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Equity in healthcare: integrated approaches to promoting health and well-being for urban vulnerable communities

Disseminating evidence-based learning

August 2024

SNEHA (Society for Nutrition Education and Health Action)

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SNEHA (Society for Nutrition, Education and Health Action)
Healthy Women and Children for a Healthy Urban World
310, 3rd floor, Urban Health Centre,
60 Feet Road,
Dharavi, Mumbai 400017
Tel: 91 22 24042627 / 24086011
www.snehamumbai.org

Report prepared by: SNEHA Team

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Acronyms and Abbreviations

ANC	Antenatal Care
ASHA	Accredited Social Health Activists
BMC	Brihanmumbai Municipal Corporation
BMGF	Bill and Melinda Gates Foundation
CBO	Community Based Organisation
CHN	Child Health and Nutrition
CMAM	Community based Management of Acute Malnutrition
DWCD	Department of Women and Child Development
EHSAS	Empowerment Health and Sexuality of Adolescents
GBV	Gender-based violence
GOI	Government of India
ICDS	Integrated Child Development Services
Jhpiego	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
LTMMC&GH	Lokmanya Tilak Municipal Medical College & General Hospital
MAS	<i>Mahila Arogya Samiti</i>
MCH	Maternal and Child Health
MUAC	Middle and Upper Arm Circumference
MDG	Millennium Development Goal
NGO	Non-governmental organisation
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
PNC	Postnatal Care
PVWC	Prevention of Violence against Women and Children
RKSK	<i>Rashtriya Kishor Swasthya Karyakram</i>
RMNCAH	Reproductive Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SNEHA	Society for Nutrition, Education and Health Action
USAID	United States Agency for International Development
WIFS	Weekly Iron and Folic Acid Scheme

“It’s social circumstances that determine health, not health that determines social circumstances... and it’s not just about the money. It has more to do with social position than money” – Sir Michael Marmot, Epidemiologist (Edmonton Journal)

Executive Summary:

Emphasising equity in access to public health services, SNEHA, in its 25th year, disseminated Equity in healthcare: integrated approaches to promoting health and well-being for urban vulnerable communities at the Y B Chavan Centre in Mumbai, on 30th August 2024. The event concentrated on Health Equity amongst the urban poor as a powerful agent of change. This public dissemination called for collaborative networks between public institutions, civil society partners, academia and community volunteers to address urban health concerns as critical to improvement in development outcomes. 150 people from various fields attended the dissemination meeting.

Preluded by a short video on SNEHA through 25 years of working with urban vulnerable citizens, public systems and civil society, the event began with a welcome address delivered by Dr. Armida Fernandez, Founder-Trustee, SNEHA. Dr. Fernandez highlighted SNEHA’s journey over the last quarter of a century. She highlighted the beginnings propelled by the noble intentions of Ms. Patricia Soans, who provided the seed money that enabled SNEHA to take its first steps. SNEHA’s Executive Director and Ex-Professor, LTMMC&GH, Dr. Shanti Pantvaidya followed Dr. Fernandez and emphasised that access to public health, nutrition and protection is crucial for achieving equity and enabling everyone to benefit from it.

Dwelling upon evidence-based learning from SNEHA’s integrated programmes, Vanessa D’souza, CEO and Sushmita Das, Director, Research, cited an overview of health challenges with population growth and rapid urbanization. They presented endline results from three programmes successfully implemented by SNEHA on Maternal and child health and nutrition, adolescent health and prevention of violence against children.

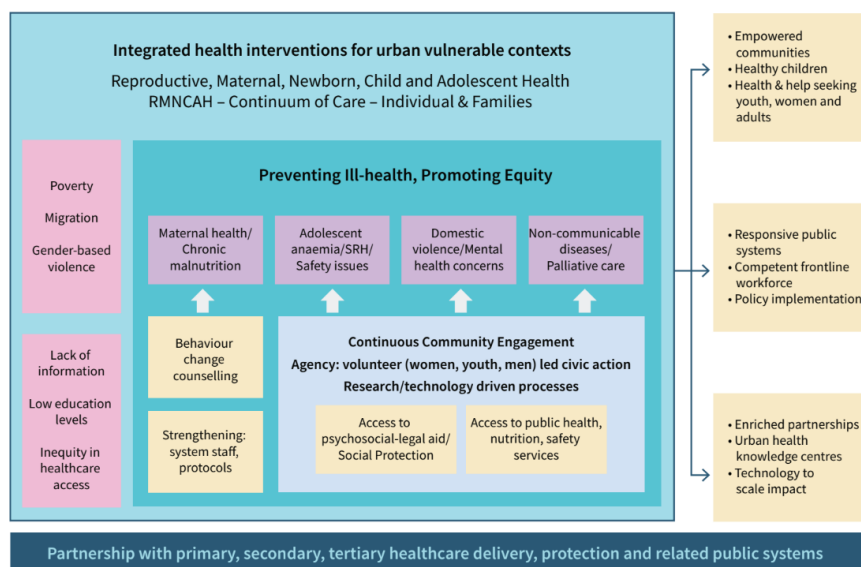
Panel discussions on social determinants and gendered perspectives on maternal and child health and enabling young people’s access to health and violence free lives involved experts from the field. Experts like Shweta Khandelwal from Jhpiego, Ruchika Sachdeva from BMGF, Dr. Daksha Shah (Executive Health Officer, BMC), Smt. Prema Ghatge and Shri Abdul Chaudhary from the ICDS joined community volunteer Shahin Idrisi from Mumbai’s M/East ward. Dr. Gaikwad (Asst. Health Officer, BMC) and Dr. Neeta Rao from the USAID, Mariwala Health Initiative’s Raj Mariwala joined youth leader Shraddha Matal.

In its silver Jubilee year, SNEHA called for enhancing deeper knowledge and resource level collaborations by launching the SNEHA Knowledge Centre. Dr. Nayreen Daruwalla and strengthening the health promotion and violence prevention ecosystem in India through collaborative learning, evidence generation, and capacity building.

In the post lunch period, along with a press meet that covered SNEHA’s research contributing to policy briefs, the participants engaged in strategic discussions on community stewardship for health equity, child rights and convergence of services, partnership building for knowledge sharing and deciphering data, through four round table meetings.

Key Takeaway and Recommendations

- A package of comprehensive services that included access to health, WASH (Water, Sanitation and Hygiene), considerations of gender equity, psycho-social well-being and social protection benefits emerged as a refrain from across the speakers and participants
- Keeping autonomy, dignity and human rights in perspective, access to health and well-being for young people must ensure their participation in raising concerns and thinking through solutions; civil society and public systems must focus on gathering evidence for strengthening implementation of integrated services to address social determinants of health (physical, mental, sexual and reproductive), including education and employment
- Technology as a tool must be leveraged for scaling programmes, but not to replace the value of personal connect, especially to address malnutrition; the adverse effects of technology on young lives must be considered while determining policies
- Involvement of community volunteers in urban vulnerable neighbourhoods and enhancing their capacities can lead to promotion of integrated services where public systems like the municipal health departments and ICDS must seek feedback and design interventions along with people
- Aligning research and implementation and influencing donors to support programmes to innovate and deepen their impact can strengthen integrated approaches



ITINERARY



Registration

9:30 am - 10:00 am

Welcoming all!

Setting the context

10:00 am - 10:15 am

*Dr. Armida Fernandez, Founder Trustee and Board Members of SNEHA
Dr. Shanti Pantvaideya, Executive Director and Archana Redkar, COO (SNEHA)*

Evidence from the field

10:15 am - 10:50 am

An overview of learnings from SNEHA's integrated community-based programmes on Maternal and Child Health; Adolescent Health and Well-being and Prevention of Violence against Children
Vanessa D'Souza, CEO and Sushmita Das, Director, Research, Monitoring & Evaluation (SNEHA)

Panel Discussion 1

11:00 am - 12:10 pm

Maternal, child health and nutrition: perspectives on gender and social determinants

Moderators: Sweety Pathak and Sonali Patil (SNEHA)

Speakers:

- *Shri Abhijit Bangar, IAS, Additional Municipal Commissioner, Brihanmumbai Municipal Corporation (BMC) – to be confirmed*
- *Dr. Daksha Shah, Executive Health Officer, Brihanmumbai Municipal Corporation (BMC)*
- *Nodal Officer, Integrated Child Development Scheme (ICDS)*
- *Shweta Khandelwal PhD, Senior Advisor, Nutrition, Jhpiego*
- *Ruchika Chugh Sachdeva, Nutrition Lead, India Country Office at Bill and Melinda Gates Foundation*
- *Shahin Idrisi, Community Volunteer, Mumbai*

Panel Discussion 2

12:15 pm - 1:20 pm

Enabling young people in urban informal settings: concerns, opportunities and working models

Moderators: Rama Shyam PhD and Neeta Karandikar (SNEHA)

Speakers:

- *Shraddha Matal, Youth Leader, Mumbai*
- *Dr. Santosh Gaikwad, Jt. Executive Health Officer, Brihanmumbai Municipal Corporation*
- *Dr. Neeta Rao, Senior Health Lead, United States Agency for International Development*
- *Raj Mariwala, Founder, Mariwala Health Initiative*

Launching – The SNEHA Knowledge Centre (1:20 pm - 1:40 pm)

Nayreen Daruwalla PhD. and Sweety Pathak (SNEHA)

LUNCH BREAK (1:45 pm - 2:45 pm)

An Afternoon of Reflections, Conversations and the Way Forward

3:00 pm – 4:20 pm

Round Table 1: Community stewardship: people and public institutions

Moderators: Nikhat Shaikh and Shilpa Adelar (SNEHA)

Round Table 2: Right to safe childhood and adolescence: convergence of health, education and protection services

Moderators: Vinita Ajgaonkar and Shalini Shetty (SNEHA)

Round Table 3: Forging partnerships: building knowledge and sharing information

Moderators: Nayreen Daruwalla PhD and Anagha Waingankar (SNEHA)

Round Table 4: Deciphering data: leveraging tech to build evidence and influence policy

Moderators: Vinod Rajasekaran, PhD (Tech4Dev) and Sushmita Das (SNEHA)


4:20 pm onwards

Summary, wrapping up and high tea

Sarita Patil, Programme Director (SNEHA)


Setting the context: SNEHA's integrated community-based programmes on RMNCAH

Dr. Fernandez extended special thanks to the interdisciplinary team of SNEHA's Board of Trustees that has helped SNEHA achieve remarkable success in creating models that are backed by research and field-based evidence. Emphasising the approach of working together with various stakeholders, Dr. Fernandez called for upholding good governance, with transparency and accountability while establishing proper systems for processes.



“IF YOU FEEL STRONGLY ABOUT SOMETHING, DO NOT LET ANYONE DISCOURAGE YOU. MEANINGFUL WORK WILL, SOONER OR LATER, MAKE PEOPLE RALLY AROUND TO HELP YOU MOVE TOWARDS SUCCESS”

DR. ARMIDA



“THIS DISSEMINATION IS ABOUT MOTIVATING AND MOBILISING COMMUNITIES TO ACCESS SERVICES AND DRIVE OUT THE FEAR OF APPROACHING PUBLIC SYSTEMS BY ENCOURAGING SYSTEMS TO BECOME FRIENDLY.”

DR. SHANTI PANTVAIDYA

Dr. Shanti Pantvaidya addressed the audience and stressed upon how partnerships and integration are key to making a meaningful impact in health interventions. Underscoring the importance of underserved communities and public systems working together to enhance Equity in Health Access, she called for affordable public health, nutrition, safety and legal systems.

Citing how mothers' health is crucial for determining child health, Dr. Pantvaidya drew attention to stunting as inter-generational possibly resulting in disabilities. She promoted addressing domestic violence and intimate partner violence through psycho-legal assistance to reduce the adverse impact on mothers' cognitive abilities and mental health, exacerbating the challenges they face. She further cited how integrated approaches had led to increase in access to public services by 20% over a three-year-long project cycle. Dr. Pantvaidya concluded by emphasising the need for employing mixed-methods evaluations to gather comprehensive information and learning.

Vanessa D'souza started by sharing a vignette illustrating the transitional and transformational journey of Meena, a pregnant woman, detailing her experience from being an anaemic young woman receiving antenatal care to giving birth to a healthy baby and improving her haemoglobin levels. This transformation was made possible through phase-wise integrated interventions. Vanessa cited an overview of health challenges with population growth and rapid urbanisation. She touched upon key health indicators like mortality rates, malnutrition prevalence in India as well as in the context of Mumbai and

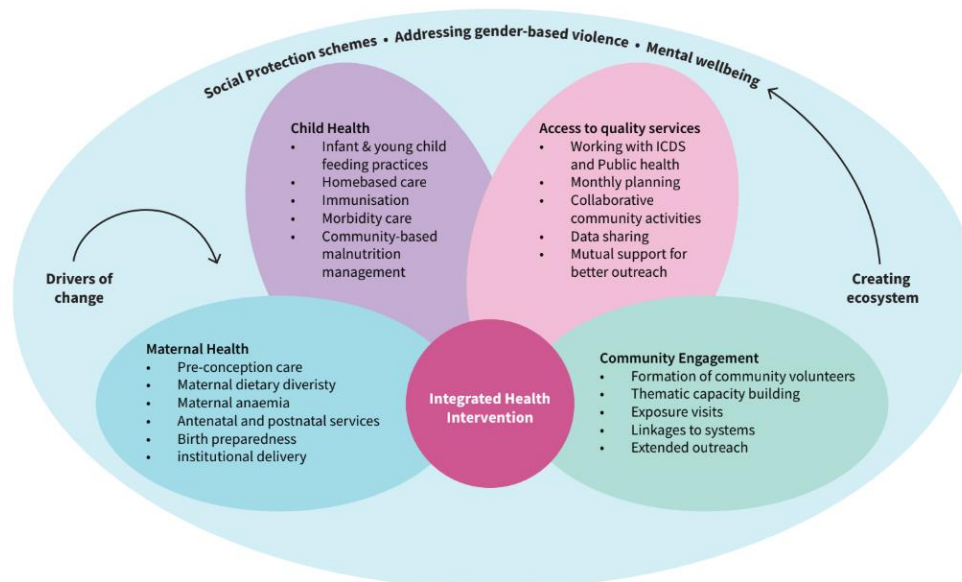
the need to address wasting on a mission mode. She emphasised a continuum of care approach with integrated intervention models.

Sushmita Das presented the endline results from three programmes from SNEHA working on maternal and child health and nutrition, adolescent health and well-being and prevention of violence against children. Some key statistics shared were as follows:

- For the three programmes whose endline results were presented, SNEHA covered a population (municipal health post data) of 793,400 across Dharavi and Govandi (Brihanmumbai Municipal Corporation) and Kalwa (Thane Municipal Corporation)
- Both maternal and adolescent anaemia reduced by more than 10% while minimum dietary diversity improved by more than 20%
- Among 0–5-year-old infants, stunting reduced marginally, wasting increased marginally and one found a marked increase in respiratory infections
- Uptake of maternal and child as well as adolescent health services provided by the public healthcare delivery system improved by a whopping 30%
- Gender equitable attitude among adolescents improved by more than 30% and both parents and children showed a marked improvement in information about child rights including reporting mechanisms to address violence against children

Physical and psychological violence against children continued to remain a concern with parents, schools and communities in general resorting to harmful disciplinary practices.

Panel I – Maternal, child health and nutrition: perspectives on gender and social determinants



Sonali_Patil (Associate Programme Director at SNEHA) welcomed the speakers, **Shaheen Idrisi**, community volunteer from Govandi, **Dr. Daksha Shah** (Executive Health Officer, BMC), **Dr. Shweta Khandelwal** (Senior Advisor, Nutrition with Jhpiego) **Ruchika Sachdeva** (India Country Office, Bill and Melinda Gates Foundation), **Prema Ghatge** and **Abdul Chaudhury** (Nodal Officers, ICDS). Sonali opened the panel with a short presentation on results from SNEHA's integrated programme on maternal and child health in the M/East municipal ward covering Govandi and Mankhurd, inhabited by some of the most vulnerable urban citizens. Among statistics on grave concerns regarding a plateau in wasting, Sonali drew attention to how violence against women remains a key determinant of maternal and child health indicators

“POLICY IMPLEMENTATION CAN BE FORTIFIED BY THE 4 CS OF PARTNERSHIP – COORDINATION, COMMUNICATION, COLLABORATION, CAPACITY BUILDING.”

DR. DAKSHA SHAH

Sweetie Pathak (Programme Director at SNEHA), the moderator, asked the speakers to elaborate on the intersection between women's health and gender-based violence, innovative strategies adopted by the ICDS to address malnutrition, integrated package of interventions to improve maternal and child nutrition, ways to improve access to services and the role of community volunteers in improving MCH indicators.


Dr. Daksha Shah emphasised gender as a social determinant of health and outlined BMC led significant initiatives to address violence against women, through the 12 Dilaasa crisis intervention centres established in 2016-17 under the NUHM. Catering to women attending outpatient departments (OPDs) in hospitals, the centres have addresses gender-based violence against women and children, with 2,500 women and children registered to date. The services include counselling, referral to medical facilities, medical aid, legal aid, and providing access to shelter homes for rehabilitation. She called for Collaboration between different systems and sectors, including NGOs, CBOs and the ICDS to work with ASHAs and CHVs to track children due for immunisation can be properly tracked and monitored.

Dr. Khandelwal cited global examples of addressing the consumption of junk food to tackle obesity and malnutrition. Citing how 56.4 % of all diseases exist because of different forms of malnutrition including obesity, Dr. Khandelwal hailed the '*anaemia mukt Bharat*' as a step in the direction of well packaged services. Drawing upon illustrations such as the WINGS trial, she described how working with women and adolescent girls in preconception phase prevents malnutritional for 2-3 generations. She emphasised **relevant** integrated interventions, **rapport** building to maintain a human touch and **rigour** in collaboration and cross-sharing as the cornerstones of impactful maternal and child health and nutrition services.

Ruchika Sachdeva built upon Dr. Khandelwal's position and stressed upon an **intersectoral approach** for integrated services to succeed. She advocated for the utilisation of the **ABHA (Ayushman Bharat Health Account)** system to digitize and ensure that individuals can access a wide range of services while expanding the reach of **SNEHA like programmes and the National Rural Health Mission (NRHM)** to other cities, broadening the impact. This, she maintained could be achieved by **sharing best practices** and **documenting** the same to facilitate the adoption of successful strategies.

Shahin Idrisi brought in her deep understanding of community perspectives from urban vulnerable settlements and hailed the importance of capacity building and systematic involvement of 500 volunteers every month to ensure that expectant mothers and their babies receive the care they need. Drawing upon her experience of interactions with pregnant women and lactating mothers, she emphasised how sanitation is equally important as is for the mother to ensure that the newborn feeds on the colostrum.

Prema Ghatge and Abdul Choudhury shared their experiences from using the Poshan Tracker since March 2021 as it enables real-time monitoring, allowing *aanganwadi sevikas* to access vital information promptly. They described how the tracker helped officials like them monitor and improve implementation of services resulting in anthropometry rates improving from 60-65% to above 90% of children being weighed regularly, thereby making assessment of malnutrition levels more effective. They were



“WE TRY FOR ASHAS TO WORK WITH ICDS AANGANWADI SEVIKAS TO ENSURE THAT IMMUNISATION SERVICES WORK SEAMLESSLY.”

SHAHIN IDRISI

unanimous about the positive impact of the collaboration between BMC and ICDS services in addressing maternal and newborn health and nutrition outcomes in urban communities.

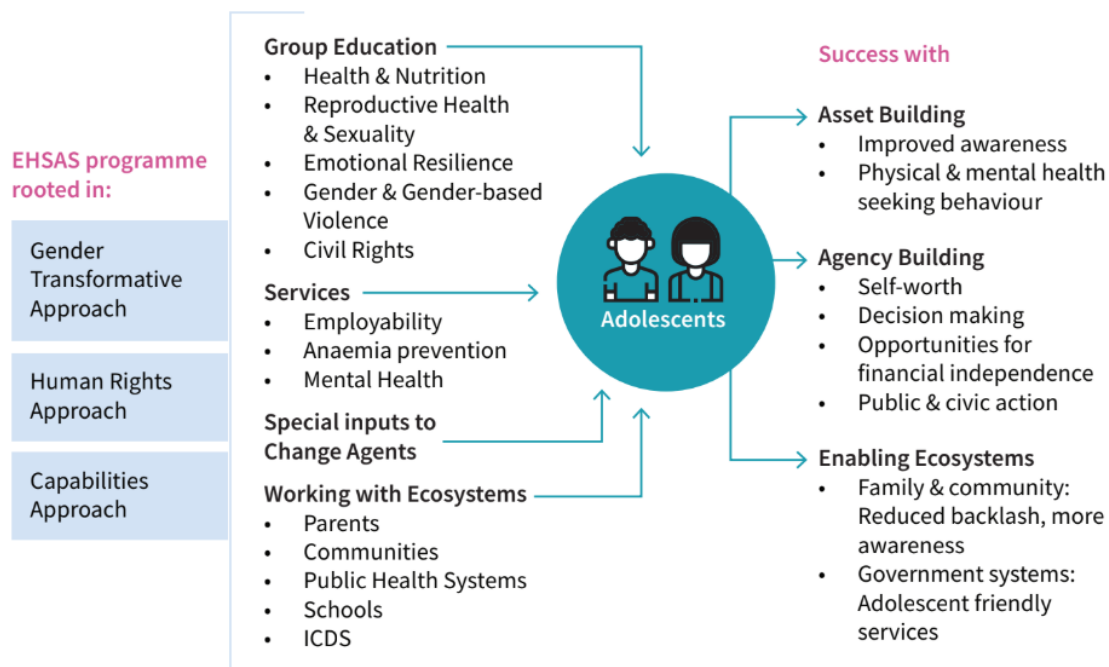
Sweety summed up by encouraging the audience to reflect on the importance of integrated interventions that addressed health concerns while working on social determinants.



Panel II – Enabling young people in urban informal settings: Concerns, opportunities and working models

APPROACH AND INTERVENTION STRATEGIES

Adolescent health and wellbeing: integrated programmes in Dharavi, Kandivali (Mumbai) and Kalwa (Thane)




Neeta Karandikar (Associate Programme Director at SNEHA) welcomed the young spark Shraddha Matal (Youth leader from Dharavi) along with **Dr. Santosh Gaikwad**, (Jt. Executive Health Officer, BMC), the founder of Mariwala Health Initiative, **Raj Mariwala** and **Dr. Neeta Rao** (Senior Health Lead, USAID/India) and opened the panel with a short presentation on SNEHA's interventions with children, adolescents and youth. She drew attention towards a socioecological approach whereby working with families of young people had resulted in reduction in negative disciplining practices by the parents, reduction in the number of underweight adolescents and improvement in emotional resilience.

Dr. Rama Shyam (Programme Director at SNEHA) moderated the discussion in an iterative manner by urging the speakers to dwell upon their experiences as young influencers for their peers, philanthropists driving specific programme approaches, specialists invested

in innovations and evaluation and public health officials responsible for service uptake. She asked them to describe solutions to improve well-being of young people.

Shraddha recounted how being a part of SNEHA's holistic programme enabled all round competency building for her on topics of physical health, sexual and reproductive health rights, mental health and citizenship education. She reflected on key issues viz. strained family relationships, reliance on technology for communication, and parents' busy schedules, which reduced the time spent with their children. Shraddha celebrated her engagement in agency building activities such as exposure visits, opportunity to represent youth at a NITI Aayog forum, barefoot counselling course etc. that shaped her.



“I CALL OUT TO ALL THE PARENTS
SITTING HERE TO RESPECT YOUR CHILDREN
AND HELP THEM BUILD THEIR AGENCY.
CHILDREN CAN GUIDE THEIR PARENTS TOO!”

SHRADDHA MATAI

Dr. Rao described the complexity of public health, noting that achieving health outcomes requires addressing social determinants of health through integration. She provided an example of successful governance in the school health programme in states like Jharkhand, where clear coordination between the Ministry of Health and Ministry of Education and state- and district-level committees led to effective implementation. Dr. Rao highlighted the challenge of turning awareness into action, and the need for product labels to be simpler, such as color-coded labels indicating food healthiness. Raising concerns about the growing rates of malnutrition, noting that 10% of adolescents are pre-diabetic and 5% are hypertensive, she emphasised healthy, nutrient-dense meals as part of large-scale programmes like Ayushman Bharat and the Mid-Day Meal scheme, as well as in mass supply through Railways and government hospitals, alongside behaviour change interventions.

Raj advocated for a comprehensive, inter-sectoral approach to adolescent programming, integrating mental health, sexual and reproductive health & rights, education, and livelihoods, to address the structural determinants of young people's wellbeing. While this approach is essential, Raj stressed the importance of robust linkages and referrals for psychosocial and livelihood support. They also called on donors to increase financial support, allowing organizations like SNEHA to innovate and deepen their impact. Raj called for a shift in approach that prioritises participatory leadership among youth, encouraging their involvement in policymaking as a means to tackle the complex realities they face.

Dr. Gaikwad acknowledged the need for strengthening implementation of policies addressing health and well-being of young people. He called upon civil society partners to build capacities of public health personnel and invest in peer educators. He pledged support to SNEHA's mission of expanding Adolescent Friendly Health Clinics to 30 BMC Health Posts.

Rama concluded by emphasising the importance of focusing on adolescent health as a critical investment for improving adult health outcomes, highlighting the values of autonomy, dignity, personhood, and rights for young people. Recognising that health cannot be confined to a purely biomedical perspective, she called for a broader understanding that incorporates bio-psycho-social factors affecting overall well-being, including physical, mental, emotional, and sexual health.

“SOLUTIONS TO YOUTH CONCERNS
MUST COME FROM YOUTH RATHER THAN
BEING IMPOSED AS TOP-DOWN
PERSPECTIVES.”



Launching the SNEHA Knowledge Centre

Dr. Nayreen Daruwalla shared that the SNEHA Knowledge Center was developed with the goal of Drawing on 25 years of experience, to consolidate and share its learnings while inviting contributions from partners across sectors. It will address the four major public health areas where SNEHA operates: maternal and child health, adolescent health, prevention of violence against women and children, and health systems strengthening.



Goal: The primary goal of the Knowledge Center is to develop, scale, and share evidence-based solutions for health promotion and violence prevention, particularly focusing on maternal and child health, adolescent health, and the prevention of violence against women and children. The key objectives are:

1. Generating new knowledge: Addressing critical gaps in public health by consolidating insights from programmatic activities and on-ground research
2. Disseminating knowledge: Making structured, intersectional, and gender-inclusive knowledge accessible to diverse stakeholders, especially community-based organizations
3. Expanding evidence-based programs: Scaling successful interventions to serve more communities, ensuring that women and children benefit from integrated health approaches.

Guiding Principles:

1. Collaborative learning and skill development: Fostering partnerships with NGOs, governments, and academic institutions to co-create knowledge and develop context-specific models
2. Continuum of care and integration: Focusing on an integrated approach to health promotion that spans physical, mental, and emotional health
3. Inclusivity and accessibility: Ensuring that resources are accessible to all, particularly marginalized communities, through structured online and offline platforms.

Through the SNEHA Academy, the Knowledge Center provides certification courses, training, and resources aimed at empowering healthcare professionals, community leaders, and frontline workers. It also facilitates Learning Partnerships that encourage co-creation of new models and Collaboration and Outreach initiatives to amplify advocacy efforts, influence policy, and strengthen public systems.

Dr. Armida Fernandez inaugurated the SKC website: <https://snehaknowledgecentre.org/>

Roundtable discussions:

Four roundtable discussions were organised during the second half of the dissemination, attended by the participants as per their choice, and moderated by the SNEHA staff. The themes were as follows:

1. Community stewardship: people and public institutions

2. Right to safe childhood and adolescence: convergence of health, education and protection services
3. Forging partnerships: building knowledge and sharing information
4. Deciphering data: leveraging tech to build evidence and influence policy

The participants of all four round table discussions emphasised the importance of an integrated approach and partnerships between various stakeholders for greater impact. Consistent and clear communication, maintaining transparency, ensuring alignment on common goals, establishing clarity of objectives and role of each stakeholder and leveraging each other's strengths were emphasised as cornerstones of meaningful partnerships.

The participants of the round table on 'Community stewardship: people and public institutions' stressed the urgency of including community participation from the outset for sustainable interventions. Intervention designs needed to be based on community inputs and close coordination with the community was necessary during implementation. Developing community leadership and building a strong rapport with community leaders by investing time and effort to gain their trust and respect was crucial for long-term partnerships. The discussants opined that NGOs could encourage strong linkages between community volunteers and public systems by establishing mechanisms for communication and collaboration between the volunteers and the system staff at every level. The importance of engaging male members and youth through sports, training, and leadership development as well as of addressing the felt needs of the community was emphasised. Feedback mechanisms were vital to ensure that volunteer-led initiatives were continuously refined and improved.

The salient points brought up during the roundtable on 'Right to safe childhood and adolescence: convergence of health, education and protection services' included the following:

Interventions related to education, health and protection should be available at a single point as integrated services with a network of NGOs providing this one-stop solution. Such access points should be distributed across the city for easy access to vulnerable populations. The participants pointed out that youth volunteers act as catalysts for change, with one volunteer inspiring many. Their experience demonstrated that young people's participation could be encouraged through activities that appeal to them and at the same time helped send change messages in the community e.g. street plays on socially relevant themes. The participants of the discussion cautioned that the stakeholders needed to be sensitized to the heterogeneity of the adolescent population and the need to ensure intersectionality, by providing for the inclusion of adolescents of all identities, and through efforts to remove stigma as well as conscious and unconscious biases among stakeholders.

The participants of the round table on 'Forging partnerships: building knowledge and sharing information' underscored the need for involving corporates as partners along with NGOs/CBOs and Government Systems in an ecosystem. According to them, these collaborations with shared goals should align with national priorities and should be evidence-based. The participants agreed that bringing together the expertise of different partners could stimulate learning and generate new insights. Partnership and knowledge sharing with volunteers were invaluable and could be achieved through various means such as capacity-building sessions and exposure visits.

As per the opinions expressed by the participants of the roundtable on 'Deciphering data: leveraging tech to build evidence and influence policy' for generating good quality data, scientific rigour and ethical compliance were important at each stage of evidence gathering, manifested through the transmission of the study objectives from the top management to the field teams, consent from

participants, asking the right questions based on the study objectives rather than collecting everything and not using that data, and ongoing monitoring. Leveraging existing tools optimally and emphasising human processes, training teams and good communication worked well for successful tech integration rather than working with technology vendors to build new custom applications. Thinking from a sustainability perspective and utilising the same tech in different verticals rather than a single custom project was required. The discussants hoped for more opportunities and fora for NGOs to come together to share not just data but the context surrounding it, as well as different practices and processes to enable cross-learning.

Wrapping up

Sarita Patil (Programme Director at SNEHA) concluded the day by summarising the key takeaway points from the panel discussions and round table meetings. She thanked the participants for their enthusiastic engagement and commitment to enhancing access to health services for urban vulnerable citizens. Sarita expressed her gratitude to the extended SNEHA team that had worked relentlessly to organise this event and thanked all the speakers, moderators and audience members for rich discussions and thoughtful insights. She pledged her personal dedication to integrated health interventions that involved people, public systems, academicians and civil society to improve outcomes.

Glimpses through the day

For more Images: [Click Here](#)

