



ANNUAL REPORT

APRIL 2021– MARCH 2022

Sama Resource Group for Women and Health

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Glimpses and Reflections

This reporting period coincided with the ongoing pandemic surges, in particular, the devastating “second wave” and the “Omicron wave” and related restrictions, their consequences and impact on communities, team members, and their families. The end of the period evidenced a turning point in the context of the pandemic in India, with reduced infection rates and positive implications for Sama’s work. This was particularly so in terms of Sama’s initiatives with the possibility of travel and state level engagement becoming less challenging, with increased opportunities for convening safely, shifts to working from the office space albeit with all necessary precautions, etc.

Overall, the report is located in a challenging context that not only continued to enforce working remotely for the most part, and re-strategizing of the planned activities but also necessitated urgent support to communities in terms of information, medical, sanitary products as well as ration support.

This period witnessed tremendous loss and grief for communities in the absence of adequate access to hospital/health facilities, medicines, oxygen support, as well as concerns around access to COVID-19 vaccines. Sama initiatives responded to the immediate needs of organizations, and communities in the pandemic context. A series of orientations were organized with grassroots organizations from various states to address concerns around misinformation and hesitancy vis-à-vis vaccines. Sama developed and disseminated widely a pictorial info-brief on “Suggestions for Home Care for Persons with Mild Symptoms of COVID-19 and for Caregivers”, the National Human Rights Commission’s (NHRC) Advisory on the Human Rights of Women in the COVID-19 context. Further, helpline numbers were collated and shared widely to ensure referrals and access to services for those facing mental distress and gender-based violence.

This period also witnessed several spaces to strengthen alliances, and solidarities towards building a collective understanding, analysis and inputs to policies with regard to the impact of the pandemic, especially gender intersectional inequities. Sama’s work through the two years of the pandemic such as the feminist framework on pandemics and beyond, studies on the gender gap in vaccination, on intellectual property (IP) and access to medicines was consolidated during this time. They provided significant insights for policy on multiple dimensions in the aftermath of COVID-19.

A few initiatives to address SRHR, GBV, right to safe abortion, which coincided with the pandemic, were concluded during this period. Despite the challenges at the organizational as well as community levels brought on by the pandemic, restrictions and lockdowns, the outcomes of the projects have been significant and critical. They have provided important analysis of the issues in the context of health and humanitarian crises, urging the need for incorporation of the emergent lessons for future work.

National and global discourses and spaces in the current period around public health, gender and intersectional justice have provided various opportunities for Sama to draw upon the experiences and analysis of the pandemic years towards informing policy, and protocols at different levels. Sama team members continued to be part of important processes for amplifying the pandemic consequences, strategizing future action to advance health and human rights led by the UN organizations, including the WHO, and the NHRC. Opportunities to dialogue with State health departments and authorities increased as the focus on non-COVID such as SRH needs, issues began to slowly receive attention.

Sama continued to maintain the dedicated webpage “**COVID Canvases: Connecting Gender, Health and Justice**”, which has proved to be a helpful resource pool of information, especially in amplifying contexts and analysis of gender intersectional inequities.

Sama team tried to navigate the challenging circumstances during this period to the extent possible and continued to work despite constantly shifting work formats / spaces and strategies for initiatives. While the virtual mode /online formats continued to be central to engagements and discussions across different initiatives, opportunities for in person meetings, and workshops also emerged, although this continued to be dynamic.

The initiatives carried out during this period are presented in some detail in the following sections of this report.

OVERVIEW OF ACTIVITIES

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

In terms of sexual and reproductive health and rights (SRHR), while this has always been marginalized with the health system, COVID-19 has caused the complete disruption in SRHR. This has especially impacted women and girls from marginalized communities, women with disabilities, the transgender communities, etc. Loss of livelihoods, hunger, gender-based violence, coupled with unavailability and restricted access to SRH care has had a debilitating impact.

Non availability of care, restricted access due to lockdowns, surges, COVID-19 only care in facilities, loss of income restricting out of pocket expenditure for private health care overall and especially for girls and women, have persisted during this period.

In the current period, Sama has been engaged with organizations towards strengthening access to information and services to advance the accountability of the State and the health system, especially in the context of SRH needs. These efforts were also to strengthen their capacities to cope with and address the challenges precipitated by COVID-19 and lockdowns.

1.1. Workshops with organizations and networks

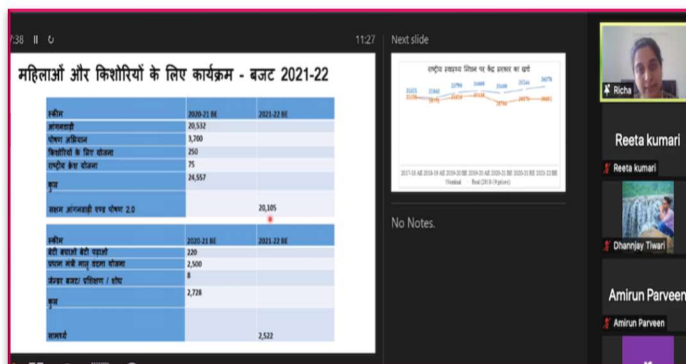
Sama has been working with around 50 organizations across Uttar Pradesh and Jharkhand. These organizations have been engaged in initiatives to uphold the rights of women and girls, facilitated access to health care as well as to a range of social determinants of health especially from the tribal, Dalit communities in around 9-10 districts in each of the two states. Organizations as well as communities faced a huge challenge in accessing accurate, appropriate information on COVID-19, understanding and addressing vaccine hesitancy, accessing government guidelines on COVID-19 related issues, entitlements, etc.

Most of the organizations, who have been part of the online capacity building workshops have been working at the community level and involved in addressing the health and health care needs of the marginalized communities that they work with. In April 2021, the session was on understanding the rights of girls in the context of SRH concerns, including issues such as consent, access to comprehensive sexuality information / education, concerns about legal provisions such as mandatory reporting, etc. More than 100 participants attended this session. In July 2021, understanding the importance of gender responsive-budgeting (GRB) in the context of the pandemic, was the session focus. Challenges that have emerged after the COVID-19 global pandemic, especially in the primary sectors of health, education and employment and the impact

on the lives and health of marginalized women and girls were discussed. About 40 participants attended this session.

1.2. Online short course on SRHR

A four-day online short course was conducted for young women involved in community level work on SRHR. This was conceptualized in lieu of the community level capacity building initiatives and regional workshop. Sama received 85 applications, of which 65 participants were selected from the states of Jharkhand, Uttar Pradesh, Rajasthan, Madhya Pradesh and Bihar. The short course “Understanding Gender, Sexual and Reproductive Health Rights in context of COVID-19: Issues and Challenges” included sessions on understanding SRHR, policies, comprehensive abortion care and a panel discussion on the gendered digital divide. The course allowed exchange of information, discussion regarding the gaps in access to reproductive health care, including access to quality maternal health care, nutrition, contraceptives and abortion services, to comprehensive sexuality information/education, especially for adolescents and young people.



1.3. Short course on SRHR, Patna, Bihar

The four-day State-level short course organized in Patna, Bihar was attended by 21 participants from 7 districts of Bihar. The course enabled an overarching understanding of SRHR, determinants of SRH and the various rights that it encompasses. This was followed by a day



session on right to abortion and on understanding and responding to GBV. These sessions deepened participants’ understanding about the politics of the body, intersections of gender, caste, sexuality, age, etc. with health and health care, on decisional and bodily autonomy, etc. through use of case studies, analysis of legal provisions, evidence from Sama’s and other research.

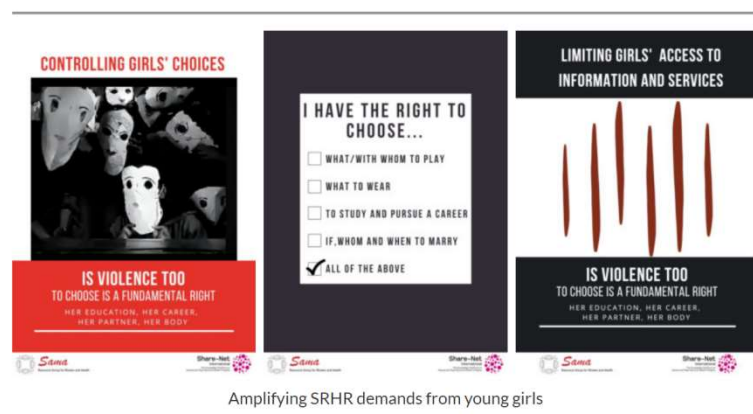
The course provided the platform for participants to interrogate and reflect on these critical SRH issues. A panel discussion following the discussions brought together experts to provide inputs on mental health, the ground reality of health care in the state vis-à-vis SRHR, etc.

Interface with organizations working for the rights of frontline workers such as ASHA in the state also provided important insights into the politics of health, health systems including issues and concerns reinforced by the pandemic. The feedback from the participants reiterated the further need for such courses to build perspectives, understanding and skills especially of young activists, researchers, as well as service providers.

Day 1	Unpacking health determinants and its linkages with gender, understanding SRHR
Day 2	Understanding abortion as a right; laws, access to safe abortion, building community engagement
Day 3	Gender based violence (GBV) as a public health issue; access to health services for survivors including MTP services
Day 4	Panel discussion with local organizations/initiatives in Bihar - speakers (4) on issues of GBV, abortion, mental health, and health systems

1.4. Issue brief on SRHR of young girls from marginalized communities

Drawing upon ongoing conversations with girls from marginalized rural settings, Sama was able to develop an issue brief that amplified their voices about their realities, concerns and demands with regard to their SRHR. The brief particularly highlights the collective resistance against the persistent onslaught on SRHR, expresses an affirmation of the rights of girls to live their lives equitably, with dignity, with health in a pandemic-afflicted world. A series of posters and a visual animation of a song were developed by the girls, facilitated by the resource person, Subhadra Kamath.



1.5. International People's Health University (IPHU) on Gender Justice and Health

The Gender, Justice Thematic Group of the People's Health Movement (PHM) in collaboration with Sama Resource Group for Women and Health and Women's Global Network for Reproductive Rights (WGNRR) organized an online IPHU on gender, justice and health during October (29th – 30th) and November (6th, 12th, 13th, 19th, 20th) 2021.

The IPHU sought to strengthen the capacities of young girls/women, men, trans* and LGBTQI communities from the global south. 55 participants from 23 countries (of the 400 applications received) were selected and attended the online IPHU.

The IPHU discussions focused on addressing the inequities in health from the lens of gender and intersectionality in order to achieve health for all particularly in the current pandemic context and beyond. The IPHU, through six modules, helped the participants develop a comprehensive understanding and bring perspectives and analysis of gender and justice in the context of health including sexual and reproductive health and rights and social determinants of health, to their work.

Sarojini N (PHM), Neelanjana Das (Sama) and Marevic Parcon (WGNRR) were involved in conceptualization and coordination along with Ragini De (Sama volunteer) and Deepika Joshi (PHM). Aakriti Pasricha, Neelanjana Das, Deepika Joshi and Priyam Lizmary Cherian coordinated and facilitated specific sessions.

The IPHU generated a lot of interest and many participants came up with posters, music and blog posts on the topics, which were covered during IPHU.



Theme	Resource Person/s
Concepts of Gender, gender identities, intersectionality, sexuality, sexual identities and hierarchies	Chayanika Shah
Sexual & Reproductive Health Rights/ Reproductive Justice	Marevic Parcon, Teta (WGNRR)
Mental Health and well-being	Ketki Ranade (KP) (TISS)
Gender Based Violence	Adsa, Deepa (Sama)
Gender, Health Care Technologies & Pandemics	Lauren Paremoer (PHM South Africa)
Gender and Climate Justice	Biplabi Shrestha, Deepa, Sai Jyoti Racherla (ARROW)

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

Initiatives to address GBV were implemented in the states of Madhya Pradesh, Rajasthan, Chhattisgarh, Bihar and Jharkhand in order to build a gender-just health response to address gender-based violence. Proposed capacity building work with health care providers could be carried out only in a limited manner given the pandemic. While GBV, discrimination and exclusion have been aggravated, engagement with communities, community-based organizations and networks has been challenging due to the ground realities that have necessitated addressing hunger, shelter, prevention of COVID-19 and health care needs. Nevertheless, Sama was able to conduct four workshops with organizations from 4 states, a short course that included the theme of GBV in Bihar (Refer: 1.5).

This period also necessitated Sama's involvement in building awareness, providing psychosocial support, referral coordination for survivors.

2.1. Capacity Building Workshops for Health Care Providers

Building capacities workshop on medico-legal care of survivors of sexual violence was conducted for doctors, nurses affiliated with 10 institutions affiliated to the Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh. The online training organized collaboratively by PGIMER, UNFPA and Sama was conducted over two sessions 24-25 August 2021. The resource person for the training was Dr Jagadeesh Reddy. The 134 participants who attended the sessions were from medical institutions and facilities from various states associated with PGIMER.

An online session on the invitation of Sharda University was facilitated by Sama on personal values / principles and professional ethics for 65 students of Diploma, Bachelors, and Masters in Nursing of Sharda University, Greater Noida on 28 June. The purpose of the session was on building a reflective personal understanding and professional ethics in the context of gender equality. The session used scenarios from the health system, including examples on responding to survivors of violence.

Follow ups with the health departments in the states of Chhattisgarh, Jharkhand, Madhya Pradesh, and Rajasthan, towards initiating trainings for healthcare providers were also ongoing. Presentations were made by Sama to the health department officials of Jharkhand and Chhattisgarh regarding potential workshops. Both the states showed interest in workshops with health care providers and have committed to conducting them in the following months.

2.2. Capacity building for organizations and networks

2.2.1. Sama conducted four trainings for organizations and networks working to address GBV in Chhattisgarh, Madhya Pradesh, Rajasthan, and Jharkhand. The objective of the trainings was to strengthen and consolidate efforts to address GBV in their respective locations and states, through the exchange of experiences of organizations/ networks including in the context of COVID-19, identify gaps, and move towards a more systematic and coordinated response to address GBV. All workshops invariably began with a discussion on the pandemic and lockdowns and their gendered impact on women, girls, Trans* and other marginalized communities. These discussions panned a range of impact – on health, education, livelihoods/ employment, etc. as well as their linkages with GBV.

State (mode of training)	Dates	Total number of participants
Jharkhand (online/Zoom)	13, 27 August 2021	36 (16 groups/ networks)
Rajasthan -in collaboration with JSA Rajasthan (online/Zoom)	25, 26, 27 October 2021	21 (10 groups/ networks)
Chhattisgarh (offline/Raipur)	21, 22 September 2021	23 (17 groups/ networks)
Madhya Pradesh (offline/Bhopal)	23, 24, 25 November 2021	37 (17 groups/ networks)

These workshops also provided opportunities for organizations to share and learn about varied experiences and observations in their respective states while responding to the survivors of GBV in the context of COVID-19. They also facilitated interactions with one-stop centres (OSCs), the challenges faced by them in interfacing with various institutions, including health care especially during COVID-19. The workshops used a mix of presentations, group work, and other audio-visual tools.



A series of follow up sessions and workshops were initiated from March 2022 to advance engagement of state-level organizations and networks to strengthen health system accountability and access to care and support for survivors. These sessions intended to build upon the discussions from the previous sessions, to assess any changes, continued gaps and concerns and strategize future directions to address GBV at the state, district and community levels.

Key areas of discussion that informed the future planning:

- Pathways to access GBV-related services
- Barriers/challenges faced by survivors in accessing these services
- Challenges experienced by organizations/staff when supporting survivors
- The gaps in availability and quality of services at shelters, helplines, and health system
- Roles and obligations of service providers and duty bearers
- Community-based awareness building and prevention, legal support, facilitating access to health care, etc.
- Accountability of state actors, including health care providers and others

2.2.2. Short course on Gender Based Violence: In the context of Public Health and Justice

A short course was conducted during 22-26 March 2022 in Delhi. The 5-day course was attended by 17 organizations'/network members and young activists working at the community level to address GBV



from Bihar, Rajasthan, Uttarakhand, Jharkhand and Uttar Pradesh. Sama received 37 applications, of which 17 persons participated. The number of participants was limited to below 20 to enable Covid-19 protocols and safety for the participants and resource persons. Four participants each from Bihar, Uttar Pradesh and Jharkhand, three from Uttarakhand and two from Rajasthan were part of the Short Course. Participants (several of them young activists) were part of organizations currently working for the rights of girls and women, to address GBV, early marriage, health and other issues. Others had been working for several years but had not been part of workshops and short courses on the issue of GBV previously.

Themes Covered in the Short Course

Interrogating power: Using gender-intersectionality analysis

Understanding GBV

Gender, GBV and the Health System

Survivors' Interface with the Health System: Advancing Survivors' Rights and System Accountability

Laws to Address GBV; Legal Mandates for the Health System in Responding to GBV

Health System Roles and Accountability vis-à-vis GBV

Supporting Survivors - Basic Tenets of Counselling

Strengthening Skills and Strategies to Address GBV, Support Survivors, Build Accountability of Systems

The 5-day course built an understanding of power, gender and intersectional inequities, and GBV; linkages between violence and determinants of health, access to health care, etc. Participants were also introduced to existing guidelines, protocols to be followed by the health system providing care to survivors of GBV. Sessions on legal mandates and feminist counselling were also conducted to build the knowledge and capacities of the participants. A session on strategies was also conducted – participants developed a memorandum, simulated a press conference and street action based on a situation provided to them. Sessions were primarily facilitated by the Sama team – Susheela, Reena, Adsa and Deepa. Apart from this, the session on laws was facilitated by Gayatri Sharma, a lawyer with significant experience in the area of GBV and the session on feminist counselling facilitated by Deepshikha from Jagori. She brought her long experience of working as a protection officer to the session that was extremely useful for the participants.



The participants provided positive feedback with specific suggestions on themes to be included in future courses, issues / gaps in knowledge that they would like future courses to fulfil. They also planned dialogues with relevant officials in their respective states and locations, to build awareness and strengthen systemic response to survivors. Strategies to consolidate the knowledge and capacities of participants through future workshops, convenings are being discussed by the Sama team.

2.3. Development and Review Training Modules

2.3.1. Training modules (offline) for health care providers

Sama has developed and submitted the drafts of training modules (offline) on building health systems response to GBV for: (i) Medical Officers (MOs); (ii) Nurses and (iii) ASHAs (Accredited Social Health Activists).

These modules were developed drawing on Sama's experience of capacity building on GBV for health care providers and multiple internal reviews and incorporation of feedback from internal and external reviewers. The overall duration of the training module for medical officers and nurses is envisaged as 14 hours and includes 6 themes towards the above-mentioned objectives.



The module for ASHA comprises 10 themes over 10 – 12 hours; however, the module for ASHA is currently in the process of review and incorporation of feedback. The modules have been developed primarily for an offline format but can be adapted as an online training too. These

modules enable the development of capacities - knowledge and skills to provide comprehensive, high-quality care for GBV survivors.

2.3.2. Online module for health care providers

The objective of the module is to increase access to knowledge and skill resources to advance the ability of health care providers to respond appropriately, ethically, and legally to gender-based violence. The online self-administered module is envisaged as an ideal platform for motivated health care providers to build their capacities as per their convenience. The module will create the opportunity for certification on completion of the entire module.

The first draft of the online module comprises 6 Chapters. These are further developed into 30 sub chapters / sessions over duration of approximately 10.5 hours. The content and pedagogy underwent internal reviews followed by an external review in March 2022. The online module is expected to be hosted on the UNFPA domain – this is being explored for its feasibility.

2.4. Evidence building towards strengthening health system response to GBV

2.4.1. Innovative practices to address gender-based violence in the Asia Pacific region in the pandemic context

The mapping and review of innovative practices to address GBV in the Asia Pacific region was carried out during the period of November 2021 – February 2022. The primary strategy used was internet searches, using key search words. Publications, information resources that were referred to were compiled and published only after the onset of the pandemic, i.e., they were not developed prior to 2020. This was supplemented with information from organizations compiled through interaction or interviews with them.

The review was limited to information available in the public domain, or information that the respondents who were interviewed were willing to share. In this regard, information on practices

that has not been placed on the internet, or innovative practices that were not mentioned in the interviews, have been missed out on while compiling this report.

The organizations Sama referred and reached out to for information and interviews were selective, based on existing relations with them and those that were willing to give time; this was challenging given that organizations were overwhelmed by the pandemic and responses to it. Information if available online and in languages other than English may have also been missed by the review. Information from several countries was limited to violence against women (VAW) and children, excluding experiences of GBV by gender non-conforming persons. An issue brief based on this review will be developed in the upcoming months.



2.5. Towards Policy Inputs and Referrals

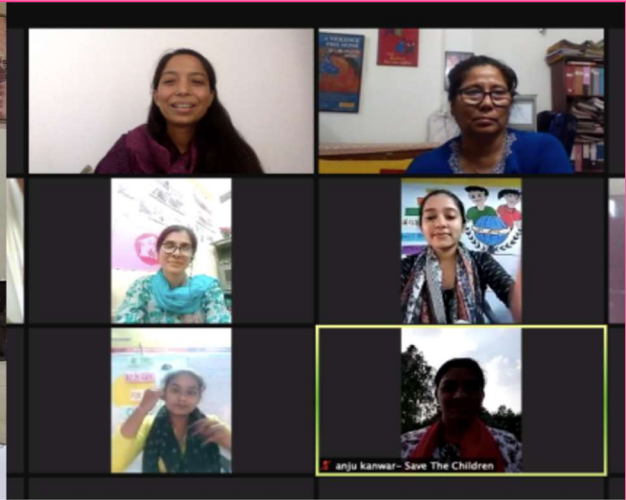
Sama re-initiated communications with the relevant officials, namely Mission Directors from the National Health Mission (NHM) in the four states, after the second surge, in order to plan trainings for health care providers on responding to/addressing GBV in a more systematic manner.

Efforts are being made to ensure the implementation of the MoHFW protocols and guidelines in the states of Jharkhand, Chhattisgarh, Madhya Pradesh, and Rajasthan. Initial dialogues with health officials took place during this period and the team personally met officials in Chhattisgarh and Madhya Pradesh where they had travelled to conduct the training. In addition to dissemination of government orders, capacity building of health care providers, and systematic linkages for inter-facility and inter-agency referrals are key areas for immediate follow up.

To advocate for health systems' gender-responsive, quality care and support to survivors and to addressing GBV, a letter highlighting the need to recognize GBV as public health care was prepared as a part of 16 Days of Activism against GBV. This letter was disseminated to organizations in the four states and networks.

A resource directory of GBV referral services in Delhi was compiled during and after the second surge, to enable easy availability of information about referrals in keeping with the protocols that were being followed by respective agencies.

Sama participated in deliberations as part of the Task Forces set up by the Department of Women and Child Development – Delhi Government, during this period to strengthen the response to GBV and address other issues faced by women and children in the State.

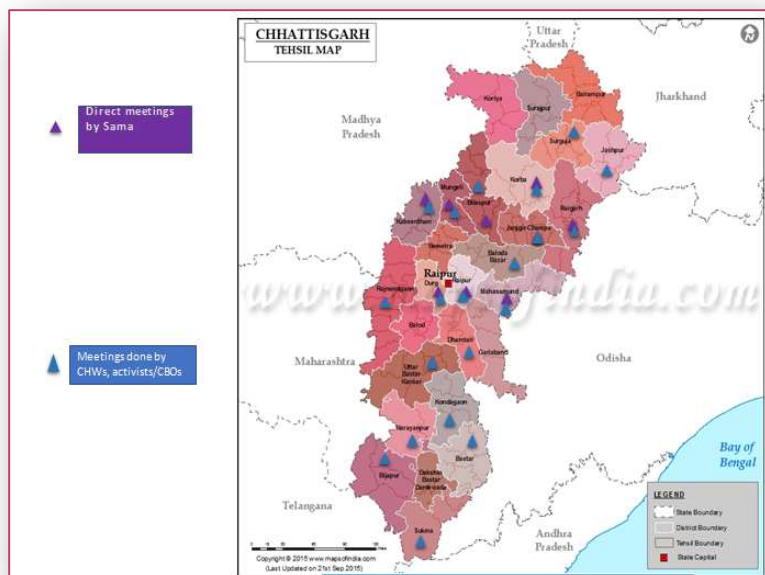


3. Right to Safe Abortion

Sama's initiative on advancing the right to safe abortion saw significant progress during this period in terms of deepening the community engagement in Chhattisgarh, especially in rural marginalized locations. This period saw application of the information (legality, availability, etc.), knowledge, perspectives using knowledge resources co-created by Sama and the group of community health workers (CHWs) and activists, to enable rights-based messaging on abortion.

The initiative was able to create foundations for local, embedded efforts in communities to advance access to information and health care for safe abortion. Participants following trainings by Sama, undertook varied initiatives at the community level, including organizing meetings and discussions on abortion with community health workers (CHWs), team members of organizations, members of the local governance, women, girls and other members of the community. These efforts also reflect the foregrounding of the right to abortion in the context of the pandemic and the navigation of challenges posed by COVID-19 related restrictions and lockdowns. The following are some examples that illustrate this:

- A group of community health workers (CHWs) drafted and submitted a memorandum to the district health administrator, raising the issue of “informal” fees being charged within government hospitals for abortion, where free services are to be available (*Korba district, Chhattisgarh*).
- A CHW coordinator shared about conducting more than 30 meetings since September 2021 in the block Marvahi on abortion rights and the laws. This was discussed with the CHWs, as well as with women and girls in the villages. The CHW coordinator involved village health committees in these discussions, organized wall writings (a commonly used strategy for health and other social messaging). She has been able to reach out to over 400 women in this process (*Gaurela-Pendra-Marvahi district, Chhattisgarh*).
- Other related demands for reproductive health care have also been raised by CHWs and activists. Women from particularly vulnerable tribal groups (PVTG), were being denied sterilization services despite the High Court order revoking the sterilization ban for PVTGs. CHWs having access to the copy of the order provided by Sama were successful in demanding necessary services. About 10 PVTG women were able to receive sterilization services from the health facilities (*Gariyaband district, Sarguja district, Chhattisgarh*).



A snapshot of the community engagements on the right to safe abortion at varied locations in Chhattisgarh is indicated on the map. It includes both direct meetings being facilitated by Sama, and the meetings initiatives undertaken by CHWs, and activists in their respective work areas.

This initiative towards ensuring the right to safe, comprehensive abortion care especially for the most

marginalized sections of the society, including the particularly vulnerable tribal communities (PVTGs) in Chhattisgarh-saw varied activities being coordinated. One of the significant achievements was the deepening of community level mobilization and the amplification of local and marginalized voices towards advancing State accountability in provision of accessible, comprehensive and safe abortion care.

Local capacities, leadership, and strategies for accessible, comprehensive and safe abortion care by community-based organizations, activists, community health care workers were strengthened during this period through state and district level workshops conducted online and offline. These reached out particularly to community-based organizations working particularly with marginalized communities.

Workshops to enhance capacities and leadership in the context of abortion among the Mitans (community-based health care workers) were attended by 70 Mitanin Trainers and Supervisors. This is expected to be a first step in reaching out to the approximately 70000 Mitans in Chhattisgarh on the issue of abortion. Sessions on abortion as part of short courses (Refer 1.2, 1.3) were attended by about 60 organizations, activists from Bihar, Jharkhand, and Uttar Pradesh. Motivated by the discussions and strengthened knowledge on the issue of abortion, organizations initiated local efforts to advocate, to build awareness on access to comprehensive abortion care.

3.1. Capacity Building Training Workshops and Short Courses

3.1.1. State-level capacity building workshop

The continued online association with organizations and networks facilitated synergies and commitment on right to abortion in the state of Chhattisgarh. The number of participants from across the state has been steadily increasing bring diversity to these conversations. For instance, the series of workshops during this period saw an increase from 50 to 80 participants from over 20 organizations, groups, networks and health activists across 10 districts. 12 workshops have been conducted between April 2021-March 2022 focused on building the discourse on abortion



rights and SRHR within a marginalized context, cognizant of the emerging challenges in the context of the pandemic. These online capacity-building workshops, while focusing on the right to safe abortion, have also helped in developing perspectives in the challenges they during the second wave of COVID-19, the state response keeping in mind the PVTG communities.

Further, the workshops also looked at gender-based violence and how access to safe abortion cannot be seen in silos, and a session detailing the present laws and guidelines regarding both the issues were discussed. Further, with the MTP (Amendment) Act 2021 being passed, discussions were facilitated with legal experts to understand and analyse the amendments, in the context of the right to safe abortion.

Exchange and learning from experts- Exchanges with experts working on abortion rights, legal systems, health systems through invitations as resource persons for capacity building-formed critical part of this activity/strategy. The knowledge and experience of varied experts facilitated deepening of understanding on different dimensions, strategies that have been adopted in advancing the right to abortion as well as in discussing the challenges. This also provided opportunities for CBO, movements' representatives, girls, women and others to foreground their respective contexts for collective deliberation and strategizing for moving ahead. Resource persons from feminist and health rights networks and movements enabled a synergy of experiences sharing and forming solidarities on the issues around abortion rights in the context of tribal/marginalized locations.

3.1.2. District level engagements through on-field workshops of CSOs, CHWs

Towards the end of August 2021 as the COVID-19 restrictions eased, Sama was able to conduct two physical workshops in the districts of Kawardha and Mungeli in Chhattisgarh. Representatives from 15 organizations and women community-based activists participated in the workshops. Through the discussions during the workshop, perspectives around the various stigmas and taboos about abortion were discussed and interrogated. They also included in-depth discussions on the barriers faced by women from the tribal and other marginalized communities in accessing abortion care in the public health system. Laws and legal updates regarding access to safe abortion care and overall SRH services were shared and discussed. The groups committed to holding community-level interactions to build awareness around safe abortion services, their availability and legality (Refer Box for activities, campaigns initiated).

In Jaunpur, Uttar Pradesh, community-based workers from the Nari Chetna Foundation organized a week-long Abhiyan campaign and prepared a memorandum demanding the right to safe abortion and access to reproductive health services for all women. They sent the memorandum to the health superintendent of the district, to the Chief Medical Officer of the Jaunpur district in Uttar Pradesh. They also presented the memorandum to the Medical Officer of the Maharajganj-Primary Health Centre, in Jaunpur.

Women workers from Astitva Samajik Sansthan, Muzaffarnagar, Uttar Pradesh conducted a fortnight-long campaign during which they also raised the issue of the right to safe abortion. On 28th September, to mark the International Safe Abortion Day they organized meetings in two villages, where a focused discussion was held on the right to safe abortion for all.



In Jharkhand, field-based workers from Sahayogini from the Bokaro district and Swabhimani from the Dhanbad district organized meetings on 28 September with the women and girls from the tribal communities they work within their respective regions. The meetings discussed the importance of abortion as an essential part of all women's and girls' reproductive health rights.

Swadesh Gramoday Samiti based in Datia, Madhya Pradesh, organized a Webinar on 25th September to mark the International Safe Abortion Day. The webinar saw the active participation of health rights activists and CBOs from Madhya Pradesh. During the webinar, they discussed at length the importance of understanding abortion as a reproductive health right of women.

3.1.3. Capacity building training of Mitadin Trainers (MTs)



Glimpse from the MT training in Raipur

Sama with the State Health Resource Centre (SHRC) planned for a one-day training programme for Mitadin Trainers of Raipur district. The main objective of the training was to provide a comprehensive understanding on the right to safe abortion and to intensify the discussion on abortion rights and the need for critically analyzing the current situation of access to safe abortion, especially in the public health system. Regular follow-ups and feedback to MTs has been taking place to ensure that they are

adequately equipped with information as well as support to counter the barriers that women from marginalized communities face when they want to exercise their right to safe abortion care.

3.1.3.i. Training on Safe Abortion Right with Swasthya Panchayat Samanvayak (Block level Coordinators Mitadin Programme)

Swasthya Panchayat Samanvayaks (SPS) are block level coordinators under the Mitadin Programme. They are essentially involved in the community level work on varied issues such as



food security, health, gender-based violence, etc. In the month of October 2021, SHRC was convening their planned training with SPS, wherein they invited Sama to facilitate an hour session/training on Abortion with the SPS. This training was facilitated through a six-day schedule from 22nd-28th October;

each day a one-hour session was facilitated on the right to abortion, legality, barriers to abortion,

role of SPS in this context with different cohorts of the SPS covering 180 coordinators from 146 blocks across 28 districts.

Coordinators shared that following the virtual workshops by Sama, they gained motivation and knowledge to take up more and more discussions at the community level. Almost all SPS have discussed on safe abortion in their cluster meetings in the community, VHSNC/MAS, etc.

3.1.3.ii. Meetings / orientations with Mahila Arogya Samiti (MAS), Mitanins on the right to safe abortion

Following the training of Mitadin master trainers, five meetings/orientations happened were conducted by the Mitadin Trainers and Area coordinators in the month of October. These were conceptualized and planned with the support of Sama's local consultant. These meetings / orientations on abortion rights reached out to over 250 Mitadins, and other members of the MAS (similar to VHSNC).



3.1.4. State-level Short Course on Right to Safe Abortion; 14-17 December 2021, Raipur, Chhattisgarh

The four-day state-level short course “*Ankahin Baatein: Surakshit Garbhsamapan se jude Mudde aur Adhikaar*” (Unspoken conversations: Right to Safe Abortion and Related Issues) was organized in Raipur. The course in Hindi largely focused on developing a comprehensive understanding of the right to safe abortion for young field-based workers from various NGOs and CBOs, CHWs and individuals who are actively involved in working towards the health, especially SRH rights of the marginalized communities in Chhattisgarh. Of the 45 applications received, 35 participants were selected from 12 districts of Chhattisgarh.

The course included in-depth discussions on abortion, abortion rights and how it is an essential part of SRHR and its marginalization within the health system. Further, the short course also looked at complexities, intersections of the safe abortion with gender, disability and the existing laws, the gaps and the rights-based perspective.



A group photograph from the four-day state level short course “Ankahi Baatein: Surakshit Garbhsamapan se jude Mudde aur Adhikaar” in Raipur, Chhattisgarh

The participants also shared their experiences in dealing with the health care system in the state and the barriers they face within the community and individually when faced with issues such as abortion. Towards the end of the four-day short course, the participants also prepared slogans,

posters, one-act plays and songs, demanding the right to safe abortion for all, for abortion to be an essential part of SRH services and recognizing it as a right.

3.1.5. Amplifying abortion rights: International Safe Abortion Day 28 September



On International Safe Abortion Day 2021, Sama along with many CBOs, CHWs-Mitanins and women leaders from marginalized communities from Chhattisgarh, Uttar Pradesh, Jharkhand, Bihar and Madhya Pradesh, who have been part of Sama’s capacity building activities, actively participated in amplifying the voices, demanding the right to safe abortion, availability of quality abortion services and care in the public health care facilities. These activities included participating in online campaigns, webinars, conducting community-based meetings with the women and girls.

3.1.5.i. Panel Discussion on recognizing abortion as a fundamental right

Sama along with Jan Swasthya Abhiyan Chhattisgarh organized a panel discussion on 24th September 2021 towards the International Day for Safe Abortion (28 September). The panel discussion sought to amplify violations and concerns vis-a-vis the abortion rights in the state.

Health rights activists from Chhattisgarh, Mitanin leaders (CHWs) and community health care workers participated as panelists. The jointly organized webinar saw participation from over 100 activists, organizations' representatives.

3.1.5.ii. Online Poster and Video Campaign towards International Safe Abortion Day

Sama organized an online poster and video campaign with the women community leaders, the CHWs and the CBOs who had been regularly participating in Sama's capacity building activities. As a result of their sustained participation, many of these CBOs and CHWs had begun conducting meetings and discussions with the women and girls from the communities on the right to safe abortion. Sama had requested the CBOs, CHWs and women leaders from the communities to send in their messages and demands through photographs, videos and posters.

As a result, several CBOs from Chhattisgarh, and CHWs, including Mitanins and SPS (Swasth Panchayat Samanvyak) from 9 districts and around 19 blocks, participated in the campaign. Sama received more than 50 photographs and several videos where women from marginalized communities wrote messages, drew rangolis, made placards/slogans for wider dissemination of demanding abortion rights for all. The photographs and videos were compiled and two videos were developed and shared on the social media platforms of Sama on 28 September 2021.



Women leaders from marginalised tribal communities and CHWs upholding banners demanding Safe Abortion

3.1.5.iii. Meetings and Activities with Women and Girls in Kawardha and Mungeli Districts

Sama also coordinated with Astha Samiti and Childline, two CBOs who organized meetings in Kawardha and Mungeli districts, which saw active participation by women and girls. Discussions included the need for safe abortion, how the lack of services has resulted in unsafe abortion becoming the third biggest cause for maternal deaths and understanding that safe abortion is an essential part of one's reproductive health rights.

3.1.5.iv. Co-creation of resources

Sama facilitated poster and poetry/song creation towards amplifying demands on right to abortion along with CBOs representatives, activists who were taking part in the SRHR course

being held in Patna, Bihar. The day-long session on abortion was planned on the 28 September and concluded with the participants developing posters, slogans, poems, songs, etc. in Hindi and regional dialects on the right to abortion.



3.2. Initiatives on public engagement and inputs to policy

3.2.1. Efforts were made to initiate policy intervention with the public health system in Chhattisgarh. A follow-up discussion was organized with the SHRC to continue the capacity building initiative for Mitadin trainers and Mitadins and engage with the health system to ensure access to safe abortion services.

3.2.2. Dialogues were initiated with activists from JSA Chhattisgarh towards building collective efforts to ensure that the SRH rights of marginalized communities, especially women and girls are upheld. Mapping the MTP centres, finding the official status of the District Level Committees (DLC), etc. have been started. Further, amplifying the voices of the women from the marginalized PVTG communities to bring to light the injustices faced by them in accessing health care, especially SRH services is also being strengthened.

3.2.3. National Consultation on Access to Safe Abortion Services during Covid -19 and Impact of the 2021 Amendment to the Medical Termination of Pregnancy Act & Rules: Sama was invited as a panellist to this national consultation in Delhi on 5 December 2021. Sama was part of two panels on 'Access to Safe Abortion Services during Covid-19' and 'Open Discussion on MTP (Amendment) Act and The MTP (Amendment) Rules, 2021: Third Party Authorizations, Inaccessibility of medical boards, Violation of Right to Privacy'. Drawing on Sama's work, the presentation visibilized the

barriers to access and other issues in the context of abortion rights of tribal/marginalized girls, women and others.

3.2.4. International Women's Day: Panel discussion "Conversing on health care providers' role in the right to safe abortion"

A state level online panel discussion to advance the rights-based discussions on the right to safe abortion, focusing on participation from the groups/CHWs in Chhattisgarh was planned towards the International Women's Day on 7 March 2022. The panel discussion was organized in collaboration with the Jan Swasthya Abhiyan/JSA Chhattisgarh on 7th March 2022. The panel drew attention to abortion as an essential health service and provision of comprehensive abortion care as a matter of right.



The panel exemplified the struggles by communities, in marginalized contexts demanding the right to safe abortion. The panellists drew on their experiences of being involved in furthering the right to health and to abortion as persons with clinical/ medical training, as researchers, as rights advocates.

Organizing it around women's day was also well received by the participants- they appreciated the insights on abortion rights; several of them made this a part of their

discussions/campaigns on the following International Women's Day, i.e. 8 March mobilization in their areas. Over 100 persons participated in the panel discussion.

3.2.5. Facilitating sustained exchange of information and action on abortion rights issues

Over 150 participants, including Mitadin trainers, from capacity building initiatives are currently part of this group created in December 2021. Updates regarding community level discussions, meetings, wall writing in their area for awareness building and wider dissemination on the issue, etc. are shared on the group regularly. .

3.3. Assessment to understand access to abortion and other reproductive health services in difficult areas

In order to develop a better understanding of health facilities and access to safe abortion in Chhattisgarh, field visits were made by the field consultant to Bastar and Kanker. These areas are largely conflict-stricken areas where women and girls present with unique barriers to access to SRH services as well as safe abortion services. However, it was found that even a single empathetic health care provider, who is aware and upholds the right to safe abortion for all, can make a marked difference in the experience of women accessing health services. Meetings were also held with the Mahila Aarogya Samiti, and Mahila Sangathan at Mazdoor Nagar, in the outskirts of Raipur, which is a large urban slum settlement to understand the needs and barriers faced to health care by diverse women and girls from marginalized groups.



A participant going through the FAQ in Patna

3.4. Development and Dissemination of Knowledge Resources

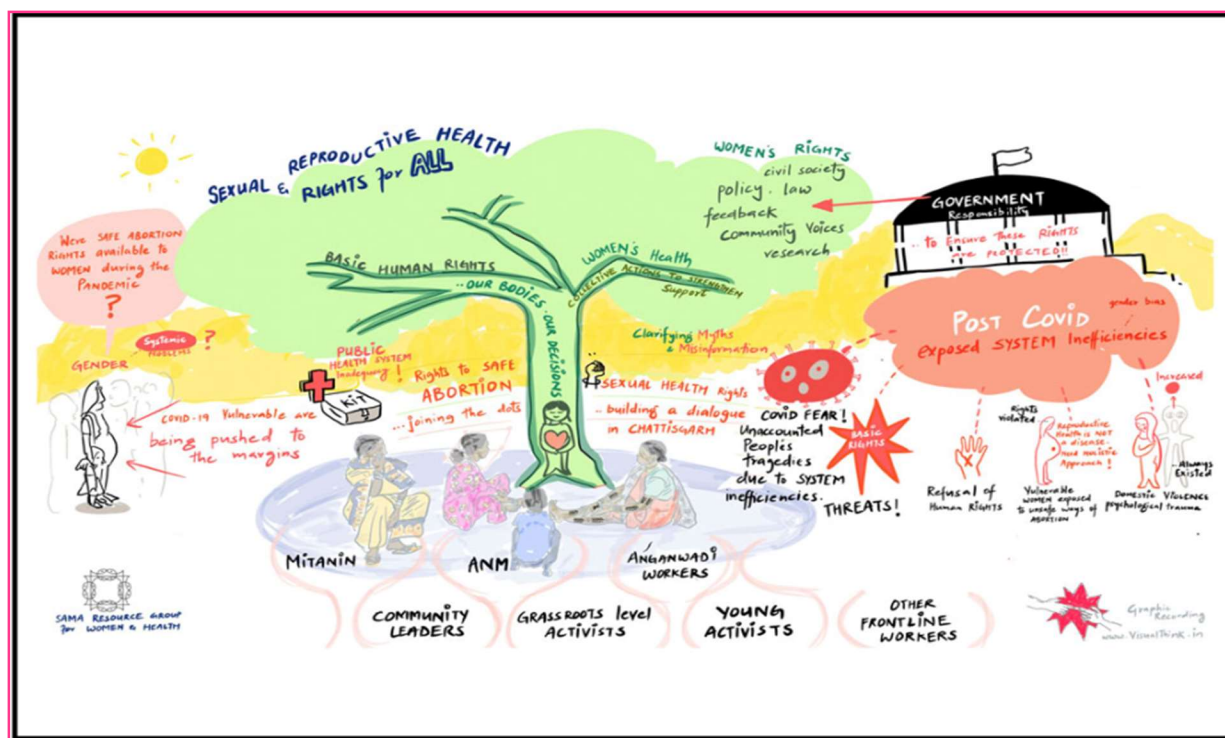
3.4.1. FAQs (frequently asked questions) handout has been developed in Hindi, responding to questions which have emerged from the discussions with the community health workers, women and CSOs. The FAQs include:

- Legal provisions related to abortion.
- Guidelines available on comprehensive abortion care.
- Information, guidelines for medical abortion.
- Abortion related information, services, referrals to be made available at various health facility levels.

The FAQs handout has been disseminated to participants of all workshops, short courses and is expected to be sent out more widely.

3.4.2. Copies of the MTP Act-1971, the MTP (Amendment) 2021, the Government Order for sterilization services for Baiga/tribal communities and legal provisions for abortion have been regularly shared in Hindi, with groups in Chhattisgarh as well in other states such as Jharkhand, Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh.

3.4.3. Poster highlighting the issues around abortion/SRH access was also developed that attempted to bring together the discussions that were happening with groups/CBOs, CHWs through online sessions.



3.4.4. Access to abortion under lockdown in India, published in March 2022 at the SAAF blog-post space. Link to the blog-<https://saafund.org/access-to-abortion-under-covid-lockdown-in-india/>

3.4.5. Other creative materials conceptualized during the discussions being held with the CBOS, CHWs in the state/Chhattisgarh were finalized and disseminated during this period. The resources were developed in collaboration with the relevant artists, persons who were able to transform these ideas into the final formats.

- Graphic material on abortion rights (GIF)- The GIF reiterates the demand to recognize abortion as a right and as an essential health service; access to which should not be restricted or curtailed under any circumstances including the COVID19 pandemic context.
- Sticker/poster: 'Reproductive health rights, Now!'-This sticker/poster highlights the discussions with activists, CHWs in Chhattisgarh around delays, systemic barriers being faced by tribal and other marginalized women at varied levels-including the government policies that limits their access to reproductive health services. Based on the suggestions received from the Chhattisgarh participants (CHWS, CBOs)-this material was printed as stickers (to be pasted on carry bags) and as posters (to be displayed within their organizational/institutional spaces) etc.

These materials are being used currently by CHWs and CBOs in Chhattisgarh through ongoing meetings/training and with marginalized communities; through institutional spaces such as Village Health Sanitation Nutrition Committees (VHSNCs), and block and district level meetings, for advancing safe abortion access and reproductive health rights discussions at the community level.

= Video 'Our Rights Now! To Health, To Safe Abortion!' - A short video/movie presentation was conceptualized and developed during this period. Amplifying the marginalized voices for the right to abortion, this video consolidates and presents glimpses from this initiative/project over the past few months in Chhattisgarh as well as few interactions with participants in other states. This video attempts to compile the various knowledge resources emergent from the initiative. Video is available on Sama website-[link to video information](#).

Overall, these materials were envisaged as a tool to visibilize the need and demands for abortion services; as well as to undertake co-creation of materials that draws from the discussions happening with the participants in the state to make it more contextual and need based. All these materials are geared towards strengthening rights-based messaging and amplify marginalized voices for the right to safe abortion.

3.4.4. Dissemination of materials

All these materials are being widely disseminated across civil society networks, feminist groups, public health rights groups etc. at varied levels-through emails, WhatsApp groups/messages etc. The digital dissemination of the Gif, video etc. has been sent out to over 500 individuals, groups across states, networks.

National level dissemination included-

- Individual/groups part of national level group on MTP law/amendments
- Jan Swasthya Abhiyan/People's Health Movement (India) network list serve
- Feminist groups / networks / activists working on SRHR, gender-based violence, gender justice.



State level dissemination included-

- Participants-CHWs, CBOs who have been part of Sama initiative. In Chhattisgarh, the materials have been shared with over 250 participants - the physical/hard copies of sticker/poster.
- State Health Resource Centre (SHRC)-nodal agency implementing the CHW programme in the state.
- Participants/CBOs from neighbouring states where Sama has been working-Bihar, Jharkhand, Uttar Pradesh.

The dissemination is ongoing as part of the current initiatives of Sama on the issues of abortion rights, SRHR, public health, etc.

Overall, through this initiative, Sama has been able to deepen the engagement on abortion rights at the community level, particularly in the context of women, girls from marginalized locations and identities. The imperative of abortion rights as central to their health and human rights has been reinforced through the initiative. The need for sustained engagement with the public health system to remove providers', health system bias has been a constant demand and point of action.

4. Mental Health

4.1. Unpacking Mental Health- Session in the IPHU

Ketki Ranade (KP), from the Center for Health and Mental Health, TISS, Mumbai facilitated the session during the IPHU online course co-organized by Sama with PHM and WGNRR. In order to provide a comprehensive understanding of mental health, KP during their session discussed in detail the various social determinants of mental health, which included the conditions of living that affect mental health with a focus on gender and intersectionality. Further, the present laws on mental health were discussed to understand how agency, autonomy, rights, and preferences that are available for physical illness but not for mental illness.

In India, laws have a clause of ‘unsound mind’, which denies a person any legal rights such as transaction of property, marriage, divorce, adoption, abortion, and more. KP also spoke about how psychosocial disability – mental health and illness should also be understood from a disability lens. She stressed that the systems should be in place with a greater reinvestment in public health. Mental health needs also to be seen in the context of the larger suffering particularly in the pandemic context. Online support and counselling, working with groups (like how queer people have been reaching out to each other), free of cost support groups; groups by people who have lost their loved ones due to COVID-19 would be helpful. The session was very interactive and engaging as connected the various dots of SRHR, gender, laws and policies and mental health.

4.2. Discussion on mental health, linkages with SRHR

As part of the short course on SRHR that Sama organized in Patna (Refer 1.3), the discussion on



mental health was perceived as an important dimension of SRHR and to build an understanding of the interlinkages between SRH issues amongst the participants.

The last day of the course included a panel discussion; discussion on mental health, promoting mental health and its interlinkages with SRHR particularly in the lives/lived

realities of young girls was included. Nivedita from Corstone joined as the resource person for the session. She shared with the participants about the initiatives in Bihar about the concept of resilience and promoting mental health of girls from marginalized contexts. Short video clips of young girls' testimonies challenging early marriage situations were shared by the resource person.

The session facilitated an intersectional discussion on mental health, promoting well-being while making critical linkages with previously discussed aspects of gender equality, justice, and health rights for all. The participants also made linkages with the discussion on GBV, mental health of survivors and the aspect of building capacities of women and girls to navigate the health system, pathways to seek justice and other entitlements. The session was able to flag the issue of mental health and examine it from a gender and rights perspective; the critical need to have in place a well-resourced and accountable public health system, responding in a rights affirming manner was also underlined in this discussion.

4.3. Livelihoods and Mental Health

Discussion at the community level during the field visits to Chhattisgarh and Jharkhand revealed the impact of subsequent lockdowns and COVID-19 on livelihoods and the financial status of the people, particularly those from the marginalized communities and its impact on mental health and well-being. Many shared that deepening poverty had forced them to take loans from acquaintances or local money lenders. Some of them had to pawn their



jewellery to meet their daily requirements, fees for the education of children, living expenditures, health emergencies, etc. The most severe brunt was faced by the daily wage earners in the community. Reduced incomes aggravated poverty and hunger caused severe distress; girls and women were particularly experiencing mental distress given gendered roles and expectations with regard to food, running of households and care-giving. Access to education, food, health care that was always compromised for them became even worse. Constant surveillance of young girls and control of their mobility and the use of mobile phones curtailed their autonomy and agency. “We are experiencing acute mental distress because of this (*“mental tension ho raha*

hai”). Women also added that with the increasing domestic workload, women had lesser time to rest that added to their mental burden.

Women reported that the pandemic had also caused an increase in domestic violence; this, according to them, was linked to the inability of men to provide for their families.

4.4. Knowledge Resources

- A blog post “Covid-19 worsening the mental health crisis in India: A Primer” was published via the Sama Covid canvases page on the Sama website. Through interactions with grassroots activists from different states that Sama works with, this blog highlights mental health concerns as articulated by them while looking at the health care access issues from the policy level.
- Another blog “Exploring mental health care promise in the health budget from a gendered perspective” was published. This article explored the promise of mental healthcare from a gender lens within the government budget 2022-23.
- Sama released a poster on World Health Day, i.e. 7 April 2021, to exemplify the much needed attention for mental health and its deep linkages with gender and intersectional inequity.



4.5. Recommendations on “Vaccine Development, Distribution Management and Mitigation of Pandemic Covid-19”

Sama was invited by the Parliamentary Standing Committee (PSC) on "Vaccine Development, Distribution Management and Mitigation of Pandemic Covid-19" to examine this subject and provide recommendations to the Ministry of Health and Family Welfare. Sama in its recommendations included flagged the need for allied services on mental health, and SRH services for girls and young people, amongst other issues.

5. Gender Training for Midwives, Nursing Practitioners and Educators

Work on the training module for midwifery / nursing practitioners and educators was ongoing during this period. The module based on the content that was used during the training sessions is being converted into a step-by-step module for trainers that can be used online or offline. The team received feedback on the outline of the module content from UNICEF which was incorporated. However, there have been delays in completing this process.

Sama is exploring ways in which this can be supported by an external consultant so as to complete it at the earliest. 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. Pandemic and Beyond: Feminist Analysis and Engagement with Equity Lens and Access to Health Care Technologies

Sama through various consultations and discussions with movements, networks, and with women, youth, LGBTQI groups, and other marginalized communities across the globe has endeavored to develop a gender and intersectional analysis framework to assess equitable and universal access to COVID-19 vaccines. Through these initiatives, Sama has been trying to bring together both the commonalities and differences and then to strategize on how to move ahead, together. These efforts have resulted in a nuanced understanding of questioning and unpacking pandemics, public health knowledge, health care and technology, including access to diagnostic, vaccines, therapeutics for the future.

6.1. Policy Inputs and Capacity Building

6.1.1. Webinar on Pandemics and Public Health: Learnings from the Past and Present with Dr Eugene Richardson

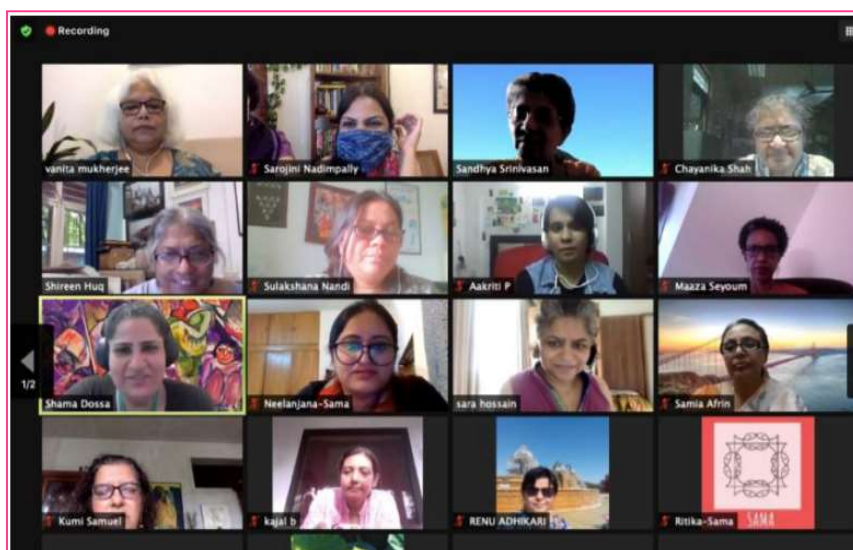
The webinar on 'Pandemics and Public Health' was held on 16th April with more than 240 participants from 25 countries.



Dr Eugene Richardson, a physician-anthropologist and Assistant Professor of Global Health and Social Medicine at Harvard Medical School was the invited speaker. He spoke about a plethora of issues like vaccine hesitancy, repercussions of colonialism on health, vaccine apartheid, reflections from the Ebola crisis and how reparative justice can be a way of balancing the scales of inequitable societies. Dr. Vineeta Bal, a feminist activist, trained physician and an immunologist, facilitated the discussions.

The discussions held during this meeting contributed to Sama's preparatory work towards developing a feminist policy framework, one of the envisaged outcomes under this initiative.

6.1.2. Second International Consultation on 'The feminist response to living through & beyond the COVID-19 pandemic'



On 23rd and 24th July 2021, 61 participants from feminist and women's organizations, health networks, disability rights organizations, LGBTQI networks, 14 countries from mainly from the global south engaged in a two-day discussion in unpacking the pandemic and how to develop a feminist, intersectional framework

that will address the concerns emerging from this pandemic. The consultation was an attempt towards understanding not only the repercussions of the pandemic on the larger society but also analyzing the gaps in the response towards pandemic and strategizing how to move forward bearing an intersectional, feminist approach. A background note on Feminist approach to pandemics has been developed by Sarojini, Chayanika and Aakriti and shared with the participants.

The two-day consultation comprised discussions regarding the barriers and threats to equitable access to health and health care services, especially in the context of COVID-19. The discussions spanned from people's

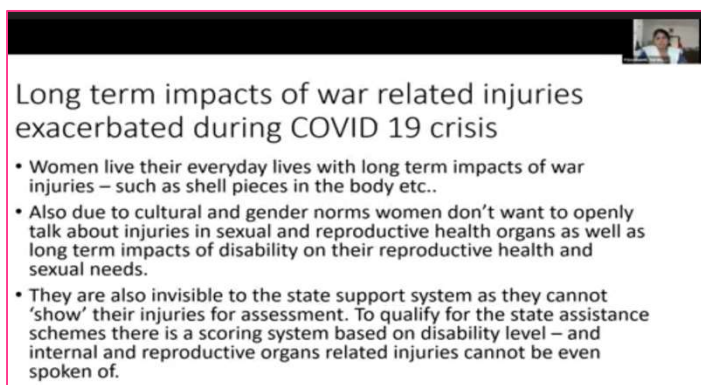


IMAGE: A SNAPSHOT FROM PRESENTATION HIGHLIGHTING ISSUES FOR WOMEN WITH DISABILITIES IN POST WAR CONTEXT

experiences of inequitable access to health care, the state's response to the management of the pandemic, transparency and accountability with respect to drugs and diagnostics and the inequity embedded in international frameworks.

Access to public hospitals was hindered along with delay in access to essential drugs or prosthetics which hampered people's rights, well-being severely.

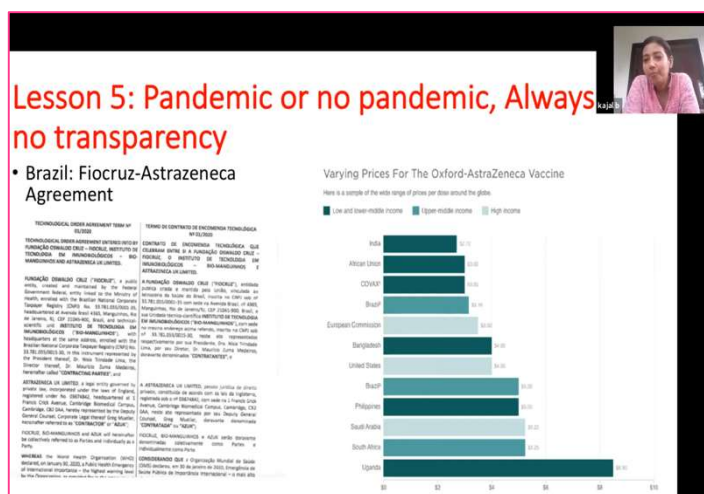
Maaza Seyoum, the Coordinator of the People's Vaccine Alliance and Partnerships Lead of the African Alliance, spoke about the frustrating story of vaccine apartheid in Africa. With barely 1.5 per cent of the population vaccinated so far, she notes that this is worrying. She highlighted how 'vaccine hesitancy' is a mixed bag. Peninah from PHM Kenya noted that after the devastating oxygen crisis in the country, they were holding on to one glimmer of hope: vaccines would be more accessible for all as it was to be free of cost. Yet, the ground reality was discouraging. The elite still chose to pay for the vaccines so as to access them sooner. Lauren from University of Western Cape/PHM South Africa spoke about the plight of non-documented people.



This was followed by Dr Fifi A Rahman's presentation that shed light upon the inequitable situation around the structures of Access to COVID-19 tools- Accelerator (ACT-A) and how the facilitation council can be biased and perpetuate inequities across the globe.

On the second day of the consultation, Kajal Bharadwaj spoke about Intellectual Property Rights (IPR) related problems with drugs, presented facts and figures on the unfettered powers of big pharma during the pandemic. She unraveled various aspects around patents related to drugs and diagnostics.

The breakout sessions were facilitated on day two, which led to important deliberations around what should be the feminist articulation of the pandemic and its response, how do we re-imagine

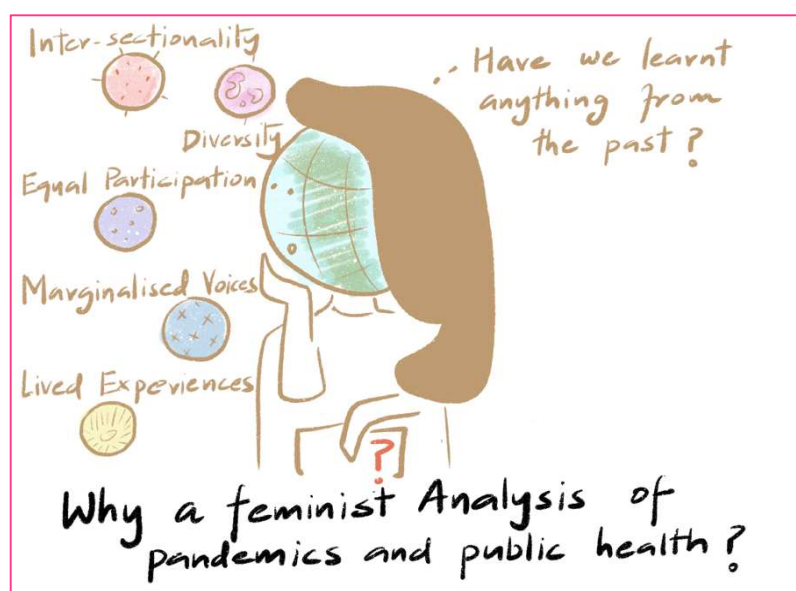


our health systems, the role of the State in pandemic's response, the rise of pharma monopolies and philanthro-capitalists and the need for global solidarity and role of people's movements in addressing issues emerging from the pandemic.

Sama along with PHM initiated call for action – gender, equity, and pandemics and access to health care technology to take forward these discussions.

6.1.3. Issue brief: A feminist analysis of pandemics and public health

Over the last two years, Sama has been interrogating the pandemic from a feminist lens, engaging with multiple issues associated with it while responding through webinars, consultations, capacity-building, research, and policy-level inputs from a feminist lens. Conversations over the last two years covered multiple dimensions - colonial historical linkages with pandemics, science and ethics of vaccine development, access to health care technologies and intellectual property. Through these interactions, Sama witnessed the differential impact of pandemics on people's lives and the resultant collateral inequities for the marginalized.



With these experiences, Sama has developed an Intersectional Feminist Framework to interrogate and unpack pandemics. The Framework tries to address the complex and intersectional character of the pandemic and ongoing contemplations over its impact- the coloniality and health justice; centring care; people over profit; and science, knowledge, production, and practice.

6.2. Regional Level Capacity Building

In the months of June and August 2021, four orientation sessions were organized by Sama to build the capacities of communities/grassroots organizations. Sama invited Dr. Yogesh Jain, a public health practitioner with over 25 years of experience in rural and tribal areas of Chhattisgarh state. These sessions saw participation from around 220 persons from 26 CBOs/networks from the states of Jharkhand, Chhattisgarh, Odisha, Uttar Pradesh, Bihar, and Uttarakhand.

Most of the participants were women leaders, activists, field staff of the community-based organizations, working with women and girls, trans*communities, Adivasi, Dalit and other marginalized groups in rural areas. During these four sessions, the themes and topics that were discussed included: (i) COVID-19 vaccines and issues of vaccine hesitancy; (ii) Understanding COVID-19 pandemic and patient care (organizing/supporting Home-Based Care); (iii) Promoting use of mask for prevention/community level interventions; (iv) Post-COVID-19 care and support especially in the context of mental health needs within communities.

6.3. Strengthening knowledge, discourse on People's Vaccine through discussions and field visits



Sama's work has always been grounded in the experiences and insights gleaned from the realities of communities. Sarojini and Neelanjana visited Chhattisgarh, when it was possible and safe to visit communities, to understand the situation following the second wave of COVID-19 and to understand how communities are recuperating from the adverse outcomes of the pandemic. The visit took place

between 2–4 September 2021. The team conducted discussions with the community as well as frontline workers in the state.

6.3.1 Visits to Particularly Vulnerable Tribal Groups (PVTG) hamlets in Kabirdham district



Sarojini with members of PVTG community from Chhattri village who are sharing their issues with her

COVID-19 brought such massive changes in the lives of people across the globe that it is natural to presume that even people living in the remotest area will be affected by it. Many had already taken one dose of the vaccination as the local ASHA worker (Mitani) was able to convince them, particularly the older

members of the community. They recalled the complete isolation during the lockdown period, how it has alienated them from accessing livelihoods, schools and health facilities. Due to the lockdown, they could not go out and buy groceries, vegetables or collect firewood from the forests. This affected their physical and mental health. Their daily challenges vis-a-vis loss of livelihoods, lack of transport, health facilities, etc. persist.

The team was able to explore the underlying reasons behind vaccine hesitancy, under-reporting of AEFI, and barriers faced by PVTG communities in accessing essential services.

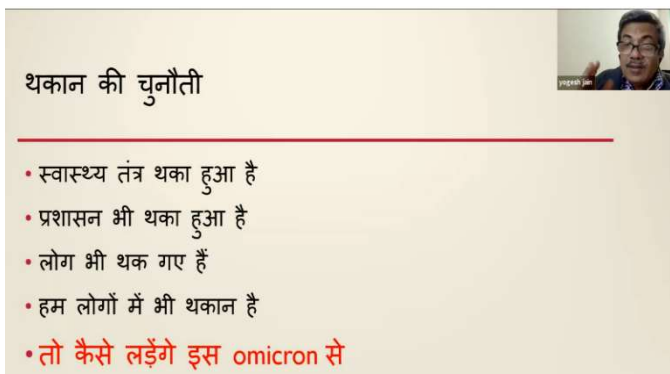
A [video message by a Mitadin on addressing vaccine hesitancy](#) was developed and disseminated widely. The Mitadin from the same community has helped others overcome their hesitancy. The Mitadin, who had an infant and was breastfeeding, took the two doses of the vaccine and tried to convince other women who were breastfeeding to go for the vaccination.

6.3.2. Discussion with frontline health workers (FLWs) in urban Raipur

The Mitadins spoke about various issues pertaining to their work including the significant impact on the livelihoods of people, especially informal workers. They also raised the issues around vaccines, talked about their ongoing work besides COVID-19, the negligible reimbursement for work like management of Filariasis, and the discrimination against them at the workplace.

6.3.3. Capacity building workshops on *Challenges and Ways to Cope with the 'Third Wave' of Corona*

After the onset of the second surge of COVID-19, Sama conducted several orientations in Hindi, for grassroots health and women's groups across several states on COVID-19 home care, diagnostics, treatment, vaccination and hesitancy. The orientations also discussed preparedness for future pandemic surges, strategies for prevention, treatment, etc.



The orientations were organized to address the concerns that were raised by members of community-based organizations especially in the rural and tribal areas. They were facing barriers in accessing authentic information regarding various critical aspects of the pandemic, such as testing, precautions, treatments, and vaccination including vaccine hesitancy and the misconceptions surrounding the same.

To respond to the Omicron surge of the pandemic, which brought forth new challenges, Sama conducted an online workshop on 21 January 2022 for community-based groups on the challenges posed by the 'third wave' of Corona and plausible ways to prevent and cope with the

infection and its consequences. The online workshop was conducted by Dr. Yogesh Jain, a Public Health physician involved in community health programs in rural and tribal areas of the state of Chhattisgarh for over 25 years. Nearly 300 health workers and representatives of grassroots organizations from several states participated in this workshop.

6.4. Understanding Vaccine Hesitancy

During our interactions, orientations and field visits, it was evident that there was false and misleading information on COVID-19 vaccines and vaccination roll-out. This had led to increased hesitancy and confusion among people. And many community-based organizations expressed their struggle in handling the community hesitancy and also sought some support and authentic information along with a better understanding about COVID-19 vaccines, etc. Along with orientations on the topic, Sama initiated a survey on understanding COVID-19 vaccine hesitancy among women in select rural areas. Since a physical visit was not possible this was done virtually. The analysis of the survey is ongoing.

The survey was conducted in collaboration with local women's groups/networks/organizations. The questionnaire was developed as an google form in Oriya, Marathi and Hindi and was shared with the local women's collectives, and NGOs through email and Whatsapp. An orientation was held on the content of the form and about the informed consent process. A follow-up over the phone was done with these groups. However, the data collected through a google form had its own limitations and constraints. Since the survey was through an online format, the limited availability of smartphones and internet access among rural population, especially women, was a key challenge. However, the local women activists, and NGO representatives who participated took the initiative and also preferred to use this suggested way of data collection.

6.5. Development and Dissemination of Knowledge Resources

i. Framework on The Unravelling Pandemic: Envisioning Our Intersectional Feminist Futures: This framework aims to address, interrogate, and unpack pandemics, public health knowledge, care and technology, including access to diagnostic, vaccines and therapeutics through a feminist intersectional lens. It is an amalgamation of diverse realities and resonates with the fact that there is no singular way of understanding and responding to the pandemic. It originated from a collective feminist rethinking of the current pandemic context and beyond.

- ii. Handouts summarizing the Intersectional Feminist Framework in six different languages, i.e., English, Arabic, Hindi, Urdu, French and Spanish.



- iii. A short audio-visual film that summarizes the feminist framework on the pandemic drawing on Sama's work over two years.

6.6.Issue Brief on Gender Dimensions of Intellectual Property and Access to Medicines

For women, particularly marginalized women, excessively priced medicines due to patents, not only limits access to healthcare but also leads to poorer health outcomes and imposes huge constraints on those coping with high out-of-pocket payments on medical care. Gender-based marginalization and discrimination lead to a situation where the power of big pharma and other profit-driven companies to inappropriately exercise private rights—to the detriment of the larger public good—remains unchallenged.

Sama developed an issue brief on the impact of intellectual property rights on accessibility to some specific medicines for women, and the campaigns and movements across the globe by treatment activists and women that have brought about some changes in accessibility.

It seeks to re-imagine an equitable and inclusive understanding of Intellectual Property (IP) through a gendered lens. It provides a comprehensive analysis of health and gender, how pharmaceutical product patents have created barriers to access to healthcare.

A concrete dissemination plan has been developed in this period towards strengthening discourse, perspectives and efforts of organizations and networks working on these issues as well

as towards the capacity building of the communities. These knowledge resources will also inform efforts at various levels including international platforms, UN events, etc.

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

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

7.1.1. Sama as a national resource group of the Jan Swasthya Abhiyan (JSA), the Indian chapter of the People's Health Movement (PHM), has been involved with JSA efforts to inform policy, guidelines, and protocols on health as well as other relevant economic, social and ethical issues around COVID -19 at the national and Delhi state level.

7.1.2. 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). It comprises more than 100 civil society organizations from about 40 countries worldwide, to drive collaboration and coordinated action for gender-responsive UHC policies, programs, and dialogue, including, but not limited to sexual and reproductive health and rights. Sama was part of the meetings of the Alliance co-convenors as well as of the larger Alliance and was involved in providing inputs into governance, planning, proposal for funding, statements and commentaries. Sama transitioned from co-convenorship from January 2022 while continuing to be a part of the Alliance.

7.1.3. Expert Committees / consultations / submissions on COVID-19

7.1.3.i. Submission on various aspects of COVID vaccine development, management and mitigation of the pandemic

Sama was invited by the Department Related Parliamentary Standing Committee (PSC) on Health and Family Welfare to make a submission on various aspects of COVID-19 vaccine development, management and mitigation of the pandemic.

The submission made by Sarojini from Sama in December 2021 included actionable recommendations to contribute to strengthening the health care services and access to health determinants for all, particularly for the marginalized and vulnerable communities. The recommendations were made based on Sama's experiences over the years and in particular its

work in the context of the COVID -19 pandemic. These are based on Sama's recommendations to the advisories of the Expert Committee of the NHRC on COVID-19, submissions to NITI Aayog, existing research, interactions with the community-based organizations, frontline workers and also common recommendations developed with various women's and public health organizations and networks in the country.

8.Support in the COVID-19 Context: Frontline Workers, Girls, Women Trans* Queer Persons From Vulnerable Communities, Grassroots Organizations

During the past two years Sama has been providing a diverse range of support to the communities, frontline health care providers and community-based organizations. Sama was able to disseminate information regarding COVID-19care and treatment guidelines, counter misinformation regarding the COVID-19 vaccines etc.

It was also the need at that time with the second surge, Sama was one of the first organizations to develop the homecare info-brief and disseminated widely. The pictorial info-brief in multiple languages on "Suggestions for Home Care for Persons with Mild Symptoms of COVID-19 and for Caregivers" developed by Sarojini and Aakriti was widely shared with the organizations in Uttar Pradesh, Jharkhand, Chhattisgarh, Rajasthan, Madhya Pradesh and Odisha. This got disseminated further to the communities with whom they work. Trainings on *COVID-19, Home care and Related Concerns* in Hindi and English languages and Infographics reached out to organizations, health networks working with rural and tribal communities on their request for accurate and reliable information related to the COVID-19 pandemic, home care as well as referrals.



- Concerns regarding overuse/ irrational use of medication, practices, lack of knowledge or access to digital technology, the use of oxymeters, thermometers, etc., were critical to discuss and address. Orientations were conducted by Dr Yogesh Jain a public health physician, attended by 220 participants to understand the appropriate use of oxymeter, thermometer, masks as well as other protocols for COVID-19 (Refer 6.2.). Preceding these orientations, medical equipment (oxymeters, thermometers) was distributed amongst frontline health workers, community health activists, youth groups, volunteers, etc. The series of orientations not only built the capacities but

also made an impact in the community level where the participants were working. Some of them reported that they could manage to convince the communities to wear masks, on vaccination.

- Further, as the second surge of COVID-19 emerged in April 2020, Sama on a daily basis collated and shared helpline numbers to ensure access to hospital beds, blood banks, medicines, oxygen supplies and food. Helpline numbers were collated and shared widely to ensure those facing a mental health crisis and gender-based violence could reach out for support and care.
- Efforts were made to ensure relief support for the most marginalized communities and frontline health workers in Bihar, Chhattisgarh, Odisha, Jharkhand, Uttar Pradesh, North East states, who were deeply impacted by the socio-economic consequences of the pandemic.
- The direct support work was facilitated along with the groups/CBOs in the respective states. Around 20 organizations/networks volunteered their time and efforts to identify and facilitate the support with dry ration, medical and sanitary products provided by Sama across states of UP, Bihar, Jharkhand, Odisha, Chhattisgarh, Rajasthan, Mizoram, Nagaland, Manipur. This included providing dry rations, sanitary products (pads, soaps), masks, face shields, pulse oximeters, thermometers, as well as information regarding health and psychosocial care.
 - Around this second surge, there was a massive requirement for medical support in rural areas. Community level health workers, frontline health workers and organizations were grappling with the lack of much needed oxymeters, thermometers, masks, shields, sanitizers, etc. With the assistance of community-based organizations in Bihar, Odisha, Delhi, Manipur, Jammu and Kashmir, Sama distributed 540 oxymeters, 240 thermometers, about 5000 masks. However, mere distribution of the equipment was not sufficient for community-based health workers, and NGOs who were challenged in using them appropriately. Sama, therefore, organized a series of orientations in Hindi, as mentioned previously on the use of these medical products. The equipment was used to reach out to nearly 51000 persons in these States.
 - The loss of livelihoods, hunger was the ground realities amongst the marginalized in the above-mentioned states. Community-based organizations that Sama works with drew attention to some of the most vulnerable communities who were struggling to cope with food insecurity, hunger as a result of the pandemic. Dry ration kits were distributed to over 2000 families especially from the most marginalized communities.

- Availability and access to menstrual products such as pads was seriously impacted by the pandemic. 8748 packets of sanitary pads were provided to 4374 adolescent girls from rural marginalized communities.



9.Participation as Speaker/ Panellist in Webinars, Workshops

Date	Webinar / Workshop
May-June 2021	IPHU Barcelona-Online course for health activists organized by PHM Europe. Sama was invited to record a session on gender and health. In June, Sama joined for a virtual conversation with the IPHU participants
13 July 2021	Session organized by Ideosync UNESCO Information Fellowship; Presentation on “Looking at Women's health and the Health infrastructure in India through a Feminist Lens”
14 July 2021	Twitter space discussion organized by People’s Vaccine Alliance; Sama presented on the barriers in accessing vaccines and the gendered gap in vaccination in India
27-31 July 2021	Abortion, Gender and Rights Institute, organized by CommonHealth and CREA; Presentation on Sama’s initiative on the right to safe abortion
18 August 2021	Workshop on COVID-19 Vaccine Access in Asia, organized by Asia Catalyst; Presentation on COVID 19 Vaccines – Developing a gender equity and access framework
17-18 August 2021	Workshop on COVID-19 Vaccine Access in Asia, organized by Asia Catalyst; Presentation on Vaccine Hesitancy – A Myth or Reality
14-16 September 2021	Aman network meeting at national level; Sama co-facilitated the session on Digitalization. Presentation on the Sama Online module to address GBV
15 November 2021	Session on “Right to Health” Organized by Secretariat of the Working Group on Human Rights (WGHR) in India and the UN (WGHR), as part of the North Regional Consultation; Sama participated and provided inputs
17 November 2021	Prevention of Sexual Exploitation and Abuse (PSEA) training by UNFPA; Sama team members participated.

24 November 2021	Meeting with representatives of the India Mental Health Observatory, Centre for Mental Health Law and Policy, to input into civil society engagement to improve the implementation of the Mental Health care Act, 2017
5 December 2021	Access to Safe Abortion Services during COVID-19 -19 and Impact of the 2021 Amendment to the Medical Termination of Pregnancy Act and Rules, organized by HRLN; Presented on access to safe abortion services during COVID-19
6 December 2021	Training on legal provisions against Sexual Harassment at the workplace, organized by UNFPA; Sama team members attended the training
8 February 2022	Session organized by Ideosync UNESCO Information Fellowship; Presentation on "Politics of Health"

10. Contributions to Publications

- Aakriti Pasricha, Neelanjana Das and Sarojini N. Gendered inequities during Covid-19 times: A view from the global south. *Global Health Watch* 6, In the shadow of the pandemic. (pp. 47-64, Bloomsbury Publishers)
- Adsa Fatima. Access to abortion under lockdown in India. Access to abortion under lockdown in India - Safe Abortion Action Fund (saafund.org)
- Ann Keeling, Divya Mathew, Deepa Venkatachalam, and Chantal Umuhoza. *Delivering on the Promise of Health For All Must Include Gender Equality and SRHR*. 29 September 2021 <http://www.ipsnews.net/2021/09/delivering-promise-health-must-include-gender-equality-srhr/> IPS news
- Neelanjana Das, Sweta Dash and Sarojini N. How COVID-19 retraced India's steps to gender equality. In *COVID-19 -A view from the margins* [In Jain, Yogesh & Nabia, Sarah (Eds.), 1st ed., pp. 503-519, Manohar Publishers]
- SAMA Resource Group for Women and Health, *Concise Note on India's Vaccination Status*, 7 May 2021, <<https://samawomenshealth.in/concise-note-on-indias-vaccination-status/>>
- Sarojini Nadimpally & Adsa Fatima. *Maternal health and rights in the time of COVID-19*. June 2021. *Covid-19 and the Constitution*, Centre for Health, Equity, Law and Policy Initiative <https://COVID-19-constitution.in/analyses/maternal-health-and-rights-in-the-time-of-COVID-19>
- Sarojini Nadimpally. *Pregnancy and COVID-19 vaccine trials: Gender justice compromised*, EDITORIAL, Vol VI, Issue 3, July 16, 2021, *Indian Journal of Medical Ethics (IJME)*, <<https://ijme.in/articles/pregnancy-and-COVID-19-vaccine-trials-gender-justice-compromised/?fbclid=IwAR3ckmgQFfz0IZkZctCkzIWtxqzIK-m42pDFCy0-7Zr7fdjA54RzBUcejak>>
- Sarojini Nadimpally. *Why vaccine hesitancy should not be tackled through a carrot and stick policy*, Jun 18, 2021, *The Scroll*, <<https://scroll.in/article/997603/why-vaccine-hesitancy-should-not-be-tackled-through-a-carrot-and-stick-policy>>
- Sweta Dash. *COVID-19 worsening the mental health crisis in India: A Primer*, Available at Sama COVID-19 Canvases <<https://samawomenshealth.in/COVID-19-worsening-the-mental-health-crisis-in-india-a-primer/>>
- Sweta Dash. *Understanding the tale of Coronavirus in Rural India*, Available at Sama COVID-19 Canvases <<https://samawomenshealth.in/coronavirus-in-rural-india/>>

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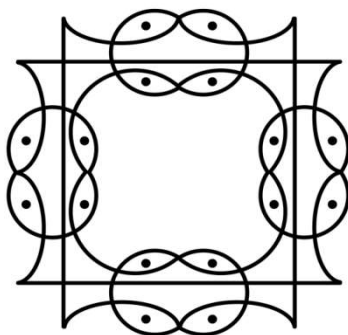
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