

SOCIETY FOR WOMEN'S ACTION AND TRAINING INITIATIVES

ANNUAL REPORT 2017 - 2018



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Foreword

THE YEAR THAT WAS:

It gives me great pleasure to present this report to our stakeholders, donors and to public at large. The year 2016 marked the beginning of a phase where SWATI, transitioned from being a predominantly community based organization towards becoming one that focused on knowledge generation, and evidence based pilot interventions aimed at informing replicability and scaling up. We also started looking at our work from a systems perspective. Overall it's been a satisfying year; as our core work remains in the realm of violence against women and we continued to build on it in more complex and challenging ways.

Our work progress: Achievements and Challenges

Since 2015 SWATI has been implementing two exciting pilots – one on rural women's public space safety and another on health sector response to Violence against Women. The first intervention is a multi-agency partnership with ICRW and SETU and is an evaluated model. The second intervention is located in three hospitals of Patan and aims at setting up a rural health sector response to VaW.

1. Making Rural Health sector Responsive to VaW

Initiated in 2012 from a rural hospital in Radhanpur, by 2015 we had evolved a rural health sector response model for testing. The proposal for same was accepted by Azim Premji Philanthropic Initiatives. Post 2016 cells have been setup in three hospitals of Patan. The experience of setting up of the cells has proved the usefulness of a violence prevention support cell in a hospital setting. The cells in three hospitals are at varied stages of evolution and provide valuable insights into what works.

The Radhanpur cell is in a secondary care hospital and is most accessed by the community for their general ailments. It is the most established and accepted in the

community. Owing to its proximity to the community it is integrated in the community and the highest referral from satisfied clients and from the community.

The Siddhpur General hospital is in a tertiary care setting and gets the maximum doctor referral. The cell is beginning to demonstrate indicators of integration with in the hospital system.

The Dharpur hospital is a 700 bed teaching hospital and is taking the longest in terms of integration. Being very large and bureaucratic it would require prescribed systems from a higher authority for integration.

2. Piloting an intervention model, kNOw Fear, for making rural public spaces safe for women and girls

The project kNOw fear has been undertaken by SWATI in partnership with ICRW and aims to set up an evaluated model of rural public space safety for women and girls. The program identifies fear of sexual violence as a major barrier to the development opportunities of girls and women and places governance accountability and citizenship rights of women and girls at the centre . Post a delayed start (due to non-completion of baseline) the project has picked up pace. The program has elicited interest in the district and state bureaucracy.

The purpose of the two pilots has been to upscale them through government. However, in the current environment this is proving to be our biggest challenge.

3. Role of Gram Panchayats in addressing IPV: An exploratory study

SWATI undertook a three state formative research for ICRW and Gates foundation. Purpose was to explore possibilities of role of Gram Panchayats in addressing IPV. The research was an enriching experience and it also builds SWATI's profile beyond that of a community-based organisation.

4. Other highlights

- Jasodra Rana a counsellor with SWATI, was among the three Women nominated for the women exemplar award in the health category by CII.
- Our health work with the hospitals has been documented as a chapter in a book, proposed to be published by Sage publications.

- My book Indian Feminisms, an edited collection co-edited with Abha Bhaiya, being published by Zubaan may finally see the light of the day by June 2018.

Our challenges:

Our advocacy agenda with the government is not succeeding. SWATI has is in the process of developing two models both of which have the potential to influence policy. However, we find that we are not making much headway as the government is not keen on looking at new initiatives, even those that are included as recommendations.

The Mahila Vikas Sangathans are working well. Their work with Mahila Nyaya panchayats, on women and land rights is ongoing and the performance and outcomes are satisfactory. However the savings and credit program is becoming a barrier to the growth of this once vibrant sangathan.

The call we need to take is if we should close the activity and if so what is the process to be followed and its implications. The new registered MVS is not able to fulfil its statutory obligations. Surendranagar also has a very corrupt charity commissioner office and we and the MVS teams are finding it difficult to deal with that. A suggestion from Alka Jani, one of the board members has been that the MVS board writes a letter to the charity commissioner saying it is a dormant society/trust. This will absolve it of reporting on meetings etc.

Discussion on way forward:

- a) How do we sustain our relevance and meaningfulness in the current environment? How do we balance our core values, gain new competencies, develop new alliances?
- b) Generating future funding for the two projects.
- c) Exploring other sources of funding
- d) Managing the registered Mahila Vikas Sangathan
- e) Evaluation of the Health sector response to VaW program
- f) Creating visibility of our work

Governing Board

No.	Name	Gender	Occupation
1	Ms. Renu Khanna	Female	Consultant
2	Dr. Leela Visaria	Female	Researcher
3	Ms. Poonam Kathuria	Female	Executive Secretary, SWATI
4	Mr. Hariensh I Pandya	Male	Social Worker
5	Ms. Falguni Jadeja	Female	Senior Coordinator, SWATI
6	Mr. Apoorva Oza	Male	CEO, Aga Khan Rural Support Programme (India)
7	Ms. Archana P. Joshi	Female	CEO, Deepak Foundation
8	Mr. Atul Pandya	Male	Coordinator rural Programs, Centre for Environment Education
9	Ms. Manjula Pradeep	Female	Social Worker

Institutional Staff

Total- 18

Female-12

Male-6

Introduction

SWATI is a feminist organization that began its journey in 1994 as a community based organization committed to gender equality and socio-economic empowerment of women. We initiated with mass based rural women empowerment movement through building village level collectives that would federate at the block level. Very soon we realized that rampant systemic violence faced by women in the home is the biggest barrier to their development. Now our work is focused on prevention of all forms of violence against women and enabling women to attain their rights and entitlements. We have adopted a strategy of empowering women through capacity and leadership building, catalyzing self help and resource building.

Vision

SWATI's vision is to end violence against women.

Our mission is to empower women through building leadership and control over the resources and promote formulation and implementation of gender just policies through advocacy and networking. We believe that gender discrimination necessitates focussing upon changing women's roles and status as agents and leaders of change.

Mission

SWATI's mission is to build women's leadership and managerial capacities, empower them to take charge of their own development and mainstream women's perspective, needs and issues in every institution and sphere of society and the state.

Strategy

Within the women's equality and empowerment framework SWATI selectively works on issues that question the patriarchal and masculine power structure and have the

potential of having a broader ramification. To increase the reach of our perspective and the outreach of our work, SWATI aligns with other groups and organisations through collective action, capacity building and networking in relevant areas of work.

Our Values



Programmes

I. PILOTING AN INTERVENTION MODEL, kNOW FEAR, FOR MAKING RURAL PUBLIC SPACES SAFER FOR WOMEN AND GIRLS

Fear of sexual violence against women and girls (SVAWG) in public spaces is a significant barrier to equitable development in India and elsewhere. SVAWG in public spaces has gained attention in India, but mainly in cities. In rural settings, where 70 percent of India's population resides, violence of this kind is unacknowledged yet prevalent. Safety for rural women and girls is typically achieved by confining them to the home, which restricts mobility, leads to school-drop out and justifies early marriage. Governance structures at the local level, the Gram Panchayats (GPs), though constitutionally mandated to address issues of social justice and violence against women and children, have reneged on this responsibility.

SWATI in association with International Center for Research on Women (ICRW) has initiated a pilot intervention kNOw fear. The project looks at rural women's safety in public spaces and its impact on their lives. The aim of the project is to develop and validate an innovative evidence-based model, which fosters freedom from violence and safety for women and girls in public spaces in rural Gujarat, India. The project will use gender integrated strategies and leverage ICT to empower women and girls to demand and lead change, while engaging young men as partners. The project concurrently builds capacities of GPs, catalyzing them to respond to SVAWG, thereby positioning public safety for women and girls as a critical component of rural local governance. The model is being tested over a period of three years, in select GPs of Dasada Block, Surendranagar District, Gujarat State. A Technical Advisory Group (TAG) is convened, of individuals who provide additional expertise on both the relevant subject areas and on model evaluation. The TAG guides and provides input to the project at key stages. The major activities that are conducted as a part of this evaluated research project are listed below -

The specific objectives of the project are to:

- A. Generate evidence on perceptions of safety, the nature of sexual violence experienced by women and girls in rural public spaces areas and the impact of sexual violence on their lives;**

The baseline survey was conducted in 11 intervention villages and 5 comparison villages. The objective of the baseline study was to establish benchmarks on key indicators to be measured throughout the evaluation. The study included separate surveys with girls aged 15-19, women aged 20-45 and young men aged 18-22. Around 1800 people from these villages were covered in the survey, which includes information in areas like access and use of various public spaces in the GPs by women; perceptions about safety and gender roles and rights, experiences of different forms of sexual violence in public places; consequences and help-seeking; witnessing of violence and bystander intervention; response mechanisms to VAWG in public places; knowledge about government laws and policies around SVAWG; awareness and participation in GP activities, perceptions about role of GP in addressing SVAWG; use of ICT, mobiles and exposure to messaging. Some of the key findings from the survey were:

- 68 % of the adolescent girls reported that public spaces in their village are unsafe after dark.
- 80% of the girls think that public space safety is their own responsibility. (Whereas ensuring safety for all in public spaces is the responsibility of the local governance bodies)
- 30% of girls reported that they protect themselves from SVAWG by not going to school.
- 37% of adolescent girls and 26 percent of women reported experiencing some form of sexual violence (visual, verbal, unwanted sexual contact such as touching and groping) in the last one year.
- 23% of young men admitted of ever perpetrating SVAWG in public spaces
- While 26% young men have access to internet, only 4.3% adolescent girls have this access.

B. Foster accountability and enhance the capacity of Gram Panchayats to understand, prioritize and make plans to respond to women's safety in public spaces;

A common meeting was held where representatives from all the 11 intervention GPs participated. Details about the project, baseline study and expected outcomes of the project were shared with them. However, there are socio-cultural barriers to disclosing and acknowledging SVAWG as a concern by GPs, which are inherently very masculine spaces. We addressed this apprehension of the GPs through bringing them on board as partners for working towards gender inequality, aspirations of youth and the digital divide which impacts women and girls severely. The communication with Panchayat bodies focussed on how ensuring better access to education and resources including technology and ICT could bridge the knowledge gap that divides the rural and urban. This discussion also focussed on how women and girls are the most disadvantaged group, primarily because of their lack of mobility; despite the development of education, skill and job opportunities in the area. Draft MoU was also discussed with them and they shared their concerns and suggestions on the same.

MoUs were signed with the Panchayat bodies during subsequent meetings with each of the GPs after the GPs passed the resolution of deciding to work with the kNOw fear project. Out of 11 GPs, formal MoUs are signed with 10 GPs and in the remaining 1 GP, work is being continued with other stakeholder groups except the capacity building of GP members.

1. Capacity building workshops -

There have been capacity building workshops with representatives from each of the 10 GPs who have signed MoUs under kNOw fear project. Trainings programs with GPs in the initial phase focused on 73rd amendment to the constitution; good governance for Panchayats; Gujarat Panchayati Raj Act (GPA), functions of GPs and decentralised planning. Few major aspects which have constantly been a



challenge for the GP bodies were engaged with intensively during capacity building workshops in this reporting period. These include -

- detailed process and handholding support for developing Gram Panchayat Development Plan (GPDP), the process for which incorporates exhaustive participatory planning tools for developing village plans and leveraging of funds for implementation of the plans (as most funds have been tied to schemes or have been cornered by politicians as funds allocated to them.
- understanding of holistic planning based on economic development and social justice;
- Structure of the Panchayati Raj system - District Panchayat, Taluka Panchayat and Gram Panchayat (membership ratio and process of formation of Committees) and working of different departments of panchayat and Line departments at district level.
- Discussions on importance of conducting the statutory *Gram Sabhas* with active participation of elected and non-elected women and other vulnerable groups was one of the key messages in all the trainings and meetings with GPs.

2. Work with Elected Women Representatives (EWRs) -

While designing training sessions for the leaders of the women's collectives and EWRs, it was realised that since the project envisages a convergence between the women's collectives and the EWRs the two set of groups have cross cutting objectives and would benefit from common capacity building sessions. The women's collectives are suppose to



work very closely with the EWRs in order to present their demands in the GPs. So it was decided to conduct common training sessions for the leaders of the women's collectives and EWRs from all the GPs. Elected women's capacity and solidarity were built to ensure involvement and taking decisions over resources in their village or addressing issues of basic services related to women's safety, education,

health and water supply. Trainings covered issues related to gender equality, citizenship rights, confidence building, leadership, Panchayati Raj Act, lobbying and building a knowledge base to support women's agenda for development. EWRs are beginning to exercise their political agency with increased participation in Panchayat meetings and Gram Sabhas. The project has been successfully using the politically symbolic platform of the Mahila Gram Sabhas to raise awareness on women's citizenship rights and collectivize and build solidarity linkages with the women's collectives and the EWRs. This has led to women's active participation in the formal gram sabha and demanding action from GP on women's issues.

3. Actions taken by GPs and Gram Sabhas –

The project implementation is in the initial phase, therefore the actions taken by the GPs and other stakeholder groups are more of symbolic accomplishments towards exercising their political agency and understanding their scope of work and expanding and elaborating on the same. Few actions taken by the Panchayats after the capacity building sessions are:

- a. One of the EWRs from Sedla Panchayat (one of the project villages) was to demand the Sarpanch to call an emergency panchayat body meeting which was pending for the last few months for various reasons including the state elections to take action on some emerging issues. The EWRs collectively raised the issue of growing menace of increasing garbage dump in the village and the body passed the resolution to get it immediately cleaned. Women supervised the activity themselves.
- b. The Panchayat bodies from 4 GPs decided to plan and work on the budget as to increase the revenue for the Panchayat, which will be utilized for better service provisioning (street lights, regular cleanliness and maintenance of public spaces)
- c. Panchayat bodies started regularly visit the schools and keep a regular check on attendance of girl students and quality of education; regular



interactions with the school teachers and discussing how the Panchayats can help to improve the education status in their respective GPs.

- i. Sarpanch from Mithaghoda visited the Taluka Panchayat and requested for his GP's Village Development Plan – the Panchayat body has decided to work on improving the same. This is also the first GP which volunteered to conduct the exercise of GPDP in their village.

C. Organize women to exercise their political agency through mahila gram sabhas, and to demand action on women's public space safety from their local governance bodies (Gram Panchayats);

Women's groups have been formed around the idea of Citizenship rights of women and girls. The process of group formation was undertaken through intensive village level meetings of women drawn from all communities. SWATI has a strong presence in these villages by way of SHG groups. However, the earlier groups were formed around the idea of savings and credit and for ease of functioning were often localised to one community / area in the village. Hence, the decision to form new groups was taken.

1. Capacity building trainings -

While designing training sessions for the leaders of the women's collectives and EWRs, it was realised that since the project envisages a convergence between the women's collectives and the EWRs the two set of groups have cross cutting objectives and would benefit from common capacity building sessions.

The women's collectives are suppose to work very closely with the EWRs in order to present their demands in the GPs. So it was decided to conduct common training sessions for the leaders of the women's collectives and EWRs from all the GPs, except for selected sections of the modules which need



to be discussed in detail with either of the groups.

The orientation covered the following - the idea of women's public space safety and its impact on girls and women, implications of being an evaluated model and importance of informed consent by groups. The action plan for women and EWRs after the first training session included essential aspects of ensuring participation in the panchayat body meetings and conducting Mahila Gram Sabhas before the Gram Sabha, if they were planned in any GP. Another session was conducted, where topics included understanding the distinction between sex and gender; understanding the concept of patriarchy and resulting inequalities; women's political participation in developmental agenda in the GPs; introduction to the 73rd amendment to the Indian constitution. The action plan towards the end of this training session was to conduct ward meetings in each of the GPs and list out concerns of women about their safety, mobility, education and hygiene which would be discussed and presented to the GP bodies. Monthly sessions with the women collectives are conducted in each of the intervention villages, where the EWRs also participate.

2. Mahila Gram Sabhas -

Mahila Gram Sabhas (MGS) are one of the core components of the project and a platform which helps the women to discuss, prioritise and plan for their issues before presenting them in the Gram Sabha meetings. Continuation to the above mentioned description about planning meetings for the MGSs, the process for planning of a MGS includes conducting ward meetings in each of the GPs where women groups from each ward discuss their problems and concerns through a rapid needs analysis. The identified needs from each of the wards are then collected and presented in the MGS where women from the whole GP prioritise the cross cutting issues that concern the maximum women and plan on ways to present them to the GPs, primarily through Gram Sabhas. So far there have been MGS in 8 GPs and the major issues that have emerged are about the sanitation and hygiene of the village, proper and timely waste disposal, timely availability of safe transport, especially for the girls to attend their schools regularly;



concerns about the safety of the common bathing platforms near the village pond and the actions that the Panchayat needs to take to tackle the rising menace of alcohol addiction among men. The common charter of demands have been prepared in these villages, so far.

3. Women's Safety Audits -

The Women's Safety Audit (WSA) is a key intervention in the project and is focused around assessing and mapping women's safety needs and plan for their implementation with the GPs. As a part of these activities, GyS have participated in a training workshop / demonstration sessions on using the Safetipin Application for conducting safety audits through the tablets provided to them. Training and demonstration sessions were conducted in two villages by the safetipin team where the GyS, elected women representatives and male representatives participated from 10 intervention villages. Planning for the proper safety audit through the app was also done with minor changes / modifications for using it in the rural areas. This safety audit is planned and was conducted in addition to the physical safety audits which have been planned for, in the next few months.



D. Engage young men and young women as partners in preventing and responding to public space violence using gender transformative approaches;

GyS are mostly voluntary positions where the GyS is only paid a very nominal remuneration for one day when they conduct meeting in the village, so the people who are really motivated to work for the cause joined us. Selection of GyS also took time because candidates had to be open to working with all the communities in the village, considering that the social fabric of villages is very community / caste localised. GyS are supposed to conduct meetings in their respective villages every month with groups of young men and adolescent girls.

The training modules include most sessions which are common for both, the male and female GyS, however, there are certain sections where we need to work separately with

young men and adolescent girls. The workshops are designed and conducted in ToT format where the sessions which are discussed with the GyS are then subsequently taken by them in their villages with the groups. The workshops include simulation and role plan techniques to ease the GyS and prepare them for the monthly sessions. Training topics included discussion about understanding the basic concepts of gender discrimination, difference between sex and gender; concepts of gender equality and equity; understanding patriarchy and its ramifications and group formation; discussion on healthy relationships (an extension of the last training session including demonstration sessions); positive masculinity and roles of man, with detailed discussion about role of man under protectionism and rights and responsibilities of youth as citizens. Monthly sessions in the villages with groups of adolescent girls and young men are usually conducted by GyS.



E. Empower women, young women and young men to use and leverage ICT to generate evidence on safety to towards creating awareness, undertaking advocacy and monitoring public space safety.

All the GyS have been given a mobile tablet, in which videos about gender discrimination, importance of education and early marriage etc. were uploaded; which they can utilise for their monthly sessions. Trainings for the GyS were also conducted on technical aspects of ICT and utilising the same for awareness generation, topics included introduction to tablets: navigation and use of basic in-built apps; concepts like icons - different uses of in-built installed apps like calculators, alarm, recording, camera, video etc.; introduction to internet, internet apps like WhatsApp, chrome, Facebook etc.; understanding consent while using camera, videos and posting content online; how to use Whatsapp to communicate and report activities, using tablet videos; practice / demonstration sessions with these apps and tools in connection to their role as GyS.

An action plan was decided with the GyS after this training where they were given certain tasks for photo documentation on selected topics from their village. For eg., in one such tasks, GyS were asked if they believed in the notion that men are physically stronger than women and they

had to take photographs from their village to support their answer. GyS had taken some really good photographs as a part of this process and a photo exhibition of all their photos where they also substantiated the photos with captions in their own words was also held at Patdi. . While this activity acted as a stimulator for discussion about gender discourse in their houses and their villages, it also transformed something the GyS and they realised in practice what they were learning during the gender workshops.



II. MAKING RURAL HEALTH DELIVERY SYSTEM RESPONSIVE TO VIOLENCE AGAINST WOMEN

The public health system is now recognized as one of the most critical sites for addressing domestic violence. The past decade has seen several initiatives, largely in urban civil hospitals aimed at women who approach the hospital with a wide range of violence related complaints including rape and sexual assault. In the present context where 68% of India's population is based in rural areas and there is ample evidence including women's testimonies to indicate that the public hospitals and associated health care professionals are uniquely placed to intervene and prevent further violence against women, there is an urgent need for evolving systematic rural health system response to gender based violence (GBV). Rural initiatives are especially important as rural women victims of domestic violence (DV) suffer from 'isolation' as they lack social /familial support, limited mobility, lack of information and cultural norms that stress family and traditional gender roles.

Empowering women to combat VAW, challenging community mindsets and working to make the criminal justice system—the police and the judiciary responsive to VAW formed the primary thrust of SWATI's work for over 20 years. The SWATI team soon realized that VAW is a complex phenomenon and the efforts to combat it need to be at multiple levels. Since SWATI's primary work is with rural women, the organization began to think in terms of ways of impacting institutions in rural areas that could make a substantive impact in detection and prevention of VAW. The foremost interaction for the women who suffered due to violence is the public healthcare institutions.

SWATI's experience while working with the women at grassroot level and understanding of the reasons behind their poor health conditions is that due to continuous violence faced by the women degrades their health conditions. As a result, their social status becomes secondary. Also, it was evident from the working of Mahila Nyaya Panchayats (MNP)¹ that medical reports are important evidence in courts.

An initiative was taken by SWATI on the basis of the observations from the field to establish a crisis and intervention cell in rural areas of Patan, Gujarat was taken for the pilot study. Patan is a predominantly rural district of the highly industrialized state of Gujarat.

¹ Mahila Nyaya Panchayats are community women led platforms that work to combat VaW in a gender just approach. The members of the MNP are trained in mediation, Counseling and laws for women and provide multiple supports to women facing violence and abuse

Following sections describe the evolution from an idea to the implementation. This initiative provides the platform for the aggrieved women to share her ordeal and for healthcare officials to understand their empathetic behavior can aid to prevent VaW. The rural model must actively involve the multi-layered and differentially located² public health system to ensure women's access to violence prevention and support cell located in the hospital.

While approaching the doctor for their injuries, women were not supported by the hospital staff and additionally subverted their confidence by indicating the implications of filing a police complaint. This process was easier if she was accompanied by an MNP representative. When the women who had experienced the violence went to the hospital with MNP representative, the case papers did not mention the violence. Due to this, the proof for severity of violence was lacking. This experience motivated SWATI to work with the health system in rural areas to ensure an empathetic and just response to women victims.

Thus, health care providers from village till district level such as ASHA, the health care providers from sub-centre, the PHC and the CHC need to be part of an upward referral system (grassroots – up), that refers women to the hospital where 'a violence prevention and support cell' is located. As a part of this intervention, SWATI initiated the Cells at hospital level, worked towards creating a referral chain and employed sustained measures for generation of awareness among the community. With this idea, first crisis and intervention cell was established at Block Radhanpur, Patan.

1. The Beginning

The first cell was set-up with a formal permission from the state government. It took almost three years to establish the Radhanpur cell. The first of its kind initiative in Gujarat that has been jointly undertaken by the Department of Public health and Family Welfare, Government of Gujarat and an NGO specifically working on issues of violence against women and health. The cell was inaugurated on 10th July, 2012 to be run jointly by the hospital and SWATI staff. The location of the Cell at the Community Health Centre (CHC) plays a crucial role in success of the Cell.

- Availability of resources, for instance, specialists and medical equipments
- Ease of access to register medico-legal case (MLC)

² In urban areas where facilities tend to be concentrated in a relatively compact setting or are easy to access (transport) it is relatively easier for women to access the services compared to rural areas where distant location of various services, and poor transport system makes access much more difficult for women.

- Anonymity for the aggrieved women - Women often find it difficult to seek help against violence in the same village or in geographically closer facility.

The initial foundation was laid by selecting the location of the intervention cell. For the next step, orientation and training programs were organised for the hospital staff.

2. Strengthening the cell

To mobilize the functioning of the cell, following steps were taken:

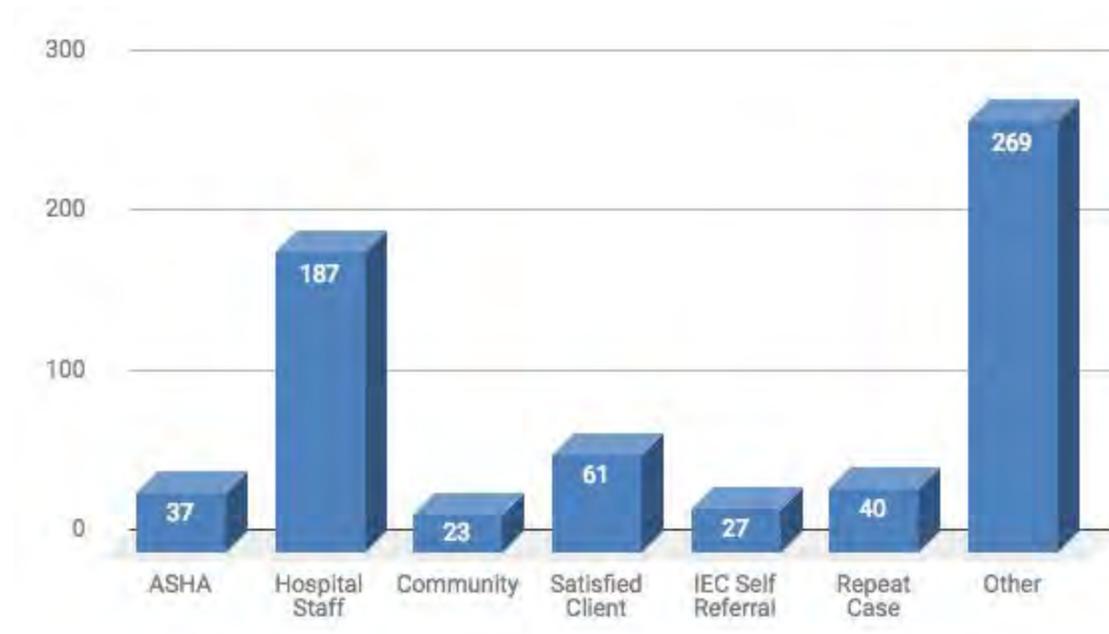
- Orientation sessions were organized to sensitize the representatives of all cadres of hospital staff towards domestic violence, its health consequences and role of the Cell.
- Subsequently, SWATI focused on awareness and demand generation within the community.
 - A series of posters were developed which were displayed prominently within the hospital.
 - A ticker on local cable channel that reaches population of three blocks carried the information and contact number of the Cell.
 - Pamphlets providing brief information about the role of the Cell and contact information were distributed to outpatients and relatives in the hospital waiting area as well as to accredited social health activist (ASHA) who accompanied women for Ante natal clinic (ANC).
- Training of ASHAs regarding handling of domestic violence cases, that is, providing information about the cell, informing the natal family, calling up 181 women's helpline and in a few cases personally accompanying the woman to the cell. The above mentioned steps undertaken resulted in a positive response



3. Impact

Over a period of three years the cell received more than 200 referrals. Referrals from hospital staff (doctors, nurses, attendants, and others) accounted for 22% (51/227) referrals, another 9% (20/227) were from ASHA, while old cases (satisfied clients)

referred 16% (36/227) cases. The cell also received referrals from community leaders, police personnel, staff from local court etc. ASHA referrals included cases where women had suffered emotional or economic violence (but not physical, sexual violence) which were not seen among referrals by doctors.



Graph - Distribution of referrals over sources

In the beginning healthcare providers themselves were among the primary cases at the cell. It was understood that as female staff of the hospitals and ASHAs accompanied women who came for ANC and tubal ligation read about the cell and approached the counselor. After the duration of approximately two years, the informal communication transformed into brief orientation sessions on domestic violence, its health impact, gender and rights of women.

Due to the positive response in Radhanpur cell, the model was applied at two other hospitals at Sidhpur and Dharpur. The Cells at three hospitals are at different stages of assimilation into the health system. While all three cells are comparable in terms of number of cases received, the cell at Radhanpur is the



cell at Radhanpur is the

most rooted into the community as indicated by a high proportion of self-referral, referral from community, from community level health workers namely ASHA and ANM.

Data shows that duration of violence suffered, before the woman approached the cell is much shorter for the second episode. The cell counselors provide multiple supports ranging from counselling, mediation, registering a case with police, court and accessing survivor support services such as shelter home, helpline or medical aid.

Geeta wanted to separate from her husband and filed a court case for receiving maintenance. The counselor discussed with Geeta the need for her to find become financially independent. The counselor invited Geeta to attend a support group meeting. She heard the discussion and took inspiration from the women who had managed to turn their lives around. From a neighbor, she learnt the art of making doormats from old sarees and sells them for Rs 50/- a piece. Geeta attributes the change in her life to the support group meetings.

(Source: Counselors notes from support group meeting)

4. Challenges

Initial experience of the Cell at Radhanpur showed the Cell to be highly effective in resolving the cases to a survivor's satisfaction. However, a hospital-based cell is limited in its scope regarding prevention or even early detection of domestic violence.

- There is a need for a policy directive at the top level in the state
- To develop protocols for screening, recording and referrals for the DV against women.
- The health Involvement of ASHA in detection and referral of women who face violence itself raises several issues. There are concerns for safety of ASHA, the woman.
- Sensitisation of other primary health level functionaries to create a support network for ASHA.
- Sensitisation of doctors at all levels of health care facilities is essential.
 - However, high turnover among specialists and burden of work among junior doctors make it difficult to ensure their participation in trainings.
 - Active involvement of nursing staff or hospital counsellors in the Cell is essential for sustainability of the initiative but has remained a challenge because of high proportion of vacancies.

5. Way forward

SWATI's experience over the past five years has proved the feasibility of establishing a rural hospital based model with active involvement of ASHA for detection and referral of women who suffer violence. Next steps need to consolidate it into a self-sustained system. Increased sensitivity to DV as a public health issue is likely to improve ASHA's performance regarding other health conditions. SWATI focused on systematic development of upward referral chain as one of the strategies for early detection and referral of violence victims.



III. MAHILA VIKAS SANGATHAN

The Mahila Vikas Sanghs (MVS) have a strength of 4000 members and are an important hub of community initiatives. All community based initiatives of SWATI are implemented through the MVS. Apart from this the MVS also has its own independent activities majorly around women's livelihood and savings and credit.

The activities that operate from the MVS are:

- Savings and Credit program- Average lending by the Sangh is four lakhs a month.
- Mahila Nyaya Panchayats- Women led gender just platforms that provide legal aid, counseling and other requisite supports to women facing violence.
- Nagrik Adhikar Sahayta Kendra- Provides service supports to citizens in gaining access to entitlements related to Right to information, BPL, land rights, PDS, NREGA, documentary proofs, fighting corruption etc.
- Capacity building for elected Women Representatives and demand mobilizing women as citizens with rights and entitlements.
- Reproductive and health rights of women and adolescents

Support services at the level of Mahila Vikas Sangathan

1. Mahila Nyaya Panchayats -

To empower and equip women to combat VAW the Mahila Nyaya Panchayats (MNPs) have been set up. The MNP as a forum for handling issues of violence against women was initiated in 2002.

MNPs as a women led gender just platforms (Mahila Nyaya Samitis) are functioning in four blocks of Patan and Surendranagar districts. The Mahila Nyaya Panchayats works in a combination with resistance and arbitration strategies and are an effective alternative to women facing violence in the domestic sphere. The members of the MNP are systematically trained and equipped in feminist perspective, laws for women, and counseling and understanding of judicial procedures. The MNP is held on a fixed day once ever week in a public place or in the sangathan office. The process of holding it in a public space is important as the private complaint of a woman is converted into a public discourse on what is a right and wrong- thus reshaping community norm. Mahila Nayaya

Samiti has catered to 33 cases during the year. The fees received from the cases is Rs. 18000/-. Successful solutions were arrived at in 23 cases which were filed, whereas 8 cases are pending at the court. Given below are the case details :

1. Bhagwati Patel (Village – Moti Malvan) got married at Ankewadiya. She had visited our center during year 2016 to file a case. She was facing problem due to extra marital affair of her husband. After filing the case on 15th June 2016, both were called for counseling on 28th September, 2016. After counseling her husband gave assurance to take proper care of her wife Bhagawati and that she will not have suffer mental and physical torture any more. This assurance was given on Rs 100 stamp paper. Again after one year when Bhagawati was back to her maternal home, she visited the center and on 14th March, 18 she filed a case for divorce. On settlement date 11th July, 2018 she demand to deposit Rs 15 lacs and 2 lac for her daughter. Her husband has deposited Rs 2 lacs to the account in the name of the daughter. Bhagwati ben has also received back all the assets and gift articles given by her parents during the marriage.
2. Pujaben Rajendra Bava (village Ghanshyamgadhd) was married at Munjpur - Patan. She stayed there only for a year and then she was back to her maternal home. It has been four years and she is still staying at her maternal home. She visited Swati counseling center on 1st August, 2018 and soon in five days the case arrived to the satisfactory solution for all. The settlement was done with divorce. Since Puja's father is economically well-off, she has not demanded any economic support from the husband.

2. Swa-Bhumi Kendra

Means a land of my own. The initiative is part of SWATI's membership and participation in a network- 'Working group for women and land rights'. The issues that the Kendra takes up include awareness campaigns and services to enable women's access to livelihood related entitlements of land and productive resources and women's recognition as 'farmers'. It helps fulfill legal compliances such as entering women's name in inheritance documents or facilitating joint ownership of land. During the last

year we have widened and deepened the reach of this intervention by introducing ICT and video based extension system.

Swabhumi Kendra – Dhangadra has worked in 10 villages to raise the awareness on women land rights and support for organic farming. The cases registered for women land rights has increased – in year 2017 there was 13 were as in 2018 we have registered 27 cases. Most of the cases received are for widow rights and some



were daughter land nomination rights cases. Around 100 men and women were registered in lportal. We have also completed land survey for 25 women. A survey was conducted and has involved 300 women. The center has also collected the information of the death of the farmers in last 3 years in 10 villages.

During the year 2017 -18 we have conducted village mass meeting, PRA, movement, awareness meeting, slogan writing, and informative pamphlet distribution and so on. We have also successful in collecting survey numbers of farms in 10 villages. Collected and disseminated information of the Government schemes. About 70 women have received organic kit through Athama. 50 men and women participated in trainings and exposure visits in Athama.

The land ownership was still not transferred by the family elders Ratanben Haji Shipai's husband who has died almost two months ago. She was illiterate and was staying with her daughter who was alone. Her daughter was also illiterate and did not have any information of the procedures of transfer the names and hence has made no efforts. She visited the center and was brief her procedures of the transfer of land rights. We coordinated with the family members and resolved the issue.

Laxmiben Mohan of Rajgaya village had received 3 acres of land by the Government at 2003. Further when she approach the land for farming, the forest officer of the region informed her that the land belongs to the forest department. And she was not allowed to do agriculture at that land. Laxmiben approached SWATI Swabhumi Center where she contacted paralegal worker Kusumben and Hinaben and asked for the support. On 19th December,17 the SWATI paralegal worker approached Collector Shri Chandrakant Pandya and presented the problem. Shri Chandrakant Pandya had solved the problem and on 20th July, 18 other 7 women and Laxmiben have successfully resolved their problem.

Laxmiben regretted for not approaching SWATI much earlier. They were all encouraged for the organic farming.



SWATI is working for women's land right and promotion of organic farming in 10 villages of Patadi Taluka. Since last few years there has been increase in women's land right cases received at

Swati center – Patadi. Last year in 2017 it was 22 cases where as in 2018 the center has registered 31 cases. Different categories of cases received are widow land rights, daughter land rights. Survey was also conducted involving 300 women. Center has also registered the death occurred in last 3 years in 10 villages.

During the year 2017 – 18 the center has done different activities like :

- Village meeting, PRA, movements, group meetings, awareness meetings and campaign (like writing slogans, distribution of informative leaflets.)
- Collected information on lands in 30 villages.
- Collected the survey number of farms in 10 villages

- 70 forms filled up for Nasarmari yojana

- Hansaben

Kesabhai (village - Jenabad) is a widow who had registered case for her land rights. She has been got registered for her land ownership along with her 2 sons.



- Hiraben Bachubhai

who was already in contact with Swati and used to attend the meeting. She was aware of the land rights. Hence after the death of her husband she has initiated and completed the process of registration of her name, her daughter and son name and mother – in – law for the transfer for of land ownership.

Events and Visitors

Citizenship dialogue with women

The first dialogue of the Women and Citizenship series was held on August 2017 at Patdi. A total of 110 women from 11 villages participated in the dialogue which included women sarpanch, elected women representatives, women and adolescent girls. Two leaders from Mahila Swaraj Manch (an elected women and women leaders collective) from Bhavnagar participated in the event and shared their experiences and challenges in women's representation in panchayats. Representatives from the ICDS participated and shared their experiences of working with women. They discussed about equity and equality, political participation of rural women, their constitutional rights and their public and private citizenship. The dialogue had a plenary session and then three group sessions on – a) women's political participation in rural areas b) constitutional rights for women and c) gendered social norms. The dialogue has been very helpful to initiate discourse around citizenship rights for women where women shared their experiences and concerns pro-actively. The dialogue also helped shape our further communication with women's collectives in the villages.

Technical Advisory Group meeting for kNOw Fear

The first meeting of the Technical Advisory Group (TAG) was held in Ahmedabad later in the year, attended by two members of the core TAG group – Ms. Navsharan Singh and Mr. Ravi Verma. The meeting was also attended by two external TAG members – Ms. Mona Khandhar and Ms. Lila Visariya; apart from people from SWATI and ICRW teams. Other members of the core TAG group i.e. Mr. Binoy Acharya, Dr. Yamini Atmavilas, Mr. A.K Shiva Kumar, Dr. T.K Roy, Ms. Pranita Achyut and Ms. Suneeta Dhar have accepted to be core group members however were unable to attend the meeting because of other commitments this time. Major discussion during the meeting focused on the progress of the project and sharing of the key findings from the baseline study. TAG members also discussed and shared their suggestions on project strategies.

Visit by IDRC

Ms. Navsharan Singh, Mr. Kevin Conway, Mr. Steven Morris and Mr. Anupam from IDRC and Ms. Daliya Sebastian from ICRW visited Patdi where after a brief presentation on the progress of the project, they interacted with groups of young men and adolescent girls. GyS had taken few photographs as part of their tasks after capacity building workshop. Certain statements were shared about general perception about men and women with GyS, for eg. if they believed in the notion that men are physically stronger than women and they had to take photographs from their village to support their answer.

GyS had taken some really good photographs as a part of this process and a photo exhibition of all their photos where they also substantiated the photos with captions in their own words was also held at Patdi during the visit, followed by discussion with young men and girls on their experiences after associating with kNOw fear program. The IDRC team also visited one of the intervention



villages, Sedla, where they interacted with the GP members where they discussed briefly about the functions of a Panchayat; the work that was being planned after Mahila Sabha like the washing ghat and school bus for safe commute for the girl students. The team also met the women's collective and understood their process of working with the Panchayats, discussed about the everyday struggles for women and girls due to lack of safe transport facilities and how it hampers higher education of girls. It was an insightful discussion with around 40 - 45 women from this village, including the EWRs.

Research and Publication

- In 2017, the team carried out a small exploratory study among women patients attending the outpatient clinics (OPDs) at the hospitals to document the health condition for which women approached the hospitals. The counselors also marked suspected cases of domestic violence based on their experience and evidence from published literature about common symptoms / health complaints associated with domestic violence. A preliminary analysis of a sub-sample of cases from all three hospitals showed that around 10% of women patients presented with health conditions that raised suspicion of domestic violence. Very few of the suspected cases presented with acute health impact of violence most had chronic symptoms such as lack of appetite, sleep disturbances, vague aches and pains for a long duration along with one or more social indicators such as history of spousal unemployment or addictions.
- With the potential of screening of women attending outpatient departments for identifying new cases of domestic violence. The exercise that was initiated as a small study has evolved into one of active case finding which has reflected in high proportion of referrals to the Cells by SWATI staff (23%, 66/287). The activity would be continued till proportion of referrals from the hospital based health care providers matches this number.
- The violence and morbidity study covering 1181 women whom the ASHA suspected of facing violence was completed. It is worth noting here that for 89% women, ASHA's opinion about whether the woman experiences domestic violence matched woman's reporting of whether or not she experienced domestic violence. Another important finding was that of the very large percentage 78% had approached ASHA for treatment. The preliminary findings point to a) high level of morbidity amongst women facing domestic violence b) ASHA can play a significant role in facilitating early detection: recognition, prevention and response.

Partners and Networks

International Center for Research on Women (ICRW)
International Development Research Centre (IDRC)
Working Group of Women for Land Ownership (WGWLO)
Sahaj
Azim Premji Philanthropic Initiative
Ahuja Foundation

Financials

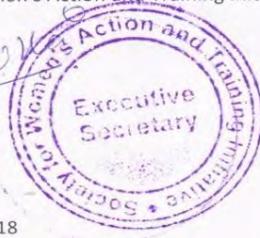
SOCIETY FOR WOMEN'S ACTION AND TRAINING INITIATIVE
BALANCE SHEET AS AT 31ST MARCH 2018

PARTICULARS	SCH.	31.03.2018	31.03.2018	31.03.2018	31.03.2018
		FC Rs.	Non FC Rs.	APPI Rs.	Total Rs.
FUNDS AND LIABILITIES					
Trust Fund	A	-	439,387.00	-	439,387.00
Other Earmarked Reserves	B	1,258,659.80	5,690,846.77	-	6,949,506.57
Funds/Grants utilised for capital assets	B.1	149,302.00	570,889.00	57,240.00	777,431.00
Unutilised Grants	C	866,497.00	6,812.00	4,025,218.50	4,898,527.50
Current Liabilities and Provisions	D	-	378,792.00	8,000.00	386,792.00
Income and Expenditure Account: Balance as per last Balance Sheet		10,511,034.85	1,691,002.91	107,919.50	12,309,957.26
Add/(Less) : Excess of Income over Expenditure/(Expenditure over income as per Income and expenditure a/c		1,244,802.25	272,225.00	64,556.00	1,581,583.25
Total Rs.		14,030,295.90	9,049,954.68	4,262,934.00	27,343,184.58
ASSETS AND PROPERTIES					
Fixed Assets	E	1,302,172.00	891,576.00	57,240.00	2,250,988.00
Investments	F	8,616,205.00	6,399,901.00	1,090,357.00	16,106,463.00
Current Assets, Loans and Advances	G	4,111,918.90	1,758,477.68	3,115,337.00	8,985,733.58
Total Rs.		14,030,295.90	9,049,954.68	4,262,934.00	27,343,184.58
Notes forming part of accounts	I				

For Society for Women's Action and Training Initiative

Trustee

Place: Ahmedabad
Dated 26th June, 2018



As per our report attached
For BCM Associates
Chartered Accountants
FRN 100808W



Bharat Mehta
Partner
Membership No. 030268
Place: Ahmedabad
Dated 26th June, 2018

SOCIETY FOR WOMEN'S ACTION AND TRAINING INITIATIVE

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31ST MARCH 2018

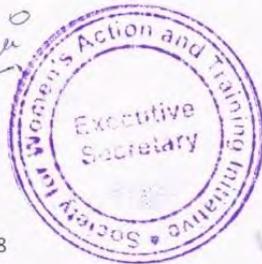
(In Rupees)

PARTICULARS	SCH.	FC Rs.	Non FC Rs.	APPI Rs.	Total Rs.
INCOME					
Project Funds recognised as income	B	2,670,373.00	507,008.00	3,003,320.50	6,180,701.50
Consultancy Fees from IPV - ICRW		888,650.00	-	-	888,650.00
Maintenance grant received from WGWLO		-	58,500.00	-	58,500.00
Interest Received:					
- On Fixed Deposits		982,338.00	503,116.00	4,595.00	1,490,049.00
- On Savings Bank Account		8,798.00	12,045.00	59,961.00	80,804.00
Income Tax Refund FY 2015-16		-	147,109.00	-	147,109.00
Interest on IT refund		-	9,821.00	-	9,821.00
Resource Person fees		-	91,500.00	-	91,500.00
Amounts Written back		13,146.00	225,280.00	-	238,426.00
Total Rs.		4,563,305.00	1,554,379.00	3,067,876.50	9,185,560.50
EXPENDITURE					
Expenditure on the objects of the Trust	C	2,670,373.00	507,008.00	3,003,320.50	6,180,701.50
WGWLO Maintenance expenses		-	9,600.00	-	9,600.00
Administration Expenses	H	745.75	717,603.00	-	718,348.75
Expenditure on IPV - ICRW assignment		577,951.00	-	-	577,951.00
Amounts Written off		32,261.00	6,100.00	-	38,361.00
Depreciation	E	89,680.00	141,915.00	22,012.00	253,607.00
Less: Recouped from capital grants		52,508.00	100,072.00	22,012.00	174,592.00
		37,172.00	41,843.00	-	79,015.00
Excess of Income over Expenditure		1,244,802.25	272,225.00	64,556.00	1,581,583.25
Total Rs.		4,563,305.00	1,554,379.00	3,067,876.50	9,185,560.50

For Society for Women's Training and Initiative

Trustee

Place: Ahmedabad
Dated 26th June, 2018



As per our report attached
For BCM Associates
Chartered Accountants
FRN 100808W

Bharat Mehta
Partner
Membership No. 030268
Place: Ahmedabad
Dated 26th June, 2018