services to the Baiga and other PVTG women. Photograph from Chhattisgarh of a woman from the PVTG community, holding a

with 39 participants with the objective to enable safe space to facilitate conversations and discussions on abortion. The course was attended by participants/representatives from State level groups, networks, activists, and the community health workers. The course included sessions on understanding abortion and its marginalization; abortion rights, complexities, intersections with gender, disability, and abortion related laws, gaps, and forming rights-based perspectives.

3.3. Amplifying Abortion Rights: International Safe Abortion Day

As a part of International Safe Abortion Day, Sama organized a webinar on “Abortion Rights for Women and Girls from Tribal Communities”. The webinar successfully brought forth the interrelations between the systemic suppression of the rights of the tribal communities especially the Particularly Vulnerable Tribal Groups (PVTGs) such as Baigas, and the denial of the sexual and reproductive health rights, including the right to abortion. The discussion during the webinar also highlighted the urgent need to disseminate adequate information regarding safe abortion amongst the women and girls from the PVTG and other tribal communities, build capacities of community health workers on the issues of safe abortion and overall sexual and reproductive rights, and also sensitize the healthcare providers towards recognizing safe abortion as a right for all.

Speakers in the webinar were tribal rights, health rights activists and legal experts from Chhattisgarh. Sama also presented the preliminary findings of the assessment. It was attended by community-based groups and volunteers from Chhattisgarh, researchers, and public health activists.



Indu Netam and Rajni Soren discussing the various aspects of access to abortion during the webinar on 25th September 2020

3.4. Mobilizing public voices and messages for safe abortion rights for International Safe Abortion Day

A series of posters on the Right to Safe Abortion in both English and Hindi were shared through various social media platforms along with video messages from community-based workers and activists from Chhattisgarh.

3.5. Inputs to Law and Policy

Review of the Medical Termination of Pregnancy (Amendment) Bill 2020: Sama is part of a coalition of organizations and individuals who have been focused on providing inputs to the bill (since 2020) and examining the rules after it has been passed (2021). A detailed rights-based analysis of the bill

highlighted the concerns including a doctor-centric framework of the original MTP Act which leaves the final decision with the doctor and the continued infringement upon women's privacy, dignity, and decisional autonomy.

Sama also facilitated outreach and mobilization of participation in advancing the right to abortion through consultations, dissemination of knowledge sources, and ensuring that marginalized voices are amplified. Sama also disseminated the CSO recommendation draft to other relevant networks/groups such as JSA, and groups in Jharkhand, Chhattisgarh, Odisha, Uttar Pradesh and received nearly 80 endorsements.

4. Mental health

Despite being an essential component of health and well-being, mental health has largely been invisibilized as a public health issue in India. Historically neglected, the mental health policy in India has suffered setbacks focusing largely on a narrowed perspective of mental disorders rather than promoting mental health and providing care without stigma. COVID-19 has caused a mental health crisis that India was unprepared for and has also brought attention to link mental health with its social and environmental factors, and the need to invest in mental health wellness. In this regard, Sama has taken the following steps to strengthen its response to promote and protect mental health:

4.1. Session with Girls

A virtual 3-hour session was conducted by Seher Hashmi Raza with tribal girls of Bokaro district, Jharkhand. Methods like photo story and storytelling were used to initiate the dialogue among participants about their emotions, feelings, and expressions. The session was conducted in December 2020. While the need has been greatly felt for such sessions, the online format has been a challenge given the limited access, poor network. This session was possible after several attempts through an organization where the girls gathered for the session.

Sessions with girls and building local capacities and spaces is an important initiative that Sama will take forward in the forthcoming months. The need for mental health support is expected to be high in the next years to come.

4.2. Planning and Developing Content for Sessions on Mental Health

A few organizations were contacted for discussions on young girls' mental health concerns in times of COVID-19. These discussions provided some insight into the range of interconnected social issues that in the absence of any psychosocial emotional support, counselling, has deep impact on their health and lives.

These discussions have provided inputs for planning and designing sessions or workshops on mental health. An outline for sessions is being finalized. These can then be conducted through online sessions followed by offline sessions when that becomes possible.

4.3. Building Capacities

Webinar on 'Exacerbated Inequalities and Vulnerabilities: Implications for Mental Health in Times of COVID-19 and beyond' which was attended by around 137 participants hailing from different civil society groups, NGOs, academics, and students. The webinar panel comprised experienced mental health professionals, namely, Dr Sadhana Natu, Ratnaboli Ray, and Sharon Ann Sabu.

SAMA RESOURCE GROUP FOR WOMEN & HEALTH
invites you to join the Webinar on

**Exacerbated Inequalities and Vulnerabilities:
Implications for Mental Health in times of Covid & beyond**

SPEAKERS

Dr. Sadhana Natu: Associate Professor, HOD Dept. of Psychology,
Modern College Ganeshkhind, Savitribai Phule
Pune University

Ratnaboli Ray: Clinical Psychologist & Mental Health Activist,
Director & Managing Trustee-Anjali, Kolkata

Sharon Ann Sabu: Research Associate, Centre for Mental Health
Law & Policy, Indian Law Society, Pune

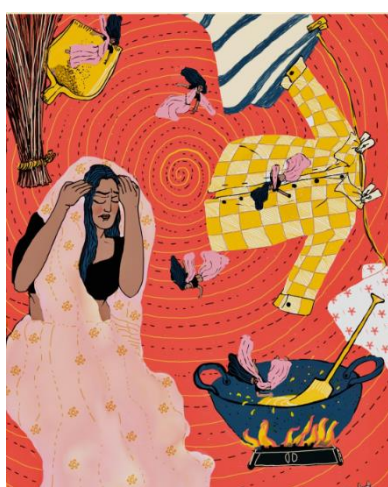
MODERATED BY
**Deepa from
Sama, New Delhi**

DATE- 29TH JUNE
TIME-11:30AM TO 1PM

REGISTER https://us02web.zoom.us/join/register/tZAufu-gqz0jHt2QVPakug37Q5tNVqoSZ_6e

The discussion focused on a caste and gender critique of disciplines such as psychiatry, psychology, psychiatric social work, medical anthropology. Moreover, there was a comprehensive discussion of the concerns of people living with mental disability. The third panel discussed the mental health program and policy and response to COVID-19 & strategies for the future comprehensively.

4.4. Foregrounding Mental Health



One of the posters published on World Mental Health Day 2020

A blog '[Suspended Psychological Well Being: In the times of COVID-19](#)' and a series of posters on the research study "[Interrogating Interruptions](#)" conducted by Sama were disseminated on the World Mental Health Day on 10th October 2020.

2 other posters stating "Ensure Access to Equitable, Gender Responsive Mental Health Care, Address Social Determinants of Mental Health" and "Increase Public Health Budget for Mental Health Care, Access to Mental Health Care is a Right of Every Individual" were also widely disseminated.

On World Health Day on 7th April 2021, the [poster](#) on the intersection of gender, mental health, and health was shared widely on the website in Hindi and English language. The posters marked the need to locate understanding of mental health within the health system with an approach of social inequalities.

Another blog titled '[Well - Being in a mad world](#)' that critically reflects how and in what form one can imagine 'mental wellness' in such difficult times when everything is collapsing and people are living their lives in collective panic. It refers to Jabr (Palestine Psychiatrist) who stated that 'illness lies in context and not in the person' and discusses the ability to empathize with others can only save us in such brutal, uncertain times.

5. Gender Training for Midwives/Midwifery Educators

The initiative is a collective effort by UNICEF, Fernandez Foundation and Sama Resource Group for Women and Health for strengthening capacities of midwifery trainees and midwifery educators on gender and intersectionality with particular focus on personal introspection and transformation. The initiative broadly comprises of three components:

- Development of a training module for trainers / midwifery educators on gender and intersectionality.
- Capacity Building of Midwives/ Midwifery Educators on gender as part of the National Midwifery Initiative.

- Creation of a set of guidelines and recommendations based on feedback from participants and the process of training towards scaling this as a training model within the National Midwifery Initiative.

Sama has facilitated 4 virtual training sessions during the months of January and February 2021 with midwifery practitioners and educators who have been undergoing midwifery training at Fernandez hospital on the initiative of the Telangana State Government. The sessions which totalled 8 ½ hours were well received and provided important insights towards the recommendations on content, methodology, and other issues related to midwifery, midwifery practitioners, towards incorporating gender training in midwifery curriculum.

Following the training, a feedback process was initiated with about 12 midwifery practitioners and educators based on a pre-developed evaluation tool.

The development of a training module for midwifery educators based on the training content is in process. This along with the recommendations are significant knowledge resources and policy inputs respectively that locate gender and intersectionality centrally in midwifery curriculum, training and practice.

6. Access to ‘People’s Vaccines’: Feminist Analysis and Engagement with Equity Lens

COVID-19 pandemic has not only created a public health and economic crisis but has also pushed science to deliver remedies in the shortest possible time. Sama’s aim was to initiate a discussion in the global south that would contribute towards devising a framework by deploying a gender and equity analysis of the COVID-19 outbreak. This initiative would draw from the experiences of women, youth, LGBTQI groups, and other marginalized communities and help in developing a gender and intersectional analysis framework to assess equitable and universal access to COVID-19 vaccines.

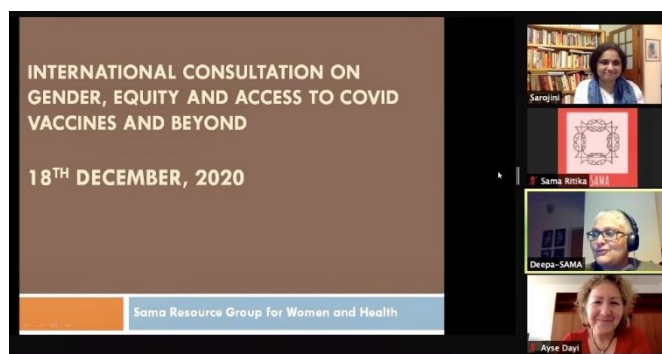
The activities include initiatives for development of a feminist framework for ‘people’s vaccine’ through consultations, discussions, conversations/webinars and direct engagement with the marginalized communities. In this regard, the following were initiated:

6.1. Online Consultations

National level consultation on equitable distribution of COVID-19 vaccines in India: The underlying objective of this consultation was to amplify the need for equitable and universal access to quality diagnostics, safe and effective vaccines, and therapeutics in the COVID-19 context. The consultation was able to highlight the impact of the pandemic on marginalized and vulnerable communities including challenges faced by sex workers, transgender community, persons with disability and frontline workers. It was attended by 47 participants from various states.

International Consultation on 'Gender, Equity, and Access to COVID-19 Vaccines and Beyond':

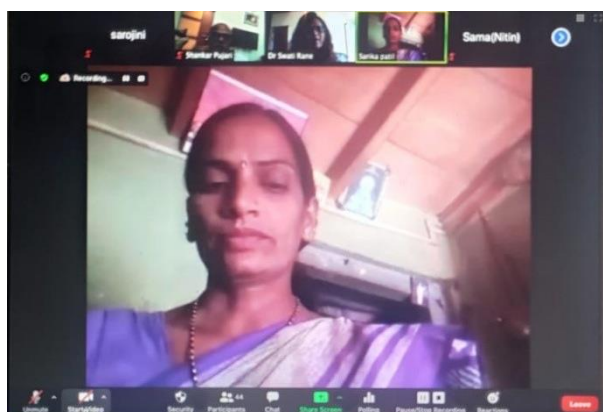
The objective was to consolidate voices across the globe on socio-political, economic, scientific issues and concerns regarding COVID-19 vaccines, to probe the intersectional effects of COVID-19; and identify potential opportunities and platforms for engaging and strategizing about whom to engage in developing a framework for equitable access to new vaccines.



6.2. Regional Level Capacity Building and Advocacy on 'People's Vaccine'

2 state level consultations with Frontline workers (FLWs) have been completed. They were more vulnerable during COVID-19 pandemic due to the nature of their work and susceptible to getting infected. The objective was to therefore to understand and document their experiences during the first phase of vaccination and to understand the challenges they have been facing towards mobilization of communities in Maharashtra and Odisha.

The first consultation was conducted virtually in collaboration with Lok Probodhan Sanstha, Sangli, Maharashtra on 28th February 2021. 40 participants, primarily ASHAs from different districts of Maharashtra participated.



ASHA worker sharing her experience as a vaccinee

The second consultation was conducted at Bhubaneswar in collaboration with Jan Swasthya Abhiyan (JSA), Odisha on 20th March 2021. More than 30 FLHWs - mainly ASHAs, ANMs, and Staff Nurses from different districts of Odisha participated in the consultation. Discussions were conducted in Hindi as well as in Odiya languages.

Both these consultations raised pertinent issues such as the challenges and discrimination faced by

them during the pandemic, contractual job positions, no reimbursement for COVID-19 work, mental stress and anxiety, etc. These meetings, both virtual and physical, highlighted how frontline health workers had to face several issues while risking their lives during the pandemic with insufficient PPE and negligible reimbursement for their contribution, as well as being vulnerable to discrimination. Such treatment by community members created more pressure on frontline health workers by families to discontinue their work.

6.3. Policy Advocacy

Sama believes that access to diagnostics, PPEs and vaccines is not only a “technical” issue, but also an issue of equity, economic, and social justice. State accountability being central to this, Sama has been involved in processes to input into policy.

- Sarojini, Founder of Sama was a part of the expert committee constituted by NHRC to assess the COVID-19 situation and develop advisories for the Government of India and the State Governments. The advisories focused on access to Diagnostics, Vaccines and

Therapeutics (DVTs), redressal mechanisms, and other larger issues related to COVID-19 such as lockdowns and their impact on marginalized communities.

- Sama, as a part of People's Health Movement (PHM), has also contributed towards the Global South Civil Society Initiatives demanding fair and equitable access to DVTs* by seeking waiver from the TRIPS provisions on COVID-19 technologies.

6.4. Towards a Feminist Policy Framework

A background note has been prepared towards this. Sama has initiated a series of webinars, meetings, and consultations to develop a comprehensive understanding of pandemics and public health from a feminist lens.

1 webinar on "Pandemics and Public Health: A Feminist Approach" has already been conducted. This [first webinar](#) was held on 30th March 2021 over zoom, wherein more than 100 people from 18 countries participated. The session reflected upon two broad themes - how pandemics became 'events' over a course of period during 1890s, drawing from the experiences of Bombay plague, and, in a neo-liberal world, how the regulatory states have failed in their duties to manage the COVID-19 pandemic.

The plan is to have more consultations and discussions along these lines that will help the team in gaining new insights for developing their feminist framework.

Besides conducting consultations and initiatives for evidence based advocacy, developing a knowledge and information repository for wide dissemination to various civil society organizations and networks is being planned.

The aim is to develop a database of articles, papers, and news about the developments on COVID-19 vaccines as well as their rollout in different South Asian countries. The search for information has been primarily internet based with the help of search engines like Google, Google Scholar, Bing, Microsoft Academic, Yahoo, and duckduckgo. Since the focus area is contemporary, it has been difficult to find scholarly articles or detailed studies on the subject. It is nevertheless being developed and is in its initial stages. A brochure and posters on essential and scientific information on COVID-19 and its vaccines is also being planned.

7. Access to Medicines in Context of COVID-19

Sama has/ had initiated an exploratory study on COVID-19 Clinical Research in India. While looking to critically map the response of the scientific community about COVID-19, the present study attempts to undertake appraisal of clinical trial registry of India (CTRI)-registered research projects related to SARS-CoV-2 and COVID-19. Given the context wherein like in other parts of the world, India too has witnessed an unprecedented haste in the medical scientists and epidemiologists to engage in relevant research in order to understand this new disease as well as to evolve health technology solutions to combat it. The current study would help in building a systematic understanding of this scenario-by taking a stock of the research completed or under progress currently, in the first six months of 2020.

A snapshot of the biographic sketch of Dr. Carlo Caduff from first webinar on 30th March

Sama Webinar Series:

Pandemics & Public Health: Learnings from the Past

30th March, Time: 4:00 PM – 6:00 PM IST | 11:30 AM – 1:30 PM BST | 6:30 AM – 8:30 AM EDT

Meet The Speaker



How have pandemics shaped the economic, social, geo-political, technological aspects our lives? Were past experiences similar or different from the current COVID-19 context?

Listen to Dr. Carlo Caduff, author of *The Pandemic Perhaps: Dramatic Events in a Public Culture of Danger*. He is a Reader in the Department of Global Health & Social Medicine at King's College, London. His research concerns include questions of global health & disease, science & technology, ethics & morality.

Organised by
Sama Resource Group for Women and Health with Gender, Justice & Health Thematic Group of People's Health Movement (PHM)

8. Advancing Women's Rights, Right to Health and Health Care

8.1. Initiatives as Part of Other Coalitions, Movements, Alliances and Other Policy Initiatives

National Coalition Advocating for Adolescents Concerns in India

Sama was invited to join the coalition but could not participate regularly in its initiatives. The Government had announced the setting up of a task force to review the minimum age of marriage for girls in India which is 18 right now. Sama participated in 3 meetings to deliberate on the age of marriage and concerns regarding increasing it in India. The coalition submitted its concerns to a government Committee that was established to examine this issue.

Alliance for Gender Equality and UHC

The Alliance for Gender Equality and UHC, has been co-convened by International Women's Health Coalition (IWHC), Women Deliver, Women in Global Health, Spectra(Rwanda) and Sama (India) and comprises more than 100 civil society organizations from more than 40 countries worldwide, to drive collaboration and coordinated advocacy for gender-responsive Universal Health Coverage (UHC) policies, programs, and dialogue; including, but not limited to sexual and reproductive health and rights. During this period apart from organizing and moderating a webinar on "Grounding Health Systems in Gender Equality to Achieve Universal Health Coverage", Sama was also involved in developing a scorecard. The scorecard is expected to facilitate evidence building around SRHR and gender equality issues to assess progress and gaps in implementation of UHC - particularly commitments from the political declaration towards strengthened advocacy and accountability of States.

8.2. Expert Committees / Consultations on COVID-19

NHRC Committee of Experts on Impact of COVID-19 Pandemic on Human Rights and Future Response

The main objective of this initiative was to systematically do an impact assessment of COVID-19 pandemic on human rights of persons (including marginalised groups) and develop advisories /recommendations for both the State governments and the Central government towards immediate action, follow up and for future response to the pandemic. Some of the broad issues built as themes during this process were- Health, Mental Health, Right to Food, People Living with Disabilities, Informal Workers, Women, Children, Elderly, Business and Human Rights; Rights of the Prisoners & Police Personnel, LGBTQI, Trafficking etc. This was a time bound initiative with the constituted Committee expected to carry out a rapid assessment and develop advisories.

Sarojini was invited to this Committee to draft the Advisory on Rights of Women in context of COVID-19. Online consultations were organised with members and representatives of groups who shared the concerns of women - in the context of COVID-19; particularly human rights violations, health care concerns and other social, economic needs confronting women and children, particularly from the most marginalised communities. Nearly 60-70 NGOs, networks, social movements, academics, concerned individuals from various backgrounds contributed towards each sub-advisory within these thematic areas. (Link - <https://nhrc.nic.in/media/press-release/nhrc-issues-advisories-rights-women-context-covid-19-concerned-ministries-and?s=08>)

Sama also made submissions to the advisory on (i) Maternal Health Rights (ii) Abortion- Issues, barriers and COVID-19 related challenges, (iii) Upholding the Rights of ASHA Workers Amidst the

COVID-19 Public Health Crisis. Joint submissions were made on Addressing GBV along with CEHAT.

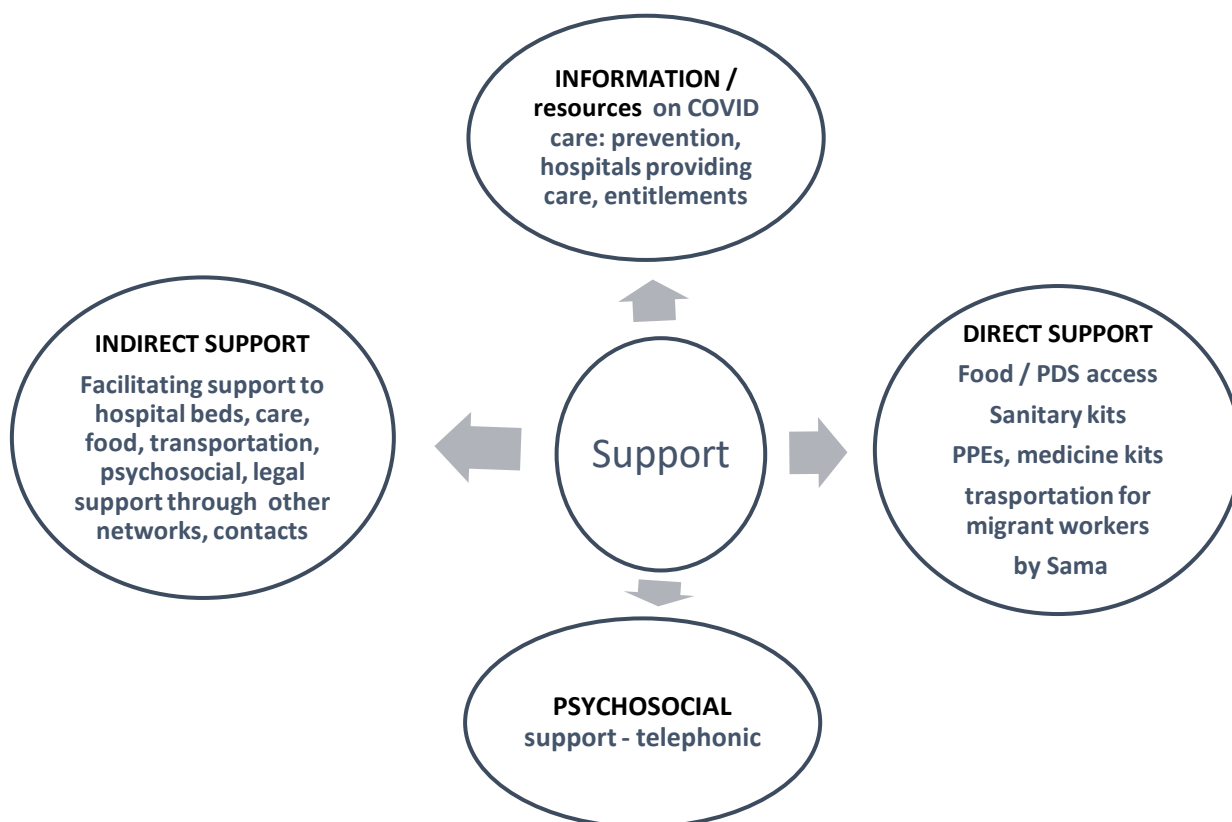
Consultation on COVID Vaccine Roll-Out Organized by MoHFW and NITI Aayog

Sama also participated in a consultation organized with Civil Society Organizations (CSOs) and other development partners to update on the vaccine roll-out process and for inviting suggestions.

Submission on Reproductive Health and Sterilization for the UPR-3 Midterm Report on Health

Sama participated in meetings and contributed to the section on Theme 15: Reproductive Health and Sterilization as part of a larger group submission on health to the UPR -3 midterm report. The submission flagged the status of implementation of the recommendations accepted by the Government of India (GOI). The submission by Sama also drew attention to the gaps in services for reproductive health and sterilization drawing on evidence emerging from across the country and through Sama's assessments, engagement on addressing GBV, abortion, sterilization, etc.

Support to Grassroots Organisations, Frontline Workers, Girls, Women Trans* Queer Persons from Vulnerable Communities



During the reporting period, a diverse range of support was required by communities, frontline health care providers – which are depicted in the image below.

Information: Sama was able to disseminate information widely and share updates on COVID care, as well as vetted information on a range of related issues to girls and women especially from rural areas. Information resources on PPE, masks, preventive measures, symptoms, etc. as well as entitlements announced by the government were regularly disseminated via WhatsApp, emails, audio messages, calls, etc.

Updated information on helplines – National as well as Delhi specific - was made available on Sama's website.

All trainings, meetings, workshops by Sama were spaces to share information, resources with all participants. The information as per feedback received had been disseminated further to others in communities and amongst frontline workers.

Direct Support: Sama provided ration kits, sanitary kits to girls, women and transwomen from poorer and vulnerable communities, etc.

About 1883 sanitary kits and 400 ration kits were supported by Sama and distributed through local organisations in respective communities.

PPE kits were also sent on the request of government health

facilities and health care providers in some states.

Sama also facilitated food and water, masks, for migrant workers who were walking through Delhi and transportation

(bus, permissions, etc.) for groups of migrant workers wanting to return home who had congregated in Delhi.

DOMESTIC VIOLENCE DURING COVID-19 LOCKDOWN PAN-INDIA LIST OF ORGANISATIONS OFFERING PHONE/ TEXT/ONLINE SUPPORT TO DOMESTIC VIOLENCE VICTIMS		
Nazariya	Delhi	9818151707
Shakti Shalini	Delhi	24373737
Jagori	Delhi	26692700/ 8800996640
Sama Resource Group for Women and Health	Delhi	9871642320/9650971363
Saheli	Delhi	24616485
Women's Manifesto	Delhi	8860454212
ARU Foundation	South Delhi	9911346882
Seher	Delhi-NCR/ Haryana	8826819805
No Tears Foundation Trust & Nitiaalya	Delhi-NCR/ Lucknow	9911694947
Aali	Lucknow	9415343437
Humsafar	Lucknow	7007629220
Study Hall Educational Foundation	Uttar Pradesh	9839044559/6386193775
Nari Samta Munch	Pune	9987720696
Cehat	Mumbai	9029073154
Moonlight Foundation	Mumbai	8928585479
Majlis	Mumbai	7506732641
Ridhi Sidhi Bahuddeshiya Sanstha	Maharashtra	7038816330
Women's Manifesto	Kerala	7560977795
Bembala Foundations	Bangalore	9830747030/9830204393
Sawayam	Kolkata	18002332244
Sakhi	Bhopal	8989585097/8959592560
Centre for Criminology and Public Policy	Rajasthan	8110835606/9724906119
Special Cell for Women	Assam	6000015191/8876127539
Grameen Mahila Kendras	North-East Network	Kamrup:9365648832/ 9435017824/9957029961, Darrang: 9577576677, Golaghat: 8638747110
Invisible Scars	Hyderabad	8008933445
Society for Cyberbad Security Council	Hyderabad	9000885241
Bhumika Women's Collective	Telangana	18004252908
Aakansha Seva Sadan	Muzzafarpur	9905443544
Adithi	Bihar and Jharkhand	9934029353
Aali	Jharkhand	9693853019
Psychologists for India Helpline	National	9000070839
	National	04027605316

COMPILED AND VERIFIED BY SHAKTI SHALINI
TO ADD YOUR ORGANISATION CALL 011-24373737
(UPDATED ON 15TH APRIL, 2020)

महिलाएं किसी से कम नहीं : पूजा



जाँपुर। विकास खंड कंजाकला क्षेत्र के अंतर्गत कोठवार व सिद्धीकपुर गांव में किशोरी स्वास्थ्य जन जागरूकता कार्यक्रम का आयोजन शमा फाउंडेशन नई दिल्ली के निर्देशन में ग्रामीण विकास प्रशिक्षण संस्थान द्वारा किया गया। जन जागरूकता कार्यक्रम में परियोजना समन्वयक पूजा यादव ने बताया कि किशोर-किशोरियों के शरीर में 10 से 19 आयु वर्ग में बदलाव आता है उनमें कभी-कभी खून की कमी भी होती है बाद में यह एनिमिया के रूप में सामने आती है पीड़ित किशोर, किशोरी कुपोषण के भी शिकार होने की संभावना बढ़ जाती है। स्वच्छता, पोषण, स्वास्थ्य, किशोरियों में मासिक चक्र, एनीमिया के लक्षण व बचाव, खानपान संतुलित आहार के बारे में परस्पर चर्चा किया। किशोरी समूह की सदस्य रिकल भारती ने कन्या भूषण हत्या, बाल विवाह, धूम्रपान पर विस्तार पूर्वक चर्चा करते हुए कहा कि आज महिलाएँ किसी से कम नहीं हैं केवल उन्हें अवसर देने की जरूरत है यदि उन्हें अवसर मिला तो निश्चित में ही समाज में स्थान बनाएंगी। कार्यक्रम की संयोजिका ममता ने कहा कि कोरोना वायरस वैश्विक बीमारी है इससे बचने के लिए सभी को जागरूक होने की जरूरत है दो मज की दूरी जरूर बनाए रखें, बार-बार हाथ धुलें और मास्क का प्रयोग अवश्य करें।

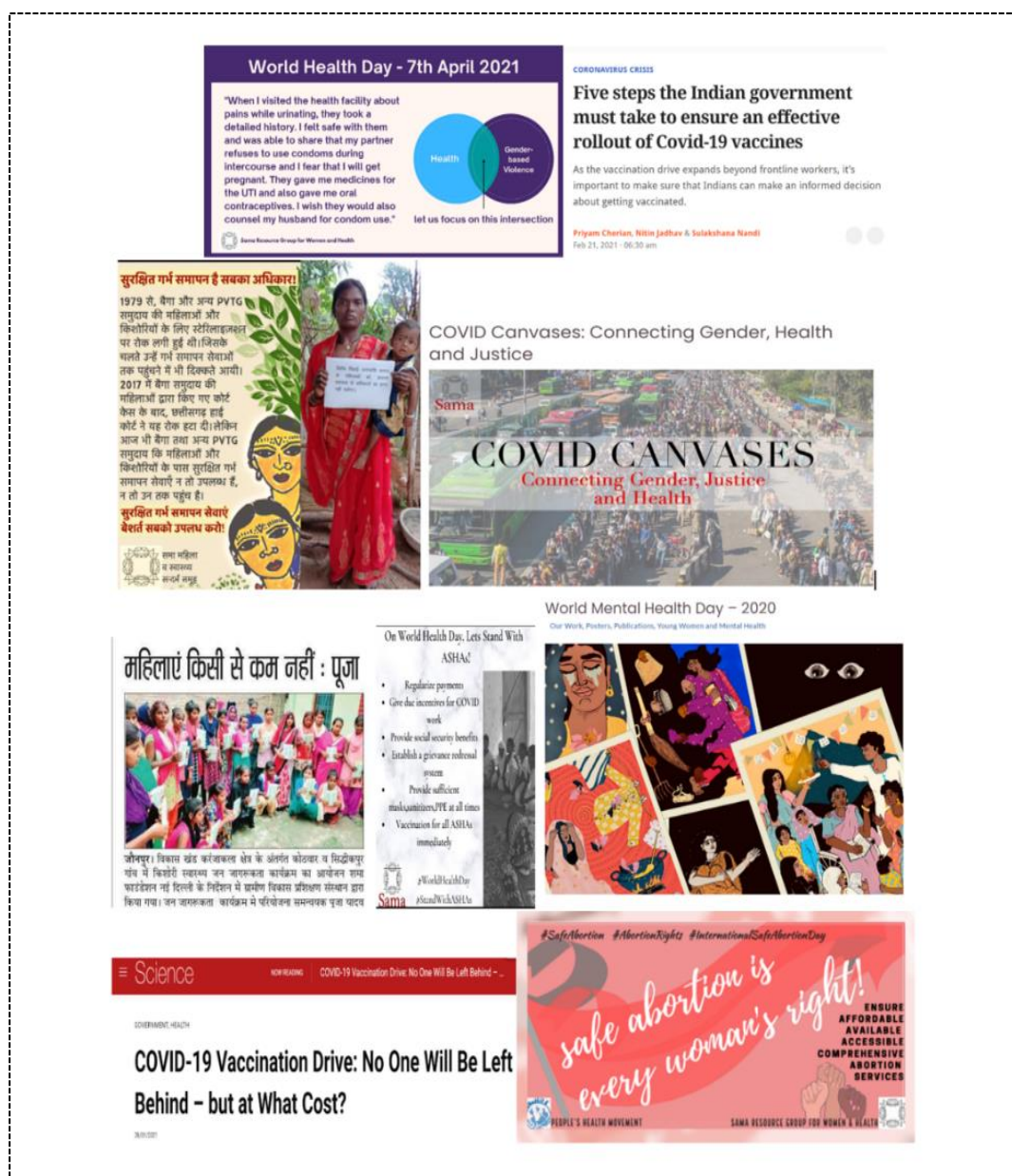
A newspaper clipping from the local newspaper in Jaunpur, reporting the distribution of Sanitary pads amongst 500 girls by Sama with the help of GraminVikas Evam

Indirect Support: A substantial part of Sama's support comprised facilitating support for communities through locally available resources, support services, entitlements, etc. This included support for treatment, transportation, food, ration, shelter, legal aid, support for GBV survivors, etc.

Psychosocial Support: Sama team members volunteered time to respond to GBV survivors telephonically. The team received calls during the lockdown and thereafter. Sama also facilitated access to other support services during this time.

Sama had adopted the crisis response in the lockdown scenario in 2020 and offering helpline services for survivors in situation of violence, along with varied other women's organisations through a coordinated effort.

Use of social Media



With many of the interactions with stakeholders shifting online, Sama has embraced the use of Social Media platforms like Facebook and Twitter for spreading policy and advocacy messages

7. Participation as Speaker / Panellist / Moderator in Webinars, Workshops, Consultations: Sama team members were invited in various virtual webinars, workshops and meeting mostly as a panellist, key speaker, technical expert and resource persons. The participation of Sama team members was in state, national and international level events and programs. During the financial year, Sama team had participated more than 15 events

8. Contributions to Publications: Sama team members were involved in writing 5 articles and papers in national and international level online journals and print media

Report by

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