

**DURING THE** HEIGHT OF COVID IN DELHI, WOMEN'S **ACCESS TO HEALTH CARE** REALLY SUFFERED. LOW **INCOME HOUSEHOLDS** AND **MARGINALIZED** COMMUNITIES **WERE MOST** IMPACTED.



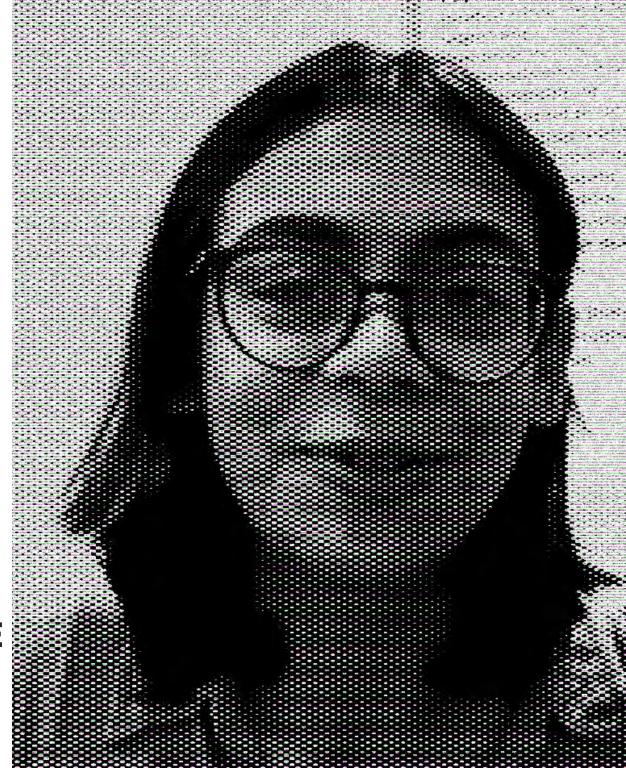
IT WAS IMPORTANT TO MONITOR WHAT THE WOMEN WERE EXPERIENCING, **PARTICIPATORY METHODS ALLOWED US TO COLLECT DATA** AND ALSO DETERMINE THE **BEST COURSE OF ACTION** 



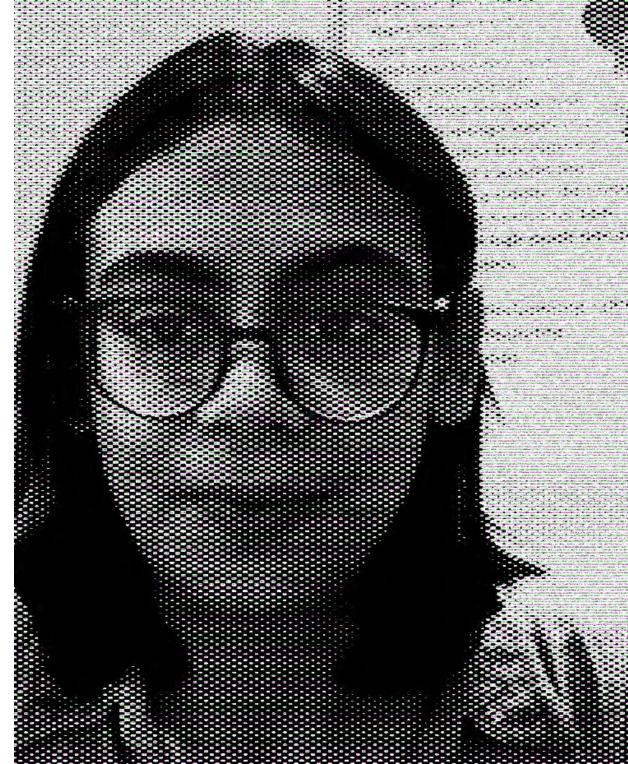
LEARNING ABOUT THE RIGHTS **VIOLATIONS THE** WOMEN **EXPERIENCED WE** LEARNED THAT THEY DID NOT WANT TO BE ADVERSARIAL. HOW CAN WE TAKE LEGAL **ACTION WITHOUT** REINFORCING THE **ADVERSARIAL APPROACH INGRAINED IN THEM?** 



**AMAZINGLY** COLLABORATIVE **APPROACH ALSO ALLOWED US TO IDENTIFY** UNLIKELY ALLIES. **GOVERNMENT OFFICIALS HAVE REACHED OUT TO** HELP THINK OF **MORE WAYS TO DISSEMINATE THE** INFORMATION.



THE WOMEN A **PRIORITIZED PROTECTING** THEIR IDENTITIES AND THEIR COMMUNITIES. THE **PARTICIPATORY METHODS REALLY HELPED LIFT** THESE CONCERNS **WOMEN HAD ABOUT APPROACHING** THE COURT.



**ANY ANALYSIS** ANY DATA THAT **WAS COLLECTED WAS ALWAYS** RETURNED OT THE WOMEN, WHERE THE INFORMATION WAS ROOTED. WE **DIDN'T JUST** PASS ON THE INFORMATION, **BUT WE** REFLECTED WITH THEM.



**AS WOMEN** SHARED THEIR **EXPERIENCES, IT BECAME VISIBLE** THAT OTHER **WOMEN WHO WERE FRONT** LINE WORKERS MAY BE WRONGLY **BLAMED IF WE** DO NOT HOLD THE **INSTITUTIONS** ACCOUNTABLE.

