



**SAAF**  
Safe Abortion Action Fund

# Narrative Report

## SAMYAK

## India

Advocating against Sex Selection issues and for Access to Safe  
Abortion Services





**SAAF**  
Safe Abortion Action Fund

# Sixth Interim Report

April – September 2017



State Advisory Committee Meeting, Sept 9, 2017, Pune



# Our biggest achievements during this period

## Second round of trainings in 5 districts

Second round of trainings with stakeholders was conducted in remained 5 districts (Satara, Sangli, Kolhapur, Pune and Nanded).

Total 171 people including Government Authorities, Private and Public providers and medical collage teachers were participated in trainings.



Dr. Gorakh Mandrupkar during second round of Training in Nanded, September 3, 2017



- PCPNDT Act – The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2003
- MTP Act: Medical Termination of Pregnancy Act
- FOGSI: Federation of Obst. and Gynach. Societies of India
- CS: Civil Surgeon (Government Authority to implement PCPNDT and MTP Act at district level)
- WCD: Women and Child Development Department
- RAG: Regional Advocacy Group
- IMA- India Medical Association
- CM- Chief Minister
- MoHFW- Ministry of Health and Family Welfare





- Sangli Civil Surgeon took a lead in organizing this meeting in Sangli and invited all PCPNDT Advisory Committee Members, MTP committee members and all Medical Superintendents of Sangli district. Total 106 people participated in the meeting.

*“This is very important project started by SAMYAK and as a CS I will always help them to organize such meetings. These meetings are also helpful for us to build the trust in providers as Sangli is now became a very sensitive district about the issue of sex selection.*

*- Dr. Sanjay Salunkhe, Civil Surgeon, Sangli*



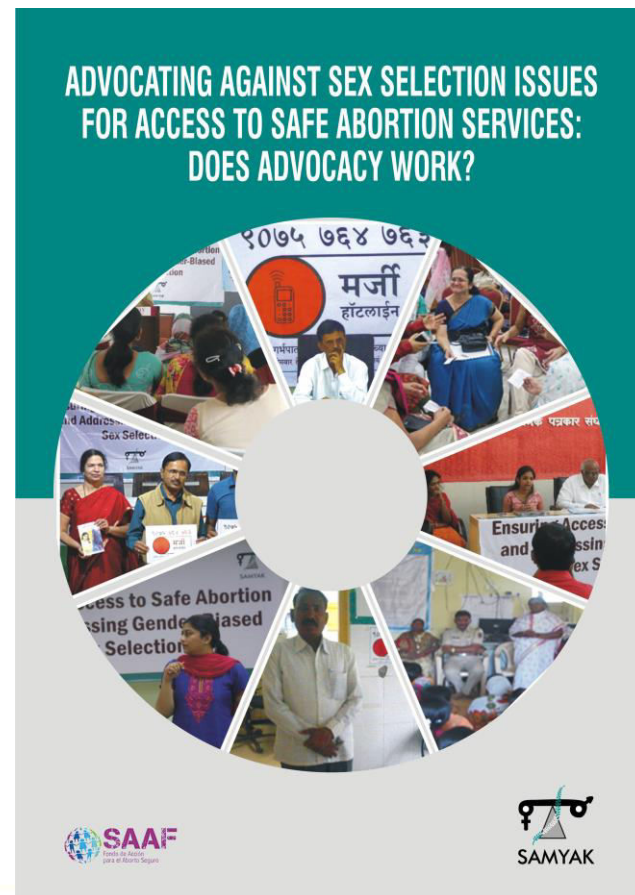
Photograph, From left- Ms. Preet Manjusha-SAMYAK Pune, Dr. B.M.Patil- President- IMA Sangli, Dr. Sanjay Salunkhe- CS Sangli, Dr. P.A.Pawar- Miraj and Sangli OBGY Society and Dr. Gorakh Mandrupkar, SAMYAK at Second round of meeting, Sangli, July 23, 2017.





## Final External Review of the project

- Final external review of the project with the help of external consultant Ms. Shveta Kalyanwala (Independent Consultant, Delhi)
- Interviews and group discussions with various key persons involved in project
- This report will be used for further advocacy with Government, Associations of Private Medical Practitioners, Media and Civil Society Organizations at state and national level.





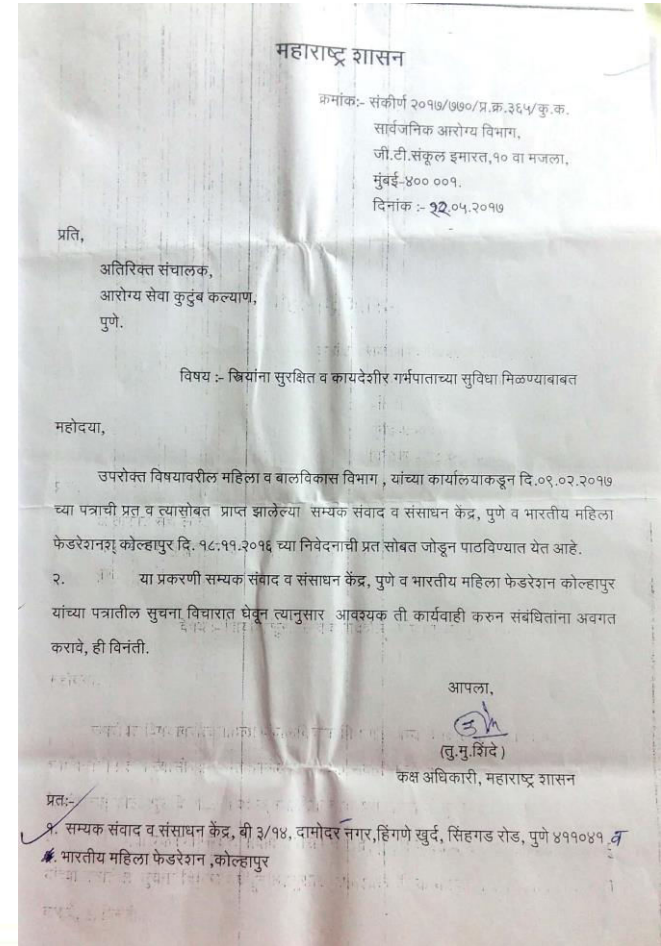
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# SAAF

Safe Abortion Action Fund

## Health Ministry took a note of letter of demands submitted by RAG members

- RAG members did a campaign of communicating with Health Ministry through letter of demands
- It created chain of communication at various levels like District Collector, personal assistant of CM, WCD and Public Health Department
- Public Health Department send the letter to MoHFW to ask to take necessary actions.





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## Consolidation of work

- A two-day collective meeting of all RAG members conducted in Pune
- All RAG members submitted the assessment of advocacy work initiated on access to safe abortion
- At the end of the meeting all RAG members decided to continue the work on access to safe abortion along with state advisory committee
- A state level network will be established in near future with the participation of RAG members and state advisory committee members







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## Planned a Future Advocacy on access to safe abortion

- SAMYAK, RAG members and State Advisory Committee members will establish a state level network to advocate for access to safe abortion services in future
- The evaluation report of this project will be used as a tool for fund raising and sustaining this work in Maharashtra
- Small meetings with all stakeholders will be organized in next year to sustain their support to this work





**SAAAF**  
Safe Abortion Action Fund

- Please choose how you think your project is progressing
  - ~~1: Excellent~~
  - 2: Ahead of expectations
  - ~~3: Progressing as planned~~
  - ~~4: Some issues~~
  - ~~5: Major problems~~





# Challenges we have faced

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## To sustain the RAG in future

This is going to be the challenge in coming future for us. We collectively discussed this issue with RAG members in a meeting and decided that RAG members will keep working in their capacities and SAMYAK will take responsibility of looking for opportunities of funding to continue this work.





Support we need from

The support of SAAF gave us an important opportunity to initiate the work on the issue of access to safe abortion in Maharashtra. It would be great help if SAAF can suggest us another opportunities for fund rising to sustain this work.







What we think of SAAF

We are very thankful to SAAF team for providing this opportunity to work on the issue of access to safe abortion. Though we missed the fourth round of SAAF, we are looking forward to collaboratively work together in future.





## Child protection policy

**Please answer yes/no to the following questions:**

- Do you have **named staff member(s)** who is responsible for ensuring the safety of children, young people and vulnerable adults?- **NO**
- Have you provided **training** for staff on creating safe environments for children, young people and vulnerable adults?- **NO**
- Do you have a **documented complaints procedure** to ensure effective reporting of any emerging child protection issues?- **NO**



# Fifth Interim Report

October 2016 – March 2017



**Dr. Milind Shah, Ex-Chairman, Rural Obstetrics Committee, (FOGSI) sharing his views on access to safe abortion during training organized at Solapur on March 5, 2017.**

# List of Acronyms

- PCPNDT Act – The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2003.
- MTP Act: Medical Termination of Pregnancy Act
- FOGSI: Federation of Obst. and Gynach. Societies of India.
- CS: Civil Surgeon (Government Authority to implement PCPNDT and MTP Act at district level)
- WCD: Women and Child Development Department
- RAG: Regional Advocacy Group
- DHO: District Health Officer
- CM: Chief Minister
- PAC: Public Accounts Committee
- Gol: Government of India



# Our biggest achievements during this period

## Ownership of RAG members on the Issues of Access to Safe Abortion

### *Independent Advocacy work by RAG members*

Charter of demands submitted to District Collectors, CSs and DHOs in Kolhapur, Beed, Aurangabad, Latur, Osmanabad, Solapur districts of Maharashtra by RAGs



*Dr. Seema Kinikar, State Advisory Committee Member and Mr. Satish Rathod, RAG member, Solapur, with the District Collector of Solapur.*



*. Jyoti Bhalkar along with activists of Akhil Bhartiya Mahila Federation submitting demand letter to district collector of Kolhapur district*

RAG members are now advocating with government authorities to take actions on access to safe abortion services in their respective districts

# Our biggest achievements during this period

## Direct Action for Demanding Access to Safe Abortion Services



Ashok Tangade, RAG member, Marathwada Region, along with other RAG members, dialogued with the CS of Beed district to ensure access to safe abortion services to 16 women (5 unmarried girls, 2 widow and 9 others).

Machhindra Gawale, RAG member, Marathwada region, advocated with police and civil hospital of Nanded district to file a complaint of rape of 17 years old victim and successfully demanded for safe abortion for her in the second trimester of her pregnancy.



Jyoti Bhalkar, RAG member, W. Maharashtra, is in dialogue with District Collector of Kolhapur district to issue guidelines for district health authorities to not use the word 'Female Feticide' and to organize training for district advisory committee members formed under PCPNDT Act.

# Our biggest achievements during this period

## Building Synergies between SAAF Grantees in India

Protection of Children from Sexual Offenses (POCSO, 2012) Act states that any sexual contact with children below 18 year of age is an offense by law. It creates barrier in providing access to safe abortion to young girls below 18 in India. In such cases, it is mandatory for service providers to report the case to police. Due to this overlap many young women do not get access to safe abortion and are compelled to opt for unsafe and illegal abortions.

**SAMYAK along with CREA and CommonHealth** India organized a workshop to discuss these overlaps, potential threats for access to safe abortion for young women and to strategies advocacy mechanisms and messages on this with CREA-CH, which is another SAAF grantee in India.



# Our biggest achievements during this period

## Local Activists taking lead in State-level advocacy for *'Right to Safe Abortion'*

RAG members from both regions, along with other 11 partnering civil society organizations, have resolved to organise a big state-level conference to demand access to safe abortion as a 'right' of all women.



*Participants during conference planning meeting held on January 17, 2017 at Aurangabad, Marathwada, Maharashtra.*



# Our biggest achievements during this period

## Public Action against the Recommendation\* of Public Accounts Committee, Maharashtra

To curb the practice of sex-determination, the PAC, appointed by the Government of Maharashtra, recommended mandatory screening of the sex of the fetus in every single pregnancy and to monitor pregnant women carrying fetuses of female sex. We opposed this recommendation of PAC because it is complete violation of women's rights in general and their SRHR in specific.

RAG members from 8 districts organized non-violent demonstrations against this government decision and submitted their demands against this recommendation to the State Government of Maharashtra.



\* <http://www.dnaindia.com/india/report-make-sex-determination-tests-mandatory-maharashtra-pac-2387263>

\* <http://timesofindia.indiatimes.com/city/pune/activists-oppose-public-accounts-committee-proposal/articleshow/58212406.cms?>

# Our biggest achievements during this period

## Second Round of Training with Stakeholders in 5 Districts

- The second round of training with the key stakeholders has been completed in 5 districts of Maharashtra, which was attended by 193 participants including private medical practitioners and government authorities.



Civil Surgeon, Secretary of Obstetric and Gynecologist Society, RAG Members and State Advisory Committee Member During meeting with stakeholders organized at Solapur

- Aurangabad and Solapur FOGSI decided to stop use of word 'female foeticide' and displaying pro-choice messages.

# Our biggest achievements during this period

## Dissemination of Communication Materials

Newsletter posted to over 2000 stake holders

## Pocket Reader on Access to Safe Abortion

- 3000 copies of the pocket reader (in Marathi) are distributed to various stake holders, government health service providers, private health care providers and CSOs in the state of Maharashtra.

**तुम्हाला हे माहिती आहे का ?**

माता-मृत्यू ही भारतातील एक गंभीर समस्या आहे. असुरक्षित गर्भपातांमुळे होणारे मृत्यू हे मातामृत्यूंचे एक प्रमुख कारण आहे.

२०१२ च्या आकडेवारीनुसार भारतात दरवर्षी अंदाजे ५५००० माता-मृत्यू होतात

प्रकृण मातामृत्यूंपैकी ८% मृत्यू असुरक्षित गर्भपातांमुळे होतात

सुरक्षित गर्भपात सेवा मिळाली तर हे मृत्यू टाळता येतील.

सुरक्षित प्रसूती सेवांप्रमाणेच सुरक्षित गर्भपात सेवा मिळणेही तितकेच गरजेचे आहे.

**गर्भपात करून घेण्याची कारणे अनेकविध आहेत**

कुटुंब नियोजन

पहिले मूल लहान असणे

पटस्फोटित किंवा एकटी स्त्री असणे

सुखस्थानेच्या शिवाय राहणे

लग्न न झालेली मुलगी गरोदर राहणे

बलात्कारानुसार गर्भधारणा

एका वर्षाने ६६ लाख गर्भपात होतात त्यापैकी लिगनिदान करून घेणाऱ्या गर्भपातांचे प्रमाण ९% म्हणजेच अंदाजे ५ लाख ७० हजार इतके आहे.

म्हणजेच जवळपास ९१% गर्भपात हे इतर अनेक कारणांमुळे होतात. याचरून गर्भपात सेवांची आवश्यकता लक्षात येते.

# Our biggest achievements during this period

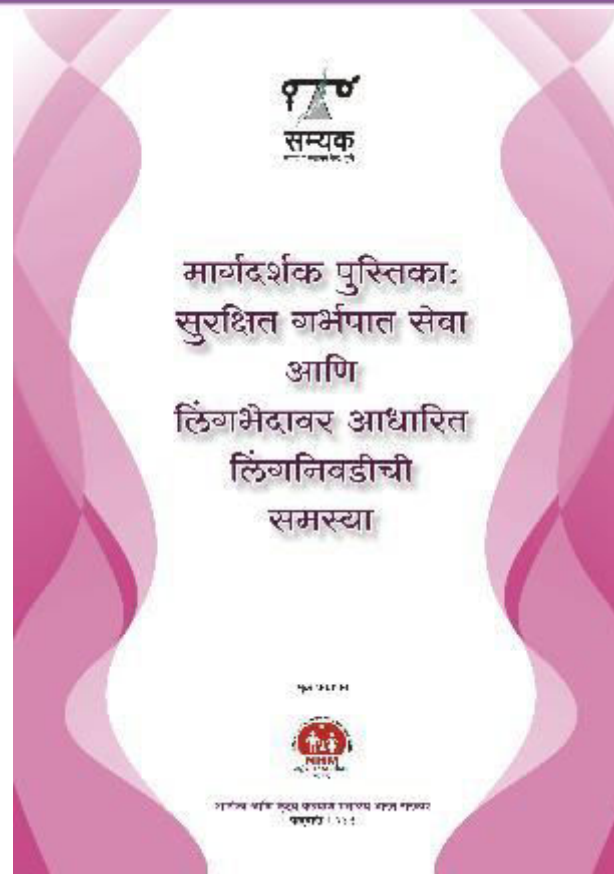
## Dissemination of Communication Materials (Contd..)

### Translation of GoI guidelines in *Marathi*:

Government of India has published a guidelines 'Ensuring Access to Safe Abortion and Addressing Gender Biased Sex Selection' in May 2015.

SAMYAK translated these guidelines in Marathi and it is being used as a tool for advocacy on access to safe abortion in Maharashtra.

State Health and Family Welfare Bureau, Maharashtra will distribute these guidelines in all necessary authorities



Cover of Marathi translated guidelines.

Original Guidelines source:

<http://www.nrhtn.gov.in/guideline/SafeAbortionHandbook.pdf>



# How well we think we are progressing

- Please choose how you think your project is progressing
  - 1: ~~Excellent~~
  - 2: Ahead of expectations
  - 3: ~~Progressing as planned~~
  - 4: ~~Some issues~~
  - 5: ~~Major problems~~

# Challenges we have faced in this period

- A case of sex-determination and illegal abortion centre was exposed in Maharashtra in the last month. The media, both print and electronic, raised this issue of 'female feticide' without realizing how they promoted anti-abortion messages. This massive media coverage\* (please find attached links) again took back the pro-choice work and messages we built so far in the State of Maharashtra.
- It impacted the schedule of trainings with stakeholders, especially in western Maharashtra.
- We also had to postpone media advocacy workshop in the next quarter due to this negative development in the state.

\*<http://www.thehindu.com/opinion/op-ed/trail-of-rapacious-doctors-and-touts-no-country-for-baby-girls/article17519873.ece>

\*<https://www.youthkiawaaz.com/2017/03/abortion-racket-maharashtra/>

# Anti-choice activities

- Recently, PAC's anti-choice recommendation to Government of Maharashtra.
- Private health care provider's possible alliance with the PAC recommendations resulting in to anti-choice environment for policy advocacy.
- Increased fear of rise of pro-life perspectives and dissemination of messages (Please add pic from Nagpur)

# Support we need from SAAF

- Help us strategize to consolidate this work in Maharashtra and to take it up at the national-level policy advocacy.
- Build our capacities for/help us, in impact assessment of the project/our interventions.

# What we think of SAAF

- We, as a team, have a feeling of ‘productive’ engagement with SAAF and it’s resources.

# Fourth Interim Report

April 2016 – September 2016



State-level dissemination meeting, Mumbai



RAG member exposure visit to SAMA, New Delhi



# List of Acronyms

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- MTP Act: Medical Termination of Pregnancy Act
- CS: Civil Surgeon (Government Authority to implement PCPNDT and MTP Act at district level)
- WCD: Women and Child Development Department
- RAG: Regional Advocacy Group
- DHO: District Health Officer
- CEO: Chief Executive Officer
- MLA: Member of Legislative Assembly

# Our biggest achievements during this period

## Advocacy at state level

**Marathwada RAG submitted 106 *Gram Sabha* resolutions and letter of demands to Divisional Commissioner\* and MLA of *Gevrai* Legislative Block, Beed**

*“This is very important issue you are focusing on. We will also try to send this charter of demands to the Health Minister of the state of Maharashtra and organize a meeting with him”. - Badamrao Pandit, MLA, Gevrai, Beed*



RAG members talking to the Divisional Commissioner Dr. Umakant Dangat. RAG members standing from left- Ms. Seeta Bansod, Ms. Manisha Tokale (State Advisory Committee member of SAAF project), Mr. Tatwashil Kamble and Mr. Sheshrao Ingle.

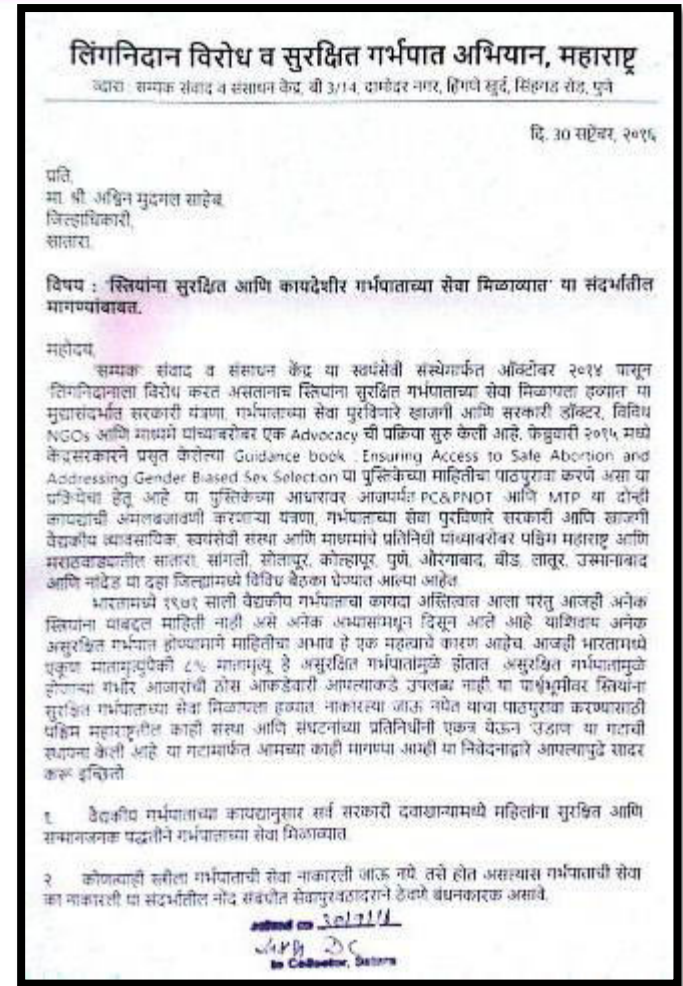
*\*Divisional Commissioner is a chief representative of State Government in the Division. Implementation of primary health care services is one of his important functions. (<http://commissionerujjain.nic.in/about-us/aboutUs.htm>)*

# Our biggest achievements during this period

**A letter is submitted to the District Collector, CS, DHO and CEO in *Nanded, Sangli and Satara* districts with following demands:**

1. Increase access to safe and legal abortion services in public health services in the district
2. Design a system to document denial of abortion services in public sector
3. Publicise the list of authorised centres providing MTP services in the district

**District collector of *Satara* issued orders to CS and DHO to take appropriate actions based on the demands made by RAGs.**



# Our biggest achievements during this period

## A State Level Advocacy and Dissemination Meeting accomplished

- Participation of 35 renowned health activists, private health care providers, activists from women's movements and a civil surgeon from Beed district
- Further strategies designed for state level advocacy to demand access to safe abortion services in public and private health care system.



Dr. Vibhuti Patel, SNDT University, Mumbai



Dr. Ashok Bolde, Civil Surgeon from Beed district sharing his thoughts in dissemination meeting



# Our biggest achievements during this period

## Engagement of State PCPNDT consultant in the State Advisory and Technical Support Committee



*State PCPNDT Consultant Dr. Asaram Khade giving presentation in State Advisory and Technical Support Committee Meeting*

# Our biggest achievements during this period

## Massive outreach drives in the grassroots by RAGs

- Awareness sessions by RAG members in 108 villages with approx. 15790 people and dissemination of 'Marjee' Hotline posters
- More than 180 dialogues with various stake holders including private medical practitioners, government authorities, grassroots health care providers and NGOs
- Increased referral to 'Marjee' Hotline by RAG members



RAG members in Marathwada region in a dialogue session with Women and Child Development (WCD) officer in Osmanabad district



# Our biggest achievements during this period

## Massive outreach drives in the grassroots by RAGs (contd.)

- Engagement with women community health workers (ASHA-Accredited Social Health Activists) appointed under public health services and grassroots workers of WCD
- RAG member's ownership in community advocacy: 108 villages through dialogue sessions on access to safe abortion.
- Inclusion of safe abortion agenda with the wider issue of village development in participatory rural development planning process



RAG members in Marathwada region in a dialogue session with *Anganwadi* Workers (grassroots workers of WCD)

# Our biggest achievements during this period

## Team-building of RAG members from both regions

- Visits to 4 renowned NGOs (*Tathapi, Pune. MASUM, Pune. SAMA, Delhi. SUTRA, Jagjitnagar, Himachal Pradesh*) in India working on the issues of women's health and SRHR
- Strong network building of champions in the state of Maharashtra to advocate for access to safe abortion services
- Major decision of holding a state-level conference towards the end of the project



*RAG members from Maharashtra with Mr. Subhash Mendhapurkar, founder of Social Uplift Through Rural Action (SUTRA) in Jagjitnagar in the state of Himachal Pradesh, India*

# How well we think we are progressing

- Please choose how you think your project is progressing
  - ~~1: Excellent~~
  - 2: Ahead of expectations
  - ~~3: Progressing as planned~~
  - 4: Some issues
  - ~~5: Major problems~~

# Challenges we have faced in this period

- **Delayed in data analysis:** The data analysis has got delayed due to the delay in data collection. It was expected challenges we transcribed all data and are analysing it with the help of consultant
- **Delay in getting appointment of Divisional Commissioner:** It was unexpected challenge. We had to wait for 2 months to get an appointment with the Divisional Commissioner.

# Anti-choice activities

- Radiologist went on nationwide strike in India against the stringent implementation of PCPNDT, which started with an episode in Pune, Maharashtra.
- It further created panic in the providers of safe abortion services.
- The language of pro-PCPNDT lobby became more and more 'pro-life' in response to radiologist strike



# Key activities for next period

- Data Analysis
- Publication and dissemination of report
- Conference with Media representatives
- State-level Advocacy Activities (documenting 'Extra-legal' processes in PCPNDT and MTP Act)
- Release of video documentary
- Ongoing dialogue sessions with private medical practitioners
- Follow-up capacity building activity/ies with health care providers

# Support we need from SAAF

- We would like to thank SAAF for sustained support
- We would like to invite SAAF team for visit filed activities in India
- We would like SAAF to help us design strategies to further sustain this energy and advocacy initiatives by linking us with potential donors

# What we think of SAAF so far...

- We really appreciate the flexibility that SAAF has shown so far with the project activities and re-allocation of budgets as per the field requirements.

# Third Interim Report

October 2015 – March 2016



# List of Acronyms

- AA- Appropriate Authorities of PCPNDT Act
- PCPNDT – The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2003.
- MTP Act: Medical Termination of Pregnancy
- CS: Civil Surgeon (Government Authority to implement PCPNDT and MTP Act at district level)
- WCD: Women and Child Development Department
- RAG: Regional Advocacy Group
- POCSO: Protection of Child from Sexual Offences Act 2012



# Our biggest achievements during this period - 1

## Increased ownership of Regional Advocacy Groups

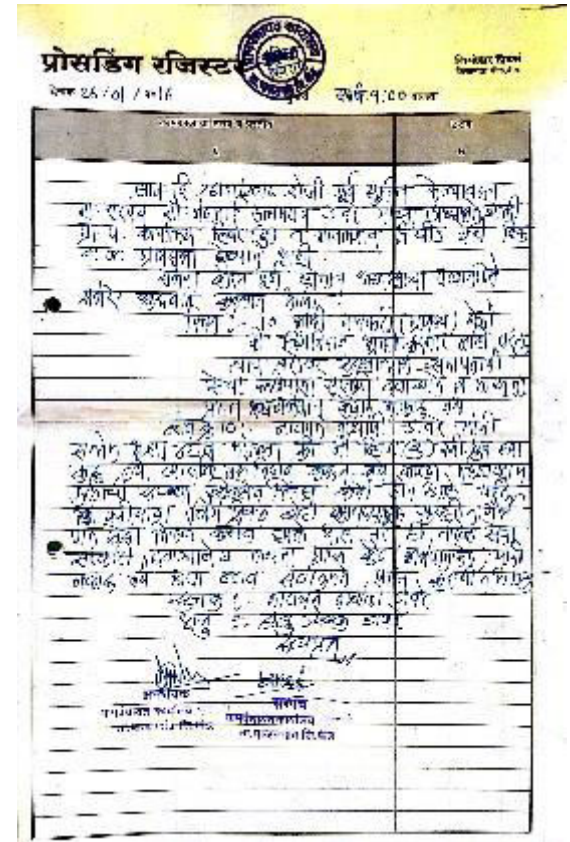
- RAG members organized follow up meetings with civil society groups on their own after the strategic planning workshop
- Social and political leaders (809 numbers) were reached out in 27 villages by RAG members.
- RAG discussed the project issue in various public meetings and reached out to 17050 people.
- RAG members distributed 2000 hotline posters and abortion information booklets in project area.



# Our biggest achievements during this period - 2

## Building advocacy agenda from grassroots: 85 *Gram Sabha*\* Resolutions

- Resolution : “We resolve that we are against sex determination but we also demand access to safe abortion services to women in need of abortion and no woman should be denied abortion service in public health care system”.



\* *Gram Sabha* is a general meeting of all adults of the village. It's resolution is a powerful statement that the State can not neglect and have to follow, of course, if it is within the framework of The Constitution of India. Please read more at <http://pib.nic.in/feature/feyr2000/fapr2000/f030420001.html>

# Our biggest achievements during this period - 3

- **Wider outreach through ‘Marjee’ Newsletter**

Distribution of more than 5000 newsletters to private medical practitioners, NGOs, Medical Institutes, women studies centres, nursing colleges, media representatives and government authorities

*“It is very important initiative by SAMYK. It’s need of time to make aware society regarding issues of safe abortion and sex selection. I would like to contribute in SAMYAKs work. Please let me know if I can do something.”*

*- Dr. Rekha Deshpande, Nanded*



# Our biggest achievements during this period - 4

## Increased interface with women in need of access to safe abortion services through the *'Marjee'* hotline

- Hotline number is displayed in government health facilities and private hospital/clinics
- 37 calls received by hotline for information on access to safe abortion and contraceptives
- Referral services are provided to women through hotline – connecting with abortion service providers



# Our biggest achievements during this period - 5

- **Building critical mass for advocacy in the state**
  - Involvement of renowned women's health right activists in state advisory and technical support committee
  - Reached out to: 140 private medical practitioners, 8 medical colleges teachers, 7 Appropriate Authorities of PCPNDT Act, 64 electronic and print media representatives and 44 civil society organizations in last six months





# Our biggest achievements during this period - 6

## Media Coverage

- 17 local newspapers stories/news items
- 5 local news channels telecasted stories on access to safe abortion services (viewership ranging between 70,000 to 1.2 million of different channels)



# How well we think we are progressing

- Please choose how you think your project is progressing
  - ~~1: Excellent~~
  - 2: Ahead of expectations
  - 3: ~~Progressing as planned~~
  - 4: Some issues
  - ~~5: Major problems~~

# Challenges we have faced in this period

- **Delayed data collection:** It was unexpected challenge. Many respondents denied interview in Marathwada region so research assistant had to change his plans. It impacted the timelines of data collection and analysis. We reorganised our sample through the heads of associations of private medical practitioners in different districts.
- **Technical problem in transferring funds to RAG for regional advocacy initiatives:** The Foreign Contribution Regulation Act (FCRA) in India does not allow us to transfer money to any local group who does not have FCRA registration. Which means SAMYAK has to directly book the costs for implement regional advocacy initiatives. Due to this administrative issues, though the plans were ready, amount remained unspent.

# Anti-choice activities

- Right-wing organizations are more active in the present period of the government. Their activities, in general, are against gender equality, which further poses challenge to the idea of women's choice to have or terminate pregnancies.

# Key activities for next period

- Data Analysis
- Exposure visit of RAG members
- Mid-term external evaluation
- Post-production phase of documentary film
- **State Advocacy Activities:** meeting with Director of Health Services, press conference at state level (in Mumbai), preparing position paper on the issues between POCSO and MTP Acts, Documenting 'extra-legal' practices by government authorities while implementing PCPNDT Act that results in curbing abortion services
- Ongoing dialogue sessions and communication campaign by RAG members

# Support we need from SAAF

- Technical support in designing framework for mid-term external evaluation
- We invite SAAF team to visit the project and give feedback.



# What we think of SAAF so far...

- Thank you for supporting participation of Preet in the third IWAC held in Bangkok in January 2016.
- Reporting template is just fine.

# Second Interim Report

April 2015– September 2015



# List of Acronyms

- AA- Appropriate Authorities of PCPNDT Act
- PCPNDT – The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2003. *The law was first enacted in 1994 and amended in 2003.*
- MTP Act: Medical Termination of Pregnancy (Amendment) Act 2002
- CS: Civil Surgeon (Government Authority to implement PCPNDT and MTP Act at district level)
- WCD: Women and Child Development Department

# Our biggest achievements during this period - 1

## Ownership of local stake holders on the issue and process

- Outreach: 73 civil society groups, 203 private medical service providers, 20 government medical service providers, 8 PCPNDT implementing authorities and 35 media representatives.
- Many of them have started taking up the issue actively in their own areas of operations

*“We are working on the issue of stree-bhrunahatya (female feticide) since long but we ignored the issue of safe abortion and I think we should start taking this issue ahead through our movement”*

*- Dr. Megha Pansare, Bhartiya Mahila Federation (A national women’s rights network), 28 July, 2015, Kolhapur.*

# Our biggest achievements during this period - 2

## Crucial engagement of local print and electronic media

- Workshops and press conferences with local media representatives
- Nineteen local newspapers carried elaborate stories on need for access to safe abortion
- Interview of Dr Suchitra Dalvie telecasted on local television channels in two districts –outreach to approximately 1 million viewers.

*“This topic is very important and we should start working on this as media representatives”- Sanjay Malane, Editor, Dainik Prajaptra, A daily newspaper in Beed, September 30,2015*



# Press and Television Coverage





# Our biggest achievements during this period - 3

## Started trust building process between civil society, government official and private medical provides-

- Civil Surgeons from 4 districts have agreed to hold a joint meeting with civil society groups and private medical providers.



*“We should invite a common meeting with all authorities, private providers and NGO members. I shall help you to mobilize people for this meeting”*

*- Dr. Pattanshetty, Civil Surgeon, Solapur, Sept. 22, 2015*

# How well we think we are progressing

- Please choose how you think your project is progressing
  - ~~1: Excellent~~
  - 2: Ahead of expectations (outreach)
  - ~~3: Progressing as planned~~
  - 4: Some issues (re-allocating funds, research)
  - ~~5: Major problems~~

# Challenges we have faced in this period - 1

- **Geographical coverage of project- travel distances:**

It was unexpected challenge. Initially we thought that we will be able to manage travel distances but now finding it difficult due to the distances and time for travelling. We are trying to built capacities of local champions so that they will help in organizing various activities.

- **Turnover of staff for *Marathwada* region:**

We had another regional coordinator resigned from the position! It was unexpected. Now we are trying to create a field support for logistical arrangements and project coordinator will take over the responsibility for contact building of both regions.

# Challenges we have faced in this period - 2

- **Regularizing RAG meetings:**

It was unexpected challenge. As RAG members are acclaimed activists and busy in their activities, it is difficult to coordinate time for meetings. We are making efforts to plan RAG meetings in advance.

- **Establishing Technical Advisory Committee:**

As RAGs are yet to settle as team and in their advocacy initiatives, we are not being able to form technical advisory committee. We are in process of communicating with various renowned 'pro-choice' women's health right activists to join the committee.

# Anti-choice activities

- Religious agenda of government – appeal by members of parliaments of ruling party to Hindu women to give more births to compete with Muslim population in India – wide media coverage to such ‘anti-choice’ statements.
- Private medical provider’s pro-life values: “Women who seek abortion should be punished” or “Abortion is a sin”!
- Save Girl Child Campaign initiated by government - wider participation by civil society: Pro-life language spreads anti-abortion messages.





# Key activities for next period

- Qualitative research, dissemination of findings
- Media advocacy workshops
- Publication of newsletter and dissemination
- Exposure visits for RAG members
- Communication campaigns and ongoing dialogue with key providers through RAG
- Video documentation

# Support we need from SAAF

- We need help in revising some of the project activities and budgets
- Technical suggestions for mid-term evaluation- help is needed in designing framework for internal mid-term evaluation
- Support needed in dissemination of results to international community

# What we think of SAAF so far...

- Thank you SAAF for your sustained cooperation
- We would like to invite you to visit the work in Maharashtra, India

# First Interim Report

October 2014 – March  
2015



# List of Acronyms

- ASAP – Asia Safe Abortion Partnerships
- FCRA – Foreign Contribution (Regulation) Act, 2010
- PCPNDT – The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2003. *The law was first enacted in 1994 and amended in 2003.*

# Our biggest achievements during this period

- A space is created for private medical practitioners, government health services and civil society groups (NGOs and activists) to come together to discuss the issues of denial of safe abortion services in the context of stringent implementation of PCPNDT Act
- Engagement of representatives of women's movement



Civil Surgeon, Resident Medical Officer and Legal Advisor of health department of government in Sangali district in a dialogue session with the project team, private practitioner and RAG members



# How well we think we are progressing

- Please choose how you think your project is progressing
  - ~~1: Excellent~~
  - ~~2: Ahead of expectations~~
  - ~~3: Progressing as planned~~
  - 4: Some issues**
  - ~~5: Major problems~~

# Challenges we have faced in this period

- Delay in getting sanction under FCRA
  - With the change in government, foreign contributions (donations) are under strict vigilance. It delayed sanction to SAMYAK, which caused delay in receiving funds
  - It was an expected problem, but it took longer than expected!
  - SAMYAK tried to manage project activities from its own funds in the first quarter and half

# Challenges we have faced in this period

- Slower pace of project activities in Marathwada region (5 districts)
  - Marathwada being backward region, very little ethos for health activism and advocacy
  - Difficulties in mobilizing civil society and private medical practitioners
  - It was an unexpected problem
  - Informal contacts are being made with civil society organizations and private practitioners and government authorities are being approached through formal system.

# Anti-choice activities

- Anti-choice activities occurring -
  - Representatives of present government making public statements asking Hindu women to deliver 10 children to 'fight the growing number of Muslims' in country has led to wide publicity to anti-choice messages through media
  - Due to the fear of sex-selective abortion, accessing medical abortion also has become a challenge for women

# Key activities for next period

- Qualitative Research as proposed
- Training workshops with health care providers and key stake holders
- Media advocacy workshops
- Changes: No major changes in the scheduled activities except timeline for qualitative research



Regional Advocacy Group, Western Maharashtra

# Support we need from SAAF

- We expect SAAF to help us connect with similar kinds of projects outside India OR arrange cross-learning events with them
- Hold a webinar on how to effectively document changes taking place in the field due to our interventions



# What we think of SAAF so far...

- Thank you SAAF for being patient with -
  - Delay in transfer of funds due to FCRA issues
  - The process of sending reports, as it is a different kind of learning for us
- Reporting format is very ‘friendly’!