

Unknown Speaker 0:00
another one

Francesca 0:02
another one of my colleagues Katyayani has also joined, just to say that I have like the best team who are like, you know, champions of like, every work like all kinds of work that we do. So it's just, I hope I do well.

mela 0:30
Thank you, thank you very much. Maybe we can start my work today has been made very easy, because we are going to be listening to the, to the work that a country is going to share with us. But today, I'm just feeling like, you know, we hear we are bombarded every day about the wars, about the pandemic about the new before we even breathe. We are bombarded with all this negativity, and I feel, you know, that sometimes we are holding our bodies, our environment, is just to hoarding all this that we are bombarded with every day. And now I I was just sharing as we started about how I'm just feeling a bit depressed because of the climate change, but I'm just thinking about, you know, visualizing something that just makes us happy, just something that brings joy that that gives comfort, that feeling which is the safe space for for for every one of us, and which is also different from one person to the other. And I would like us to share just in a minute how you're feeling. And what is that which brings you comfort and joy in the in the feeling of being safe, even in the midst of all this crisis that we are leaving, but what makes us feel safe, feel joyful, feel grateful for being here. So I would like to start with anyone who'd like to start sharing just just for a minute, thanks.

Unknown Speaker 2:53
I can start.

Meg 2:56
It's first of all, it's great to see everyone. And I'm really excited about this. So I just had COVID for the second time. And interestingly, and I'm fine now, when I was feverish what I did, which is gonna sound very odd is I watched, I think about six documentaries that I've been meaning to watch, because I never have time, but they were all really depressing, like about genocide and mass murder and, and I got into such a state. So that's where I was, but then I had this intense feeling of gratitude for just like all the little small things like a soft bed, a safe place to have COVID, right like this, I'm in a completely safe environment and reconnecting with the purpose of, of the work that we're all doing and reconnecting with people coming out of that space for me kind of was just like a whole, a whole other level of gratitude and a very visceral like physical sense of gratitude. So that's the space I feel myself in So what brings me joy is this connection that we have to each other in this work that we're we're doing together and learning from all of you so that's where I am today

Emese Ilyes 4:25
so happy to hear you're feeling on the mend make and I also want to list of all these documentaries of very heavy documentaries that somehow feels like the, like a journey that

that I also would love to take and to just feel with welcome four v. So we're thanks to the beautiful invitation by mela we are sort of recognizing and all that is around us. And right now we are offering something that is giving us joy, a place where we feel safe, whatever that is for us. And so Mela, if you wanted to, I know you worded it so beautifully, and I'll try to put something in the chat as, as well, I might not have not done a very good job articulating exactly what your invitation is for us. But I will share that right now. You know, we have, I'm in I'm in New York and, and living in New York, New York apartments can can be an adventure sometimes. And for the past nine days, we haven't had heat or hot water because of a permit issue. And so I'm now nine days into being creative. And in bathing, which, in many ways has brought up memories, because I grew up with wood burning stoves. And with when there was water, it was controlled. So you only had a few hours a week of of hot water. And so it's been fun to figure out how well he water and how well how I will be in that. And so it has been a strange experience of my body being like, I know this, and also also missing, missing the hot shower at the same time and feeling like oh, I've also changed because part of me, part of me is is missing this luxury that we haven't had for nine days. But at the same time, all these memories have brought a lot of safety in my body, strange contradictions.

Francesca 7:08

I can go next. I think it's always when the summer starts, it's always and Delhi has really hot summers. And the conditions can get really extreme, even since last week, we've been getting warnings from the weather department about potentially deep fakes and backing the city. So there is always this sense of like, you know, bracing yourself for the weather, the extreme weather that's to come. But at the same time, you know, work still goes on, communities continue to thrive. People have their struggles, and like, you know, it's very connected to, you know, weather and how harsh the conditions are. But at the same time, it's also very independent of it, where, you know, people continue to persist and be resilient through the harshest of conditions. So you know, even from my privileged place of having, you know, cold water, having a comfortable environment to sit in and work just this immense amount of gratitude for like, you know, people that we work with, and people who are able to reiterate their commitment towards this work, regardless of the circumstance, and it just gives me so much comfort and strength to continue what I'm doing. And just feeling as though even. And a lot of times we are not very successful in our efforts of advocacy. And right now, there's just this sense of the government, at least in India, like Delhi, just taking on this very draconian role, with the laws that have been passing. So just like remembering and feeling safe in the presence of, you know, the people we work for and with. And that's, I've always find that regardless of how despondent, I'm feeling, by the state of affairs, that's always a safe place where I find joy. And I find comfort and I find as to I'm welcomed, and they don't see it as like no failures, or they just see it as working together towards something. And that's a space that I've come to really, really appreciate and respect

Unknown Speaker 9:29

and the things that you see if

Matthew 9:42

I can go next. Let me see something that was progeroid. It recently rained for the first time in a while it's been really hot lately. So that made me quite happy. And I think actually, I've been looking forward to this meeting today. So Oh, that has also brought me some joy. Safe? I don't know. It's hard to find safety these days. I don't know. I will say, though, to make for understand how those documentaries can sort of help, because I think one of the worst things about my personality that my friends tell me is that if say you're complaining about something really bad in your life, I'm most likely going to say, well, at least you're not homeless. Like, I'll be like, Look to the bright side, which is really annoying, right? If you're, if you have a real serious thing you're going through so I can understand how a depressing documentary can actually help someone feel like you know, it's not all bad. Yeah. And yes, I think that's it. Joy. Happy for this. Not very safe, but we'll work on that.

Unknown Speaker 11:33

You're muted if you're trying to

mela 11:39

Okay. I wanted to say Jays unmuted is was unmuted and then now is unmute if you'd like to go next.

Francesca 12:07

Gen stream we can't tell you yet.

mela 12:18

Maybe poofy. Would you like to go? We can't hear you Jiang.

Unknown Speaker 12:25

Sure, you can come back to retrieve joy and save, I think on the save. I don't know how excited to get about this. But it seems like with the, I don't know Coronavirus stuff jetting off for a while at least I don't know whether there's going to be back when people are traveling again. And as a result of that, we have had a lot of visitors. And we have a very busy April with people coming and visiting us. And my husband and I moved to Washington DC in the middle of a pandemic. So we don't have community here, we don't have friends. So we've sort of been very isolated. And now suddenly in, we just had some friends visiting us from his hometown. We right now a friend of mine from law school, I haven't seen in years is here for some international law conference. So you know, we got to hang out with him our nieces coming over to visit us next week. I don't know, I just feel like we're seeing friends again. And that's making me feel it's reminding me of how much joy and there is and just like community and being together in prison that people are like, Miss that so slowly, and we're getting lots of it. It's bringing me both joy, but also like a sense of safety because it feels like finally we can do this again. And it's one of the things that I think was the hardest thing about

Unknown Speaker 13:54

last couple of years. So much

Unknown Speaker 13:56

joy and safety. And then on the joy side also, work is crazy, but I feel like work is always crazy. I feel like I'm always saying that. There's always like a million things going on. And then there's something that is like super time sensitive and has to be done right now. And I'm I always find escape in fiction. And at the moment I'm reading this book. She's Canadian, Heather O'Neill. Her books are sort of set in Montreal and she's just like her imagination is absolutely nuts. Like the things she comes up with and says the story of like two little girls in 19th century Montreal, and they come from very different worlds. But they've read the book crazy known ways. And it's just magical and it's fantastical and it's it's a total escape from everything. So every time like work gets too much or too crazy. I can go over my book and I you know, it's almost like a parallel world that I'm living in. Which is really great, too. Yep. Sometimes you forget kind of which which you're supposed to really be so Yeah, that's all of that it's bringing me joy and sense of safety

mela 15:10

Thanks, Jay. Maybe your sound is now Okay.

Unknown Speaker 15:14

Would you like can you guys hear me now? Can you hear me now? Yeah.

Francesca 15:21

Thanks very much for having us having me here. I was supposed to travel to us last night. So I felt a little sad about it. But then this morning, I we are recruiting for a new fellowship program and I was part of interviewing about 13 to 14 like youth, youth indigenous community members so that was really kind of like brought joy and to see the enthusiasm and zeal so I think I was I was just grateful for that experience and being able to be part of that which I if I would have been traveling I wouldn't have been able to thanks

mela 16:08

thank you so much and Katyayani I'm Hope I didn't sabotage any

Unknown Speaker 16:24

Hi, I just circled back to you. Just give me a moment please. Thank you

mela 16:33

Thanks and Dr. Diaz so

Francesca 16:40

So Dr. Bs and power of economics I'm sorry for inviting them into like, you know, this space but I just like told them that I'm doing this presentation with this group and they were like, No, that is no we can join so both of them join are joining from my hometown and Bhopal. And both of them are doctors so I hope like you know, and they were working at a government hospital before retiring so I'll be happy to share like you know, my findings with them as well and get their perspective

mela 17:21
thanks so much brother

Unknown Speaker 17:37
hive about optimized pandas

Emese Ilyes 17:46
good afternoon to everybody I'm a concast father It's so good to meet you welcome

Francesca 18:04
I think he wasn't expecting to participate

Unknown Speaker 18:10
I can I can actually I was just thinking that I'd have 10 people for here from Madhya Pradesh that is nuts no

mela 18:20
in the parabola can you hear us

Francesca 18:27
my mom get up and join here to pick up my camera and go to my contact you hello good success Hello

What's up introduction de

Bucha knee pain introduction Julia Hello bola. Tality and blue ache systems a joint hi everybody Hello, how am I love mute collegia

Unknown Speaker 19:28
okay

mela 19:40
thank you very much. I think problem may be may be facing some challenges or cannot hear us but I'm just very thankful of your parents I can share I am so excited and I I just feel so blessed because, you know, just having the joy, the blessing of having your parents supporting you being there. Yeah, I really appreciate. So my safe space for me is when I go in the forest and just walking, and I know people say, oh, you know, there are snakes and all that, but I don't see snakes, I don't hear any snakes. If I see them, I just ignore them, I don't bother them and I just walk in, I just feel like, I feel detached from all the challenges that we're facing. And I often just leave my phone, and I just walk and there is this place by the river you know, a village where you can just sit there and then you can just listen and hear the river i i feel like he's saying something. And I feel like, if I really listened very hard, I will be here what it is saying. And I even feel that when when I'm hearing the trees, just you know, the, the sound of the trees, the

whispers, I just feel like they're saying something, if only I will just have all the time to listen, maybe they're just singing this very wonderful song. So that is my safe space in my space of joy.

I could see Shreya but after three, I want to leave this time to a culture

Francesca 22:01

I think both gabbiani and Shia are commuting and have joined from their phones. Yeah. So they may not be able to join in but

I just thought I'm just as like yeah, sorry, bad thing.

Unknown Speaker 22:26

Hi everyone. So I finally got a better net connection. So my safe space is quite similar to mail us. I love traveling and being in the nature and I think with all the challenges all of us in our communities have faced in the last two years. I am just grateful right now there is enough opportunity for me to travel more and be in places that I feel Danya you have come Utopia Thank you Okay, I think

mela 23:31

I can show you can you can go ahead.

Francesca 23:34

Thank you, thank you everyone for being here and taking our time to you know, hear about the research that we've been doing. And I'm so grateful for this space because I will talk about how being part of this group and sharing the space and everyone has also educated and informed the research that I'm about to share with everyone. And I'll start my presentation and two minutes but just to take a moment to acknowledge all the support and all the you know, work that has gone into this research from everyone from community members, the women who participated and you know, give that time and share their experiences for all the community mobilizers and paralegals in the community without whom doing this kind of research during the second wave of the pandemic would have been impossible for all my colleagues at Agnes the who have you know, who will always this amazing sounding board and always were there to offer support and skills and that valuable time and also for I also would like to thank my personal support system of like you know, my my amazing parents who are your as well as all my colleagues who you know, leave no stone unturned. When it comes to like, you know, serving the purpose and supporting team members. So thank you, everyone. I'll begin my presentation. Please give me a minute to share my screen

Unknown Speaker 25:14

can everyone see my screen? Yes, I can see it.

Francesca 25:27

So, I want. So welcome everyone. Today I want to share the methodology that we talk when addressing barriers on maternal health services, the participatory approaches we apply, apply

during the entire process, and the implications for accountability systems that, you know, that are currently existing and how this research and this process of learning and trying to seek redress for poor experiences has informed any future strategy we make and how it has also led us to question what accountability means to imagine accountability in terms that serves the needs of the primary stakeholders, in this case, the women who are seeking maternal health services, and how as civil society as legal practitioners, what should we what were our ethical considerations and what our learnings have been through the entire process. So before I start on, like, what the research was, and what the methodology was, to understand why this research was important, so we all are aware of maternal health services and the chronic low utilization of maternal health services in low income households and marginalized communities. And not only that, but there is a huge body of evidence which says that even in even in countries where they have relatively low maternal mortality or child mortality rates, there is this massive discrepancy and this massive gap between, you know, between people who have good access and versus people belonging to marginalized communities or people who are living in remote areas, when it comes to accessing the services which are, which are made available for them. So one is the first was the your low utilization and the barriers and access that were persistent, even prior to the pandemic. And, as the pandemic you know, came in 2020. By 2021, beginning of 2021, we were very certain that there is a trend of like, you know, poor in marginalized communities and people belong to low income households being disproportionately impacted by the pandemic, not just in terms of maternal health services, but in in terms of all social security measures, be it food security, the housing security. Apart from that, there is also previous research that has been done on the poor quality of care that women are subjected to specially when talking about maternal health care and services. It is still considered in many communities a taboo subject and there is still a lot of resistance about

there's a lot of resistance to improving these systems. And there's a lot of stigma which is also attached to, to utilization of the services by women who have multiple children or women who belong to particular communities, marginalized communities who are facing backlash from both the government as well as the society. And these are the communities which are most disproportionately impacted by any interruptions that take place and the services pandemic are not. Apart from that in Delhi, especially in 2021, when the second wave of the pandemic hit, there was this complete breakdown of healthcare infrastructure in Delhi, where many tertiary and super speciality hospitals completely shut their doors to regular OPD patients and patients who had been stopped seeking regular treatments for other diseases and chronic illnesses. So as soon as the second wave hit Delhi and the government started imposing lockdown restrictions, and we started converting health facilities into COVID facilities. There was this clear gap between the existing services which people were seeking and the sudden turn towards COVID measures by these hospitals. And many there were a you know, there was an exceptionally large amount of media reports coming through about people being denied services at government hospitals. Now, this is what we were getting through the local media through anecdotal evidence from media reports or community reports. Now, this was further compounded by the fact That, India and specifically not like states like Delhi, they have this issue of chronic underreporting of data by the government agencies themselves. Where this, the idea is to not release this data, which of course, a decreases the or other dilutes the impact

of the pandemic, which has been experienced by people who are accessing these services, and at the same time, at the same time, this underreporting also enables them to maintain the status quo and not make any changes, which are responsive to the changing situation and make any particular target and measures. Apart from that, there have been multiple studies that have happened during 2020, where once researchers realized that there is the pandemic will have long term impacts and interruptions of public health services, that they started anticipating how these interruptions would impact maternal health services and childhood services. So there is this trend of low utilization of barriers of poor quality of care of the impact of interruptions. But at the same time, instead of waiting for that data to come, maybe five years, 10 years down the line, there was this pre-emptive exercise being done by researchers, which was to say that look at let's look at the data that we have right now. And based, and then we can, you know, based on our educated methods, we can understand what will be the potential impact. And these long term impacts on maternal and child health were high that the studies did and presented, however, very jarring. And it said that, especially in no income households, and low income countries and for marginalized communities, and communities that already have very poor access to these services, those are the communities that will bear the brunt of the pandemic will bear the brunt of this breakdown of infrastructure. And the long term impacts will only be seen 510 years down the line. So those anticipations and those projections, by the by the researchers was also another, you know, important, a key factor which, which propelled us into taking, taking this data collection forward and undertaking this research. So that later on, we don't look back and say, Oh, monitoring should have been done at that point. If there is already this trend emerging, and that trend is being supported by all this existing evidence pre-pandemic, then there is a need for timely action and to for timely redressal as well. And apart from that, ideally, it is the responsibility of government agencies and of health systems to monitor well, who are the patients that are coming to them? What is the, you know, what kind of treatment and tests they're seeking? What has been the result? And what are the

what are the results of these cases. And unfortunately, for Delhi, and for most government systems, especially related to the right to health, each government has its own referral procedure, it has its own admission procedure. And that leads to not only a lack of standardized, you know, measures for care, but also absence of grievance redressal, and response mechanisms within the structures, because they have the opportunity to be very arbitrary, and hospital administration that every hospital will be a government or private, it's a one to dictate processes for admission processes for test processes for peace and processes or discharge. So all these factors combined, created this very, very strong case, to investigate further into what is the state of maternal health and child health services in Delhi. And to not only look at collected data, look at the data, but also to understand what can be done in a timely and contemporaneous manner, so as to address these in a way that they end up serving the primary stakeholders. And in this case, it's pregnant and lactating. While we look at the context, and while we look at, you know, the state of healthcare and the state of maternal health services within the pandemic, it's also very important to understand what is our positionality within this framework? And what is the perspective and what is the lens through which we are looking at these barriers and interruptions and services? So to understand what is

the positionality and profile of the person who's intervening and what are the potential conflicts that may emerge? And what are the ethical considerations that need to be, you know, reflected on before moving forward with any any intervention So, I speak a lot about, you know, as a legal practitioner and having a legal background, what it means to do legal empowerment work, and what it means to translate laws into languages that empower communities and, you know, help them in exercising their rights, that have been promised at a law. So just to understand, within the context, where you fall, and what is the lens and what is what is it you contribute to the cause? So in that piece, also understanding that I, the person who's interviewing and the person who is seeking this information as a legal practitioner, what is the scope of my work? What is the methods which I will, you know, use for this research? And what are what are my key considerations when doing this work? So what are the risks that I want to mitigate? What are the conflicts that I want to avoid? And what are, you know, my presumptions that I need to be very conscious of when taking this proposal for research to the community. Because as much as we want to consider ourselves a part of the communities we're not, we are legal practitioners, we come from a very different perspective. And when we hear these experiences and these narrations of, you know, abuse and violations of poor experiences, feel that women have, it is very important to take a step back and also not just view it from in terms of what this is the right vibration, that's the right vibration, but also to understand the experience as a whole. And to know that, you know, different factors contribute to different results, and to understand what will to the process, how will you add value to the experiences of the men? How can you improve those experiences in the long term. So this is the context in which I was placed. Now, in terms of the context of the women that we interviewed for this research. We know that maternal health services have been impacted during the pandemic. And we know that low income households and marginalized communities are the ones that are most severely impacted by this. My as of my position of as a legal practitioner, who is it that or other what perspectives are the ones that will be valuable, most valuable for me to educate this research question at the same time.

At the same time, understanding that a lot of people belonging to marginalized communities belonging to low income households will have additional and real and perceived barriers, which I'm not informed about, that I need to be cognizant of during the process of data collection and analysis. So given my positionality as a legal practitioner, working with a legal empowerment organization that already has ongoing projects, we chose to sample participants and speak to women and pregnant and lactating women within the five communities that we already had our project communities what project ongoing and the profile of these communities have been listed on the screen. There are two unauthorised colonies in Battistelli. Unauthorised colonies are essentially colony very tightly packed colonies that have wherein residents do not have proper land and tenure documents. And while they do end up living in peccan structures or like constructed structures, however, they have very poor public infrastructure, they will not have running water they will not have regular electricity supply, they will have poor access to primary and secondary healthcare centers, the number of people who are to be serviced by a particular primary or secondary Health Care Center will be way more than the prescribed figure under policies. So that is the profile of two of the communities. Similarly, another community is a village that is appalling on the ozone in northeast Delhi, which ozone is essentially the area that

has been earmarked on the banks of river Yamuna, which is a river that runs through Delhi. And a lot of communities that live on the bank or in the ozone are farming communities who have lived there for generations and who primarily rely on their farming and agricultural practices for income generation. And over the last 10 to 15 years, there's been a shift in the government's perspective, whether you've started evicting and demolishing structures grazing over, you know, the farmlands in the in this area as a measure to get these people to migrate elsewhere. And then to use this particular ozone on the banks of river Yamuna for beautification projects, and other infrastructure projects that they want to undertake. And over the last to this particular community on the banks of river Yamuna feast demolitions are at the hands of government authorities thrice, once was during the summer during a very hot summer and the second time when they went then he was experiencing torrential rains around August September. So this is a particularly vulnerable community where not only do people not have access to adequate and safe housing, water, food security, but they also lack basic documentation, identity documentation, which would enable them and which would make them eligible for different government schools. Similarly, there was a there is a GOP GOP cluster in South Delhi. Now GOP GOP cluster is a form of housing community which is in a way to say which is a step on a standard below unauthorised colonies. So GOP GOP clusters usually have formal semi formal housing structures, which may be temporary or permanent. And similarly, they have very, very poor access to public health services, they don't have access to running water, most of these households will not be covered by the food security measures of the state are most of these households do not have ownership rights. So they're actually they live on informal tenancy agreements, and are at the threat of being rendered homeless at any point.

And a lot of, and a lot of them are daily wages as well. So that is also in income insecurity. And lastly, a government rehabilitation colony in West Delhi, which is a colony that has been set up under one of the housing schemes of the central government. And essentially, what the government did was they demolished the houses of these people in in another Jujubee cluster. And then they all these houses will move on mass to this government resettlement colony, which was constructed and developed by government authorities. And in 2016, when they actually went to these communities, there was absolutely nothing, it was just bare structures that had been had been moved into, there was no running supply of water, there was no transport facilities, there was no Primary Health Care Center. And the peculiar thing about this particular community is it's on the complete margins of westerly, and it's complete and is secluded by a couple of kilometers from any marketplace, any, you know, commercially viable area. So a lot of what has happened over the last six years since these people have been rehabilitated is a lot of families have lost their source of income because they've just not been able to continue their work or they've not been able to travel to it. And a lot of other issues that have also emerged. And it's also one of the communities where our paralegals have done phenomenal work in seeking and public health services, they've managed to get them hola clinic open, they've managed to get three almond Valley centers which our government had caches to open and function within the community. And in January itself, they had after four years of litigation, they were finally able to get a ration shop, which is a fair price shop for food opened in the vicinity of their community. When an earlier they used to travel for like 45 minutes, 50 minutes to just get their sanction food grains from the government. A couple of

common features within all five communities are that most of them belong to the Dalit community, which is a marginalized caste community. In India. Similarly, a lot of majority of these people belong to low income households. They are engaged in daily wage work that either liberal or we run small social, small enterprises. And lastly, them and the most important factor is that they're very heavily reliant on government health services. So they rely on their primary health care centers, they rely on their pressures, they rely on their ration shops, they rely on public government supply of water, they lie on government, transportation services, they rely on government social security schemes to assist them in the current financial climate. So these are communities that are heavily reliant and of course are eligible for Social Security measures. And yet, when they're not delivered, tend to face the impact. I have in the next slide, basically, I have created a flowchart of the process that is followed, once we had the why of this research and the how of this research, which is to use participatory processes and to and to employ our understanding as practitioners and people who've been working in this community to further educate the research. So I'll quickly go over how this litigation on how this particular exercise or testing grievance mechanisms went from March 2021 to the next date of the next major milestone will be in September of 20.2. So, in March, when the use of the second wave of the pandemic had started, that's when we started speaking with paralegals and women in the community, for the identification of pregnant and lactating women in these communities, who a, were eligible for the services and maternity benefits under various government schemes. And at the same time, women who had been experiencing issues when trying to access these tools. So it was a very purposive sampling. And we did want to understand perspectives of women who were struggling to access these services, and access these you know, free of costs and sins. And what were those barriers that they were facing? So the identification of the women started in March of 2021. And in all five communities, and after the identification, we started connecting through telephone and telephone, through calls with all these women, to just like, introduce ourselves to explain a little about our work and what it is that we want to speak to them about, and at the same time to understand what

their experiences and what is the kind of information gaps that are emerging, and at the same time, also to understand what is the experience that they've had now, between identification and the interviews when female paralegals and community members were doing this scoping study, and they were instructed, or they were asked, requested to explain to all the women whose data they were collecting that this what purpose this data was being collected? And what would be the what would what would be the potential output. So what was shared with the community members was that there are researchers or there are people who want to understand your experience at healthcare centers when seeking maternal health services. And if they were willing to share their experiences, then they share their name and phone number and maybe like an address or a locality for identification. And then those lists that were prepared, were then shared with the shared with us. Based on those lists. We started connecting with these women started doing introductory calls, and also started to understand whether they were whether they were aware, they had information about the relevant schemes under which they could benefit, they could get free of service free services. And one of the key learnings and one of the key findings from these initial round of interviews was that there was this massive information gap with these women where we would ask them, Are you aware of

this cash benefits team? Well, women who have their first live birth, are entitled to rupees 5000 from the government. And it's supposed to be given at, you know, in three parts to at different stages of your pregnancy. Similarly, there are two government national central government schemes, the Janome suraksha, Yojana, and the Janome structure she does Janish she shoots electrocardiogram, which essentially offer free of free of charge services throughout pregnancy and post pre and postnatal care for both the mother and the child. And these include, potentially all the specimen services, a pregnant woman or a child newborn child could possibly from like blood tests, urine test, anemia, tests, with ultrasound facilities, any kind of intervention, that any kind of medical intervention that will be required, and that, and it extended to one year post the birth of the child. So even if you had a normal birth, and then your infant was experiencing difficulties or medical, medical health issues under these schemes, women and children are entitled to free of cost services at government hospitals. And there is a very clear mandate that these services cannot be refused. But when we ask the we asked the women we were interviewing whether they had any information of not only the particulars of the scheme, but also in general, if they knew that we went to a government healthcare facilities, they were entitled to free services. There was this complete gap. And a lot of women spoke about that. A lot of women said that, you know, we've not been informed of this. And we didn't have this information. So there was also the sense of oh, we could have had this but we didn't have this information. And as we were interviewing whenever this gap was realized as

as a impetus on the intervener, I choose to share relevant resources on these government schemes, resources that had been created by government authorities and had been put in the public domain with these women as well. Because clearly there was an information gap and while I was able to get At a summary of their experiences at healthcare facility, why they've been denied services, the resources were shared with the with the objective of getting particulars and understanding exactly what is the extent of, you know, non utilization or non availability of these services. And then once that extent is understood to want to further go into the root causes of the unavailability and denial of services. So, once these resources are shared, and a second round of interviews were conducted with the same group of women. So, we now as a as a result of the second round of interviews, we had two sets of data. One, we had data when women did not have information about their rights and entitlements, and what were, you know, experience or how they had presented their experience in the interviews, and then subsequently, after the sharing of resources, and after sharing the particulars, what was their understanding of the extent of right violation? What was their understanding of what was given what was offered and what was not. And to understand the the kinds of rights violations that we were experiencing? Was it just the unavailability of services? Or was it also the denial of services, and was it also abuse, which further prevented them from seeking the services again, at the same health care center. So not just understanding the extent of utilization, extent of availability of services, but also, what were the causes, or barriers that women were facing when accessing these services. And similarly, this was the time around June where the second wave of the pandemic had been. So there was also a lot of fear and anxiety in the minds of pregnant and lactating women regarding their health regarding their child's head. So, after the second round of interviews were conducted, and a list of rights violations or categories of rights violations which emerged, then the legal team also embarked on a literature review, specifically

aimed at understanding the government's response to the COVID pandemic pertaining to maternal health services and child health services. So throughout March from March 2020, to as late as January of 2022, the government has regularly been passing guidelines and standard operating procedures, to talk about how the healthcare systems need to be restructured so as to prevent any interruptions of services and to prevent any denial of services. And so that people who are sick seeking treatment and care for chronic conditions would have the services available for them. So after the second round of interviews, and an understanding of the kinds of rights violations and other literature review of the government's COVID response was also conducted by the legal team just to understand if any of the issues that women have been facing have been preempted have been anticipated by the government authorities. And if there's there have been any untapped channels for redressal or untap channels for accountability that will present in these COVID specific guidelines that will not come across. So that is the general normative framework for maternal and child health services, which are always free of cost schemes, cash benefits, schemes, assurances of services and government hospitals. And then there is another body of literature, which is just the COVID in the government's COVID response to these to the pandemic and how they want to secure and secure maternal health services and the continuation continuation of these services. Once this was done, and once we had both key findings from the of the rights violations, as well as key findings of the government's response system, both of them are completed and they will again be returned to the groups of women and we share this finding with them to, to

a to share the experiences of not only the woman that has been interviewed, but also other women belonging to the either pregnant lactating women which had had similar experiences, or even in cases where they had very, you know, contrasting experiences, where there were cases where I remember there was a case when a woman faced more difficulty even though she went to a government hospital, she was treated, she was treated with respect and care. And then by the end of the interview, she was of the opinion that, you know, that the government has done a great job. So just sharing these varying experiences, not just within ourselves and within the group of practitioners, but also with the women themselves who are interviewed, because as a exercise and, you know, returning and reflecting with the same group of participants who say experiences you're talking about. And taking those findings from a larger group and sharing them with individuals so that their understanding and their perspective about the scale of events is also developed through this research, once the key issues through the literature review and light citations were shared with these women, then came the question of what can be done about it. Now, as legal practitioners, especially, you know, following the legal and payment model, we focus a lot on redressal. And accountability, where it's because especially in cases where there's such a strong normative framework, and there's such a strong body of, you know, governments things and policies, which support and which champion the right to safe motherhood and the right to respectful maternity care, it really causes a lot of dissonance when you go to the community. And when you when you go to the field and you realize how different and how, like you're stuck the lived experiences of these women are. So just to explore the possibility of whether once they have, once they have shared the, you know, not only information which is relevant to them, and to their experiences of being able to or not being able to access services, but also the larger experience of the group. Once that was

discussed, the next question was how to broach the topic of grievance redressal. And there are multiple forms of grievance redressal that we discussed with these men, which I put, which I'll move on to after this, but just understanding from them, whether that is something they are interested in whether they're interested in pursuing it? And if yes, then how is it that they want to approach authorities and how is it that they want to advocate for their rights, once this was done, people who agreed to choose some form of grievance redressal, then again, we went back to the legal team to discuss the concerns expressed by them and to understand what would be the best way to safeguard, you know, these groups, but at the same time, advocate in the best way possible for these rights and services. The and then, of course, like a petition was filed in the Delhi High Court under the jurisdiction, which was listed, which was filed in September of 2021. The petition was listed before the High Court and the government and the court honorable High Court issued notice, which is essentially the act of calling upon government authorities to file their responses to whatever has been placed in the petition. So whatever facts are in place, whatever arguments have been made about kinds of violations, the kind of grounds that had been presented for the government to come and respond to that, and to respond to the not correctness of the claims, but also, like, provide reasons for these claims. And one of the key learning points when the petition was first listed in the High Court was regarding

was regarding the specifics that had been provided in the petition. And there was this, there was this targeted demand by the government councils, as well as the court to place on record the specifics of the hospitals that had been denied services, the specifics of the kinds of services that had been denied, and so on, and so forth, which will, of course, as orders of the court, which were done with the petitioners consent in January. And now the case law, which was Lastly, which was last listed for the hearing in January, has now been listed in September of 2022. It may be it is important to know that between the filing of the petition in September of 2001, and January of 2020, to all the five petitioners that are women that had chosen to upload support for the right violations ended up giving birth. And we're in the process of documenting those experiences of giving birth in an institutional setting. So this is generally the process now, a few things that I wanted to share that share with the team, which are which were emerging themes and considerations during the entire process. One key finding and one key learning point was the kinds of rights violations that women are facing and the extent and the the like, you know, degrees of violations and how different stakeholders were involved in all our like, we're involved in either denial of services or are relevant actors for any meaningful resolution that is to take place. So not only looking at into terms of responsibility to provide your services but also their responsibility to correct the wrongs that have been done. So, a couple of key themes that emerged from the interviews was one the closure of primary and secondary health care centers, and the poor availability and accessibility of services. So a lot of more law clinics, a lot of smaller dispensaries, they just closed without notice during the pandemic, despite there being government orders for continuous functioning. This was reasons given word that the staff had contracted COVID that the government had not sanctioned staff for that particular healthcare center. Similarly, poor availability and accessibility of services, a lack of tests, lack of essential services and best government health care centers, because the same had been redirected towards COVID facilities, in terms of accessibility is when accessibility when the

government imposed lockdown restrictions, a lot of private movement and movement by private actors through different transport channels was completely stopped. So public buses stopped running. Public transport systems like autos, and taxis were non functional, people who did not have private modes of transportation were unable to access ambulance services because of the over the load that they've been faces facing due to COVID patients. So all these barriers added to the low availability and accessibility of these services. Similarly, in terms of frontline workers, like the ASHA workers and almond value workers, Asha workers are essentially accredited. A bit basically, their frontline workers who do a lot of community monitoring and are responsible for immunization, and for guiding pregnant and lactating women through their pregnancy, about nutrition, about tests about checkups about family planning. And similarly anganwadi workers, which are government run pressures. So those are the those are the workers who provide nutritional supplements to women. Those are the ones who register boards within the community, and subsequently are responsible for caretaking of children from the age of zero to six years. And essentially, this is support supposed to support women in, you know, their effort to improve maternal and child health. Another key issue, which is again, which personally in my opinion, is one of the major issues that has been faced is a lot is the lack of a standard reference system. So a lot of Stein, so the way that hospitals function in Delhi, is that each hospital and each hospital administration has the has the power to decide what their referral system will be what, under what circumstances they can, they will give admission in what circumstances they can deny it, and therefore it to a speciality

healthcare center, so on and so forth. And a lot of times what happens, especially during COVID, was that a, there was no formal system of reference. So a lot of times when women went to seek services at the gate itself or at the OPD when they were getting their slips made for, you know, examination or admission, at that juncture, when we were told that there's unavailability of beds, and availability of doctors and availability of tests and equipment, and to go somewhere else. And that was the limit of reasons like the limit of interaction that would happen between the women and the staff. And beyond that, there would be no spot for negotiation. So if a woman is to say that I'm, you know, it's an emergency, it's a very critical condition, there is no room for negotiation with the hospital staff. And a lot of times what happens is that when these systems are, or when these communications are done verbally and informally, then it also results in just the sent, a woman does not end up having some written documentation about the care she has sought. And in cases where the subsequent doctor to whom you refer to would need like medical history, or would need some form of documentation to make an educated assessment of the patient that was also missing. And what this lack of standard referral system does, it really harms the patient and the person who is seeking care, because it's, especially in maternal health, we talk a lot about delay in services and how that delay impacts maternal health outcomes. So in terms of even the three delays and seeking care in reaching the Healthcare Center and in being examined by the particular or getting the medical attention and treatment. So all these three delays are really compounded by this lack of, you know, formal procedures and standardized procedures which people can be confident in when going through different healthcare facilities. It's very hard for women who are in distress or who are, you know, at a critical juncture to negotiate and to argue and to understand and figure it out. I've watched the administrative procedures of each particular

hospital is. Similarly, such a form of denial of services and lack of, you know, formal procedures was also accompanied by a lot of abuse and violence at the hands of hospital staff. And it's one of the things that people do not like, which is largely acknowledged that healthcare staff doctors are good. They are, you know, short tempered, they tend to a lot of times the women would go and they'd be demanded, by them to do this, why didn't you get this test done? Why are you here? Why are you here, before your scheduled appointment, so there's like a lot of like, you know, fear amongst women about approaching the right authority or the right facility at the right time. And this fear of being mistreated or fear of being, you know, abused. There were instances when a woman who was waiting to be seen by a doctor when she, you know, she was in pain and distress. And then she after waiting for a while, she insisted on going into the doctor's chamber to just like, seek an ordinance. At that time, she was physically manhandled by the nursing staff who like dragged her across the hospital. And all this happened in like, open view of the patients who've been waiting for treatments. And it's a very humiliating, and it's a very, you know, distressing process in general. And to expect women to, you know, after having this experience to seek further redressal is very unreasonable, because all this compounds to the fear that they're feeling the insecurity regarding their health regarding their child's head. Similarly, as we spoken about, like lack of information about your entitlements, yes, you don't know what you can demand at hospital what they're supposed to give you. But at the same time, even if you have that information, and even if you know that you're being treated, or you're not being given your new entitlements, what can be done about it? What is the existing the monster desert mechanism? Who are you supposed to go to with these problems, who will give you time and who will listen to you, and who will also like not, you know, count to blame you as to oh, you should have done this, or you should have done that. So just this lack of information, as well as grievance redressal mechanisms where once women have this, these poor experiences, they don't know what what would be the next step, their only option is to return back or to go to a private facility, which really adds to the last challenge, which was face, which is out of pocket expenses, we're talking about families who already are belong along to low income households are reliant on TV, which, you know, work, which was, again, construction work was impacted. A lot of, you know, vendors with their shops and enterprises, they had to close down during the pandemic. So we're already talking about a year into the pandemic, and people having exhausted their savings. So at that very vulnerable financial juncture, you are also being forced to go visit private facilities, private facilities, also know that there's this massive demand for regular tests. So there's also an infusion of price. And there is this reassurance given that, oh, we're not taking COVID patients here, so you're safe here. So this, this sense of like, you know, almost being forced into seeking care at private hospitals, out of a sense of fear or out of sense of security, and just like, you know, well being of your own child. So these were like, you know, major challenges which emerged and these are all interconnected and are all, you know, affect each other. And they're all obviously very complex, they range from like, you know, cause of the causes reach from budgetary allocation to, you know, restructuring of health systems to lack of standard operating procedures to you know, a code of ethics, which is not, which is not implemented across staff and healthcare providers, and lastly, poor information and prevention systems.

Yes. So, these were the rights violations and then of course, as intervenors as practitioners, you want to do something and you want to take the next step and you don't want to sit on this data. So, there is this question of what can be done next, and what are the ways in which you know, this issue can be approached and how and then of course, discussing it with the women to understand which is the one that best serves their needs, which is the one that will be most comfortable for them, which will, which is the one that be more accessible to them, which is the one that will you know, safeguard their needs, and mitigate the risks associated with them and subsequently to like understand, like, what is what can we ask out of that remastered So, mechanism, there may be a grievance redressal mechanism that will be perfectly suited for the needs of the women, but the authority to which you will approach may not have the decision making power to to make the relevant changes. So, I have listed down so before When I talked about the different methods of grievance redressal, that were discussed, just to talk about, what was the process of even discussing grievance redressal mechanisms. So while the interviews were taking place one on one with the women and their experience during the healthcare for other health care centers, but just to just to also understand, you know, what is the kind of support, they need to even consider approaching any grievance redressal mechanism. So, what happened was that after the interviews, we spoke to the women inside, like, we want to discuss what can potentially be done. So an amazing learning from that, because a lot of women prefer to have family members and their personal support system, even for the discussion, whether they choose to proceed with it or not. Because it is important, because once the practitioner is removed from the equation, it's the woman who has to deal with the consequences, it's the woman who has to deal with any backlash that may occur. So the importance of having close support systems independent of the intervene, and independent of the practitioner was very, very necessary. And a lot of times considering the nature of like, you know, the rights violations, which, which is essentially, sexual and reproductive, there's a lot of like, you know, stigma attached to it. So a lot of the women preferred having their mother's mother in laws or sister in laws, like, present during these discussions. And a lot of times what they did was when they were talking about right violations, the same reiterated by these companions for these women, where the mother or the mother in law has experienced something similar at her time, or the sister in law, who has like, you know, a couple of children goes back to say, Oh, yes, this happened to me as well. So just that, and the act of having these companions and having these discussions, you know, while discussing grievance redressal mechanisms also acted as a read, like, you know, reinforcement and just like reassurance to the women that, you know, your experiences are not isolated, they're not like, you know, you're not overreacting. And it is like, you know, it is wrong, what is happening. So that learning was very important. And just like the importance of their own support systems was a key learning point from

this entire exercise. Now, a couple of grievance redressal mechanisms, which were discussed with them. And please note that, you know, when these government grievance redressal mechanisms were discussed, a lot of them were defunct, because a lot of represented, representatives were unavailable. A lot of online grievance systems, you know, were unresponsive, so you weren't able to file a grievance. But there was, once you went on the platform to check the progress of the complaint, or to see if any step has been taken, it always

showed like under Prop on the process and the process under consideration. So essentially, the inaction rendered them defunct. So discussing them, these options with them, but also to also making it evident and being transparent about the efficacy of these agreements, redressal mechanisms, and our learnings of employing these grievance addresses mechanisms pre and post pandemic. So, because we've been doing this work, it's important to educate those options with the past experiences of women who had sought redress through these avenues. So one is in person advocacy, contingent on safety and availability of stakeholders, which was, which was not possible, even though it was option offered as an option. But in person advocacy during the second wave was not a feasible option. Similarly, filing of online contains to various government mechanisms, especially in Delhi, we have a PGMS system, public grievance monitoring system. But again, as we had, especially in the beginning of pandemic, we had started getting massive amounts of data of rights violations and, you know, interruptions in services. But from March 2020 to march 2021, we had enough data and enough evidence to know that those two systems were not functioning properly. And there was this clear, like, you know, massive time lapse on the authorities pass part to actually address the other rights violations and complaints that are coming to them. Similarly, sending have written sorry, sending of written representations to relevant stakeholders, specially department of women and child development or the Department of Health and Family Welfare. But again, these are already systems that are overwhelmed by the COVID. caseload and the and all and the, you know, interruptions in services. And similarly, government departments were also not functioning completely they were functioning at 50% capacity. So it's even the number of authorities that were you could write the representation to or who you could expect timely responses to work out in half. Approaching local authorities for redressal, which is essentially that member of legislative assembly that MCD counselor or any, you know, community leader, but again, you The thing with local authorities is that they can only address issues at the local level. And when we're talking about state level government hospitals, when we're talking about policy issues, where there is gaps in policy or a policy does not recognize specific cases, they don't have a lot of power to change that. And lastly, approaching courts through legal action, which is what we ended up pursuing. By the end of it. One of the things that you know, was very important was to as we were discussing these different approaches, with the, with the women was, what was their what is the approach they want to take to the monster dresser? In under law, we have adversarial, we have inquisitorial we have all these different forms in which we can initiate legal action. But what is it that when these speak about redressal? When they speak about like accountability, what is the approach they want to take? So what emerged largely was that women were actually very understanding of the issues being faced by hospital staff. They were they were like, you know, it, the patient's there are so many patients, there's so many deaths that are happening. And we were just like, of course, hospital staff is sick, of course, they're unavailable. So they were very clear that they did not want to take an adversarial approach, even though they had been personally subjected to these rights violations. And in many cases, what could be considered criminal rights violations in cases of verbal and physical abuse. But still the you know, that this time to not take an adversarial approach was a key learning point, because that essentially, you know, also

reduces your available or reduces the accessible systems to have, because a lot of them are structured in a very adversarial manner. So how do you employ those systems without like, you're not taking the approach that's ingrained in it. Similarly, another key learning was that women did not want to disclose their personal identity information, or like, you know, the specifics and details of what had happened. So if they'd had a poor experience in the labor room, where they had during the birthing experience, they had faced violence, or they had not, like informed consent had not been taken, they did not want to go into like, you know, the details of what had happened. Somebody of like, Oh, I was treated poorly, I was denied services, that to them was information enough. And that to them was enough to establish that there's something wrong, even though government systems may not recognize that as an adequate amount of input and an adequate amount of information. So just like, you know, this need to protect their personal identity and to, you know, protect themselves in these circumstances was also a very important factor when discussing grievance mechanisms. And obviously, like, you know, coming from that, they said, they preferred more indirect channels of communication and redressal, they do not want to be the ones like you know, who are constantly asked to be present before a particular authority to repeat that experiences over and over again, they did not want to, like, you know, be in direct contact or be at odds with the people who were providing the services, be it frontline workers be in hospital staff, because they did not want to be seen as the person who is complaining, or the one who is, you know, identifying themselves as a person who is facing or who has had these experiences. I'm sorry.

And then, of course, I'll explain a little about why we why the leverage team advice about going to the court. So in India, we have the Constitution, which is the primary legal document from which all laws and all rights flow. And within the Constitution, under Part Three of the Constitution, we have fundamental rights, which are rights that are guaranteed to all citizens, and those rights, including the right to equality, the right to non discrimination, and, of course, the right to life, which is under Article 21. Now, since the Constitution was drafted in 1952, to try and get into this, this, there is great, amazing jurisprudence on how the courts have interpreted article 21, which is the right to life, and how we've expanded that understanding of right to life to a right to life with dignity, a right to life with like, you know, with where you're able to reach the highest level of health. And in a recent 2010 High court judgment that I liked, was also extended to the right to safe motherhood. Where if a woman is if a woman dies during childbirth, that or John dies during her pregnancy, if that, that can be considered a violation of the right to life, I'll be depending on medical complications, etc. So there is this very robust jurisprudence under Article 21 of the Constitution which supports the way men's rights to help the right to safe motherhood and the right to access these services which have been promised to them under various schemes. So that jurisprudence under Article 21 makes, you know, a case under that very strong because there is nothing you have to move in terms of law and policy where the framework and the euro jurisprudence already exists. Additionally, under Article 26, the Constitution gives the high courts which are the highest court at the state level, in India, they give the high courts the power to pass orders to government authorities and government, quote unquote, government authorities under the jurisdiction have been read has been interpreted, again, to be very wide. So it can be mean media outlets, which are serving a public purpose of informing the citizens, all government departments fall under it, all statutory bodies

fall under it. So similarly, if you're talking about primary health care centers, anything that is done by the government, or anything that is monitored or supervised by the government will come under the jurisdiction as part of quote unquote, the term government itself. And the kind of orders that they can pass through this power is also very, very, when they can ask government authorities to do a particular thing. And there's something that they do doing, which is illegal, they can ask them to stop doing that thing. Similarly, there is the writ of habeas corpus, which, you know, in terms of like, presenting a person before the court and, you know, ensuring their presence in terms of criminal cases. So there is this variety of, you know, different types of directions that the court can also pass under this, which gives them gives them a wide power to like, you know, pass orders as per, what they seem suitable, or what they feel is like, you know, an appropriate order for that, for that matter. So this is the thing about the jurisdictions and is that it need not be adversarial.

It is essentially, you come to court through your petition establishing that there's been a violation of this in this right. And then the government, it is upon the government to come and respond and to see whether or not and then if you are able to establish a particular right violation, then of course, the court moves on to passing orders and addressing those rights violations. So from that perspective, while approaching the court is a very intimidating, you no prospect, the jurisdiction of the high court under especially when passing orders under the right to life is very strong. And for us, both the women as well as the legal team felt like a suitable option, where there was also the possibility of having quick change. Because if you are able to, you know, establish your case before the court, then the court has powers to pass immediate judgments, they need not wait for the government to file its reply or they need not, you know, of course, it is standard practice to let the other party respond. But there is no fixed timeline as to when orders can be passed, the case name won't be adjudicated completely for court to pass substantive directions for addressing the rights violations. So this ability of the court to to pass timely directions and to force the implementation, because if a court orders something to be done, and then if the party does not do it, they essentially come, they fall in contempt of the court, which is again, like another legal avenue you can take where the government is not complying with the orders of the court. So all these like, you know, functions of jurisdiction, jurisprudence under the right to life, the ability to pass orders quickly, that really supported the idea of approaching and taking these cases to a to the court during a time when other government response systems were not functioning. Now, when we discuss the possible we explain why Ritu restriction was what was being proposed by the legal team. Then we discuss what are the apprehensions and what are the concerns that women will have when approaching the court. And as lawyers, we tend to think about litigation and by technical terms, whether that, you know, that court will have jurisdiction, whether you'll be able to establish a cause of action, whether there will be sufficient grounds, etc. But then when we took this option to the women, the concerns they raised were, you know, from their perspective, and which were also it also educated, why people choose litigation of why people don't choose litigation. So, for example, one was simply the lack of clarity and understanding about the litigation process. And what would they be required when they you know, parties in the litigation will be will they be required to go physically before the court will they be questioned by the judge when they you know, what kind of fees they'll have to pay similarly, the duration of

the litigation process it's not it's not time bouncing and India in particular has a very poor, you know, track record of pendency of cases. So just understanding if they're choosing this avenue, how long will they have to be engaged with it? Is it a matter of months? Is it a matter of two years as a matter of five years, well, five years after the birth of their child, they're still having to file affidavits and having to, you know, prove their case before the court over and over again, which is, again, a very harrowing experience. Similarly, the possibility of pushback from the community members, when there is, you know,

when they don't have a very clear understanding about the litigation process, it means that it also means that those fears are replicated by their family members. So being seen, as you know, being seen as litigious being asked, Why are you pursuing this? What is the need for it? Because you don't escalate? In most cases, you don't escalate the matter to court, unless it's a last resort. So just like understanding it, what kind of pushback will there be from the community and family when resorting to this supposedly, you know, extreme MacBook? Similarly, once the case was filed? Was there a possibility of denial of services and entitlements? So once again, we spoke about when we were explaining the process, which I'll go to on the next slide, there was this question of like, you know, what if our identity is revealed, and then we face a backlash from the hospitals, from the community centers, where we go for services, and they're like, Oh, you're the one who's filed the case? You? Why don't you go to somewhere else, where you think there are good services. So just like, you know, these fears and the way they were articulated, and similarly, the potential fallout and deterioration of community relations as a result of being seen as someone who's engaged in a long term litigation, and a lot of people will say that, you know, your child is wanting to return home, why do you need to pursue this, because they see pregnancy, childbirth, and that being like, you know, the end of it. But there is a lot of trauma, and there's a lot of like, you know, impacts that people do tend to carry, and it affects their care seeking behavior and future. So, in terms of that, just, you know, the kind of fear they had about the potential fallout. Now, when, so, out of the 23 women that we had interviewed, initially, a total of four women actually reached the stage of, you know, agreeing to file a petition. So it's essentially 1/6 of the group. So there was first round of interviews with 23 women, then the second round of interviews happened with 19. Women, then we discussed grievance redressal. With, I think seven of them were out of 90, only seven wanted to proceed with something. And then out of the seven after considering the different options, four of them agreed to approach the board. So with these four women earlier, we had been taking informed consent as per piloted dialogues, which is essentially explaining the nature and why we're doing it what will be done, what are the potential harms and benefits, so on and so forth. But when we move to a legal system, we have to take consent in a way that, you know, the High Court directs or the legal system directs. So in terms of Bacala, Namaaz, where you take an undertaking from the person saying that I allow this person to represent me, in all proceedings before court. Similarly, a signed affidavit, well, you have to fight this, where you have to give a declaration that I'm this person eating this living here, I have read all the contents of the petition. They are to, to the best of my knowledge, so on and so forth. So this Declaration and the kind of like, you know, reassurances that they have to give to the legal system themselves.

So just explaining the nature and scope of the litigation was very important, which is what I explained, like, what it means to approach the court and their jurisdiction versus a criminal jurisdiction or civil jurisdiction. So just creating that distinction between what and how we are, what we're approaching for and how we're approaching the court, and the ways in which we can do that. Similarly, one of the important things before going to court is the need to establish the facts of the case and the rights violations that have occurred, if you want a relief based on that. So there needs to be a narration in a way that makes sense that is chronologically plausible, that establishes the different steps. So that itself was you know, a process in itself. Similarly, again, reiterating what it is that the Constitution protects, when it comes to right to safe motherhood and right to life, and what like, you know, what all comes with it, and just to reassure them that your experiences as trivial as they may seem to you, actually are covered by the law. And it is things that the government guarantees you and you're entitled to and the fact that you're not received them is the right violation itself. There may not be anything further beyond that for you to seek redressal. Similarly, another thing that was discussed at length with the women was what are we asking the court, which is essentially the peppers interpretation? So what is it that we're asking? Are we asking for nationwide policy changes? Are we asking for district wide policy changes? Are we asking for, you know, your particular cases to be addressed in a particular manner? So just discussing what were the different pairs and what it is that we wanted to ask the court for? And lastly, what are your expectations? Like what it is that, you know, in principle we're trying to see? And what are our expectations both as a community, as women as pregnant and lactating women? And lastly, as the legal team, where from our experience of litigating what what is it that can we expect? Are we expecting the court to pass completely blanket orders? Very unlikely. So just like, you know, discussing and being real, and being transparent about, you know, the processes, what their pros and cons are, and what are the possibilities in the future.

Now, this is another slide that I wanted to just talk about, please note that these are factors which I perceive what I believe enabled women to pursue litigation. And so from my perspective, I think there are four factors which really, you know, propelled these women into reaching the last stage of approaching the board. One is the level of literacy that the women had, and in all the four women had a, you know, word metric graduates, and they had the ability to read both English and Hindi. And also when the initial scheme documents were shared, they were able to like, you know, go through it, read it and point out deficiencies and service that they had encountered. Similarly, these women also had possession of their medical records and documentations to the different facilities, be it OPD slips paid referral slips or in part, of course, not in whole, but they did have these, and what this documentation really a standard, their understanding that they had been denied services. And at the same time, also held the petition a lot where we were able to through the help of those documentation and records able to establish the rights violations, which in cases where informants systems are followed, then that becomes very difficult because then it's your word against the healthcare providers, and it becomes essentially your say, so and the court tends to, you know, not give it a lot of weight. Similarly, all for women that chose to participate in the limitation were in different stages of pregnancy. So even though the initial group that we interviewed had both pregnant and lactating women, it was only women who are in stages of pregnancy that chose to approach the

court were because they were still expecting to deliver at government hospitals, and they still had a hope, or they wanted to, you know, there was scope for better services during their pregnancy. And lastly, the support they received from the family members. So in each of the cases, it's actually a very distinct finding where even when we approach them with the Macallan Nama and the affidavits for signatures, there was this support from the family from the mother, from the mother in law about like, you know, pursuing this particular litigation and about like, reiterating that there has been denial of services and violations of rights, which needs to be addressed. So not only a strong understanding of the women about their rights, but also this understanding was extended to their closers, those circles, and inner circle of family and support systems. Okay. So this is the process of project, I just wanted to I know, it's already it, already nearing two hours of the presentation. But there are a couple of ways and a couple of things that I wanted to talk about the approach that we followed. So one is how participatory approaches were integrated. One of the important approaches that we followed was the return and reflect, which is anything any progress that is made, any information that is collected, any analysis that has done needs to be returned to the primary stakeholders, or the people from whom this information, like you know, is where the information is rooted. And in this case, it was the pregnant and lactating women, and not only passing on that information, but also reflecting on it with them to understand what is their interpretation, what do they make out of it? And what is their sense that they so similarly, even though, similarly, the action of sharing the findings from all interviews with all women, and not just their interviews, or women from their communities and you know, a selected group, so being transparent about the findings, good or bad, and of course, taking the opportunity to reflect on those findings. Similarly, when we spoke about like grievance redressal, what their concerns were, what they were, what they perceived as etc. So just the act of questioning the existing systems? And whose needs and what are the needs that they are serving? If we have a unanimous understanding amongst them, and that they want non adversarial, you know, nonspecific grievance redressal approaches. So what is it that the existing systems have, like, you know, formal systems, adversarial systems, details specific system? What is it? Whose needs? Are they serving? Are they serving the needs of the people who are impacted? Or are they actually serving the needs of the other stakeholders like healthcare providers, government authorities, where they know that by seeking this information, they automatically reduce the number of complainants from 50 to 20. And how this act itself is beneficial to them.

Similarly, just to understand the tensions and the conflicts which emerged during this entire process, so, between the man and the facilitator or the intervener. So, as per the like, you know, ethics protocol, not protocol, per se, but as per the ethics that we wanted to follow up care and of doing no harm and of respecting boundaries. There was you want to understand from women, what their experiences are to the complete, like, you know, complete extent, so that you are able to make an assessment about what you feel are key findings and key themes that I'm watching. But at the same time, when we're talking about subjects, which are sensitive, and we're talking about sexual and reproductive health, there is a lot of secrecy, there's a lot of shame, there's a lot of the sense of privacy amongst the women, where they don't want to share particular experiences, be it with whomever and especially not a third party, who, with whom they don't have a comfort level. So just this conflict between, you know, the person

interviewing and the person being interviewed, and what it is, what will be the middle ground, where you are able to answer the question, but at the same time, respect boundaries and respect, like, you know, the need for privacy of that particular person, even though it may result in you not getting the specifics that would have been beneficial for the research co template. Similarly, between women and family members, now, we spoke about how important it is to have local support systems and family support systems for these women. And in cases out of those 23 women where there were cases where the family was not, you know, encouraging. And there were multiple, three or four cases where, when the question of the month lesson came, they were like, you know, we'll speak to our spouses will speak to our mother in law. And then afterwards, after consultation, we came and said that, you know, we don't wish to pursue this. And so just in terms of what the women's understanding was, and what their families considered their rights to be, and the kind of redressal that would be justifiable in these circumstances, in their eyes, in the family's eyes and the eyes of the society. Similarly, between women and frontline workers, so frontline workers were playing a very crucial role in an information dissemination during the pandemic. And in cases where there were lapses due to frontline workers being engaged with other workers sample samples, surveys, or collection of samples for COVID testing, etc. That also, obviously, an automatically resulted in them being unavailable for their maternal health work. So just like you know, and frontline workers are women who belong to the community. So just in and who are part of that ecosystem. So just in terms of understanding that when I'm reporting that I have not received the particular information, I have not received the service, do I am I reporting it as a fact that am I reporting it as a complaint against that frontline worker, who also happens to be my neighbor also happens to be someone that my family is close to. And lastly, between the women and the community itself, where, you know, even though women pregnant and lactating women will have these experiences and maths, but on a community level, there is this silence and there is this, you know, non acknowledgement of the thing that's happening. And we must not see it in terms of women not expressing what they're, like, you know, the rights violations that experience is the community creating a space in which they can openly talk about it, or their women centric spaces or their spaces, you know, within the community where even though they might not want to escalate it to redressal, but they can still share and reflect upon the common experiences that we may have.

What were the questions that emerge during the research and intervention? One was the question for me very important was the question of a concept of neutrality, what is harm and what what should be the impetus to act? So initially, this was meant to be research designed in the Social Science Research format, if that makes sense. So initially, a research proposal data collection analysis isn't an outcome. But halfway through, even before the interview was actually started, there was this gap which was recognized. And as a practitioner to understand. I remember during one of our earlier sessions, I think Bethany was the one who mentioned something about harm, and we talk about harm from our actions, but what is the harm that is caused by our inaction? So and I remember that striking me even then. And even in terms of reflecting on this entire process, like what does it really mean to be neutral? Who are Who is this neutrality serving? Is a new, is this neutrality of not wanting to intervene serving the status quo? Is it serving the people who are impacted? What is the harm? What is the harm caused by

my particular intervention? And by my lack of intervention, where I do better in having this knowledge of the one systems and having these like, you know, a being aware of these different channels choose not to share it with them? And similarly, what is it that acts as the impetus? Or what is the catalyst to for action? Like what is a right violation that is severe enough for you to seek action? What is a small rights violation? What is something that's completely like, you know, will universally be considered? You know, egregious. Similarly, in terms of how you approach and how even communities and stakeholders and frontline workers as a legal practitioner, are you taking a paternalistic approach to the legal way you come with this knowledge of the law and this knowledge of legal systems? Or are you coming with a consultative approach, where yes, this knowledge is something you bring to the table. But there is the acknowledgement that there is information that is knowledge that is lived experience, that you're not part of, and to create room in that conversation for that information to come. And whatever decision making is done is a combination of both and not just a combination of your knowledge of the law, or the legal practice, legal or their lived experience. And also, through through that space, creating space for them to talk about their experience, and to talk about that expression of that experience, where a woman might have been subjected to grave abuse and violence, but her expression is that of neutrality and non adversarial and non like a, you know, it's not antagonistic towards that. And to respect that and to understand that yes, in you may be completely like, outraged by that experience, but what is the expression of that experience that the woman is presenting to you, and how to respect that and create space for that. And lastly, the adversarial versus collaborative approach when it comes to identification of allies. So it is it was very difficult to find allies, you know, at government, with frontline workers and healthcare authorities during the entire research process, but one of the amusing things that happened was that when the case was first listed, and we presented, you know, the facts of the case, and we were trying to get the court to ask the government to give a final response, there was a we were having this court,

this hearing, or virtually, and we were part of this virtual courtroom where advocates and parties from all the other matters that were listed that day were also present, present, and they could hear it. After our hearing was done and notice was issued. We received a call from one of the senior heads of litigation at the women department for women and child and law. And he called up and he said, Oh, you know, I was really happy to see you present this case. These are actually very pervasive problems. And it's great to see that you filed this and, and then he proceeded to then talk about other non litigation related avenues where we could present this data to, you know, continue those parallel processes. And his name is Mr. Kok. I was supposed to like his, like, some sort of note, which I forgot into the PBT. But essentially, like, that's a resource we've been constantly tapping into, well, we've, when in case there was a case, where there was a infant death in one of the communities, and you do like different from five different hospitals in the course of 24 hours, which is mind boggling. And then we were also like, no, even though it was an extreme case, it was like a one off case. And we were just wondering, what would be the proper grievance redressal, like, you know, approach for this, and then we call them up, and he's like, oh, there are these three for the authorities that will also take cognizance of this issue. So just like, you know, instead of the adversarial approach, trying to be collaborative when identifying allies entity, you know, also can bring their understanding to the

table working within the system. And then, things that I wanted to add that I still think that you that I want more answers to, but that have emerged as key questions and Like, you know, key considerations to the research is, how is it that you imagine accountability within these negotiations? To have in, you know, in this ecosystem of different stakeholders, and you know, different responsibilities, different barriers, different restrictions of budget and allocation and time availability and responsibilities, and so on and so forth? So what what is it that accountability means? And who is seeking accountability? And how do they, like, you know, imagine it to be, and how can we bring our systems close to that understanding, and second of all ways to champion community learning. So this entire process of starting off with 23, women sharing resources, and then coming to a pool of four women, so that can be seen as a reduction in terms of like people who are engaged, but also like flipping that around and seeing that, you know, through this exercise, even though there was only four petitioners, you were able to reach out to a network of 23 women, and share information and share resources. And even though there has been no tangible outcome, there is this transference of knowledge, which, of course, you can hope that they will then transfer to other people in their community. So through these exercises, and through these identification processes, how to champion ways of community learning and how to, you know, make that also a primary objective of these interventions. And as I was, like, you know, the litigation is ongoing, there has been this massive nine month gap in the dates of hearing women have given birth, by the time it's next listed in September of 2022, maybe we'll have had the fourth wave of the pandemic situation would have completely changed from March 2022. So even though something was seen as a, you know, efficacious mode of grievance, redressal, has essentially turned out not to be one, which is again, a learning that we take and carry with us into our future work. But just through this entire process, and to the you know, it's this exercise of returning, reflecting, just understanding and something, again, that we've talked a lot about in our any sessions that it is not, we will never find one particular standard that works in all contexts, but and I was unable to find the author of the sport, but just the sense of like, you know, if you love the question itself, we may one day stumble upon the answers, which is best how to best serve the communities that we work with, and that we work for, and how to champion those things.

Emese Ilyes 1:47:36

Thank you. That was absolutely incredible. So rich, you have when you have a chance, if you wanted to look at the chat, you will see that that that we were enthralled with everything you were sharing, and you really brought us into the work and allowed us to feel the complexity and the tensions, as well as the opportunities and the care. And I think that we're seeing the way that par lives in these encounter encounters in a really, really, really rich way. And so I know we only have a few minutes, but I want to see if anyone wanted to jump in, because I know there were so many, so many possibilities in the chat. So I'm going to pause and anyone wants to jump in please

Francesca 1:48:45

I can tell there was an incredible presentation. I felt really proud listening to it. Yeah, you have the research and the work itself. Good. Thank you so much. He couldn't have done it without you.

Unknown Speaker 1:49:05

I haven't. I was just gonna say that I've been chatting a lot. So I'm gonna, I'm gonna let Bethany and Tim and others when

Matthew 1:49:18

I'm sure. Yeah, thank you so much for that presentation. I don't even think I can remember all the things I wanted to appreciate about it. But um, one thing in particular was when you mentioned the fact that Oh, my God, have I forgotten I think I may have forgotten that point. But the other thing that I wanted to mention was the fact that you mentioned the question about when research is being carried out what like our obligations are and should we follow the old and established protocols of being impartial and everything as opposed to looking towards letting the Go A lot of the research actually guide us. So I really, really felt that hit me. Because I think sometimes we also fall into that trap actually, most times we fall into that trap. So yeah, thank you. So many things. I can't remember them all, but it's been really beneficial. Yeah, that was really

Bethany 1:50:23

incredible to hear. And there's so many things that resonated in terms of just the the things that you mentioned that the women were telling you about, kind of how they wanted to approach things, or what their questions are in kind of encountering the formal legal systems. I know that like we hear a lot of the similar phrases in even like with women who are detained or whose family members are, who are trying to support a loved one. And so we just the, the, the kind of intimidation that that goes with encountering that formal legal process, because it has already done violence, many times like against these same people, communities, so. So yeah, I love the questions and just the thoughtfulness with which at every stage, so you're really thinking like, what is the how can we both really address their concerns within the channels that we have, but also like, what are new ways that that we can start to think about this in a community sense that that maybe isn't even a way of redress yet in, you know, within formal systems, but how can we also start to kind of create those, those new pathways that can hold some of this? So yeah, very thought provoking. And I'm honored that you remembered that the thing that I said, and I'm really grateful that it could be helpful to your work.

Francesca 1:52:24

Thank you so much, Bethany. And Tim. This space has actually been very valuable. And I've really had the opportunity to reflect. So thank you, everyone.

Unknown Speaker 1:52:40

I know we're all time. Just wanted to say, actually, that was just like, my I mean, it was just so amazing. And I learned so much. And, you know, one thing that I thought for now, but would love to hear that there is so much power in these learnings, right? That you have been able to generate, and I kind of really want to hear from you, at some point, kind of like, how do we use this power now. And I can see I can already as you were talking, I was like, you know, this would be really great for like to write it up as like a little case study for anybody who's thinking about

doing power, like how it can be responsive, because one of the things that you always struggle with is like participatory processes need time, and they need energy. But you also want to be responsive, because there's some really urgent challenges. I think this is such a great case study of how you can balance both of those things that you can be extremely responsive and action oriented, while also being extremely thoughtful and deliberative and, and take a listening, stance and decentering like you can do all of that. And you managed to do all of that in such an amazing way. I think that is a story worth telling. There's also you were pointing to this towards in your end, like, you know, kind of looping back to the community and like, how do we share this story with the community? There is what is this as Meg was pointing in the chat, like, how do we use this to actually like, make sure the systems here, you know, the story of how it's how it's broken, because your diagnosis is like so much more complex than anyway. So one question in my mind is like, how do we use this power? And I'd love to kind of dig in to that with you. And then another thought that that was popping in my head was like, something around? I haven't fully articulated this yet, but like, where is the opportunity for organizing here? Because I think that it's there. Right, because some of the diagnosis of your that you were pointing to, like individual justice seekers didn't want to use redressal mechanisms, like some of it is like, yeah, they have, you know, a very kind of rational and sensible understanding of the real challenges are like, well, this is a hard time and but some of it is like it's cultured and it's, you know, these are marginalized communities who have been told that their claims are not legitimate, you know, and so that, so that history and that context, and there's a fear of backlash, and I, in that moment, I was just thinking, what role would organizing play in kind of shifting some of these dynamics in the way that like, the problem is articulated but also lead to solutions and the alternative pathways that that was pointing to anyway. So all that to say, but but mainly just gratitude, because it was just absolutely

Unknown Speaker 1:55:10
incredible.

Francesca 1:55:14

Thank you so much. Maybe I'll just take one quick moment to respond. So to your first question, I have prepared a methodology study, where I've detailed all these processes and all these ethical considerations and different steps. And that is meant to be shared with a larger audience and for practitioners, just to understand, like, you know, what my process was, and whatever, further like things are questions that remain unanswered the learnings from the process till now and of course, future strategies, I think me shadow chatter draft of the report. And once that report, and once that form is finalized, also to figure out how to translate that for where it can serve different audiences. So not just legal practitioners, but also in terms of how it can help the community when it's a case study of women from within their communities who have approached these. So just once the output is finalized, is figuring out ways to translate it for different groups. And what it is that from the whole process that they want to know. So that was an ongoing exercise. And I'd be very, I'll be very honored if you guys can go through the report and maybe like, you know, give your comments and have like, tell me what are what is other information that will be useful for you, that can become part of this, this document. And as for the second thing, it is a very, like, you know, pertinent question about how to engage

communities and how to organize. And, of course, establishing the understanding of lives and accountability and entitlements is an ongoing work of legal empowerment where you're trying to build that. I also feel like sometimes, you know, successful case stories and case stories where people are able to identify like a small victory, or were they able to see that, oh, this has been successful, really does act as a catalyst, because it gives people hope. And it gives people hope in a system that they're not familiar with, or they demotivated by. So I think just identifying, celebrating those smaller victories, and really, like, you know, acknowledging the kind of work that goes into even those smallest victories. I think that exercise and just like reiterating with the community about how difficult it is acknowledging their challenges, acknowledging their concerns, I think that process of reaffirming their reality and their lived experience is very important. And I think people are more receptive to suggestions or to these options, once they feel like that perspective is being understood by the opposite party. That's been my understanding.

Emese Ilyes 1:57:46

Wow, thank you, thank you for all of this, I know that we are, we will find opportunities to continue to have these conversations and to and to continue to sort of build on and to dive deeper into everything you just offered to us. It's so rich at conscious. So definitely be on the lookout, we're going to come up with a time for us to be together again sooner rather than later. Because this feels just just too rich for us to to pretend it's over, even though we're a little past time. And so I just want to once again, thank you so much a conch shell for, for launching this cold learning session series couldn't imagine a better start. And of course next month, we have Tim, who we will have the chance to grow with and learn with just like we did today. But before then we will be we will find the chance to continue to build on this. So we will be in touch soon. And I will be sending out a recording even sooner for everyone who is not able to be here. So thank you again, thank you all. Thank you a puncture.

Francesca 1:59:06

Oh thank you so much to everyone. It is incredible to be able to share this space with, you know, amazing people like you all. And just to express how much the sessions have contributed and, you know, impacted the process that I've explained with you. So it is a collective victory, which is like, you know, a result of every, everything we've shared with each other. So just like acknowledging, you know, everyone's contribution, so thank you very much.

Unknown Speaker 1:59:41

Please tell your parents that it was a delight to meet them. Oh

Emese Ilyes 1:59:44

my gosh.

Francesca 1:59:46

I have again, I have amazing colleagues and families so grateful for that.

Unknown Speaker 1:59:55

Bye, everyone.

Emese Ilyes 1:59:56

Hi, everyone.

Unknown Speaker 1:59:57

Thanks