

# Decentralising Leadership and Action

*A note outlining the vision of CHSJ beyond 2020*

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## Context and Background

**Centre for Health and Social Justice (CHSJ)** was set up in 2005 with the overall objective ‘to promote social justice with specific reference to the field of health, human development, gender equality, human rights’. CHSJ was envisioned by a group of experienced development professionals who were keen to establish an organisation which promoted health rights of vulnerable communities. CHSJ was set up as a professionally managed Public Charitable Trust. Over the years the activities of CHSJ have changed keeping in view the changing context but in consonance with its aims and objectives. With a view on promoting bottom-up development processes CHSJ is closely linked with policy processes at the state and national level and with global processes in the two key domains of its work.

Over the last fifteen years CHSJ has strengthened its ability to influence the direction of social justice action in the field of health governance and gender equality by strengthening, research and knowledge production as well as through strengthening practitioner capacity and stimulating civic action. Today it has a competent team and strong relations with various networks and organisations across the country and with key stakeholders across the world especially in the global South. The overall leadership processes in CHSJ has become more broad-based but there has been no change in the Chief Executive/Founder-Director since inception. In the context of the growth and development of CHSJ as well as the context and opportunities that seem to be present in the environment it is necessary for CHSJ to redesign its approach for the future. This note provides the outline for the future scenario that is being adopted by CHSJ to deepen the work and broaden the leadership. The focus of the future is to strengthen the work by decentralising leadership and supporting the incubation of a set of units working on interrelated themes across different locations.

## Institutional Growth

CHSJ’s work started in the context of two major policies in India. Through the National Rural Health Mission (NRHM) the Government of India asserted its commitment to strengthen public health systems in the country. The discussion on starting CHSJ began during the first consultations between the Ministry of Health and Family Welfare and civil society experts around the proposed Mission. For

the first time the issue of health entitlements were raised and it was felt that it was necessary to provide support to the government as it rolled out this process. One of the first areas of policy engagement of CHSJ was building support for NRHM rollout across the country. CHSJ convened a series of multi-stakeholder consultation at the national and state levels which were widely appreciated. CHSJ later supported the Ministry in rolling out the Community Monitoring component of NRHM by providing technical support to the Advisory Group on Community Action (AGCA) a standing committee of the Mission.

The second policy that spurred the work of CHSJ was the Protection of Women against Domestic Violence Act (PWDVA) when CHSJ built on the earlier work of its senior functionaries in building men's allyship to address Gender-based Violence and Discrimination. CHSJ started with a series of field based studies to understand what was possible and how the issue of male involvement and partnership could be promoted. Building on the evidence CHSJ started to strengthen this work among other organisations developing an support and partnership with women's rights organisations across the country.

Partnerships and alliance building emerged as a key strength of CHSJ as it built evidence around the effectiveness of its field interventions. From an earlier focus on national platforms, processes and institution over time CHSJ's interventions moved into the domain of community based interventions at the state and district level. Many of the lessons that were learnt through these field interventions were also published as papers in reputed international journals to build knowledge through a 'bottom up' approach.

The activities of CHSJ were soon consolidated into two broad themes – Health Governance and Accountability and Men and Gender Equality. CHSJ was involved in strengthening work in these themes through testing innovations at the community, strengthening capacity among other organisations to implement community level interventions, knowledge generation by careful documentation and distilling lessons and sharing these among peers across the country and others. Sharing practitioner generated knowledge emerged as key strength of CHSJ and it soon became a node of two global practitioner networks in these two domains. A new domain of work around strengthening women's leadership has also been incubated in recent years in Kolkata.

At present CHSJ's work includes creating opportunities of shared learning across locations and strengthening leadership for action in these domains at different levels. The competence and leadership of the CHSJ team has been built through its own rigorous practice and interactions with leading practitioners and researchers in the field.

### **Strengthening Institutional Processes**

The growth of CHSJ has been supported through an on-going organisational development (OD) process supported by some of the most competent OD experts in the non-profit/social sector. A series of institutional reviews/audits and strategic review and planning exercises have taken place over the years. The Governance of CHSJ has been strengthened through inducting Trustees who are acknowledged experts in their field. The review and planning for this current phase of Institutional Development was started over two years ago. Details of these processes and some of the key findings are provided in the Annexure.

The last fifteen years of CHSJ's work has been coordinated by the same executive leadership, while the team has undergone some changes. In the last five years there has been a remarkable stability in the senior team of CHSJ which comprises the Senior Management Team with Program Directors and Managers. The Director's role has reduced to supporting the development of new interventions

and providing back up and technical support when necessary. The Director has expressed his desire to relinquish executive responsibilities as of March 31, 2020 and the present plan for growth and leadership decentralisation is also response to this new opportunity.

### **Sustaining the Momentum: Key Considerations -**

CHSJ's work has included a few principles and one of the key considerations for the future is to sustain these. These principles include the following:

- Promoting and supporting the fundamental right to 'equality' particularly with respect to gender and the equality of all other socially marginalized communities is the core concern of the organisation. The domain of health, in its broadest interpretation, has been the domain of the interventions.
- Promoting the participation of marginalized communities, understanding and addressing social hierarchies and developing solidarity both with marginalized communities and broader social solidarity has been a key operational principle of CHSJ's work .
- Building capacity and leadership among 'Individuals' and 'groups' associated with social justice action has also been a key strategy of CHSJ's approach.
- Strengthening documentation and participatory research processes to strengthen bottom up evidence based learning and advocacy has also been a element of CHSJ's approach
- People-centred, practice focussed processes have been part of the Bottom up; Action – Reflection – Learning; Local – Global; processes the CHSJ has promoted
- CHSJ has seen sustainability of social change processes as being one of empowerment, which happens through a three pronged approach, that includes capacity building, solidarity and collaborative leadership for learning and action. Projects have been seen as vehicles to take these processes forward. Thus many of the relationships that CHSJ has built through the years are long term and mutually reinforcing.

Some of the strengths of CHSJ which have been mapped from our partners and other stakeholders which also contribute to our understanding on how the future may be shaped are as follows:

- Social capital, diversity and good will - Existing networks, alliances and solidarity;
- Broad perspective, flexible, accommodating, wide range of institutive/ positions, inclusive, giving space
- Mature team with relevant perspective and experience, flexible, productive and passions
- Organization culture which is accommodating, learning and reflective and adaptive
- Transparent, non-hierarchical functioning

The future strategies of CHSJ will incorporate these principles and strengths both within the action paradigm as well the institutional processes that we are adopting in the future. There were also a number of areas of concern and these are detailed in Annexure 1.

### **Moving ahead beyond 2020**

The idea of leadership transition has been under discussion in CHSJ for a few years now. This was due to a desire to 'institutionalise' CHSJ, since CHSJ had over the years been identified very closely with its founding leadership. This close identification of a voluntary organisation with its founders and difficulties in leadership succession is a known issue in India. A recent article in the Stanford

Social Innovation Review sums the dilemma that ‘doubts persist about whether NGOs and funders have done enough to develop the leaders who will replace the sector’s first-generation pioneers’. A study of 250 NGOs showed that 88% of founders continued to be associated with NGOs started more than 20 years ago and 25% continued to remain as leaders. Also 50% of the NGOs did not have a leadership succession plan. In CHSJ the preparation for leadership has been going on for some time. One key decision that had to be taken in CHSJ was whether to ‘replace’ the Founder Director with a person of similar skill sets who would provide overall direction to the different thrust areas and activities. Considering the stable and competent Senior Management Team who, over the space of the last few years have developed their own vision and relationships related to the work, it was decided that CHSJ would opt for an alternative model. This would include providing a platform and opportunities for members of the Senior Management team to develop their own work further, either individually or collectively, within the overall social vision and operational framework of CHSJ.

Some of the steps in this process were as follows:

1. Developing a Senior Leadership Team – Over the last five years Programme Managers and Programme Directors for the different units have been constituted into a Senior Management Team which is responsible for the overall visioning, strategizing and coordination of different activities of the organisation. This has allowed the members to develop a closer identification with the institutions core principles and strategies and plan independently and collectively to fulfil the mission.
2. Delegating responsibilities and Mentoring – The Founder-Director has over time relinquished all operational responsibilities around the implementation of projects. His involvement has been limited to distilling learning, supporting innovation and acting as in as a technical resource person when necessary. The Directors in charge of programmes have taken the responsibility of supervising the overall operations and the quality compliance and timeliness of projects.
3. Capacity Building of Senior Managers – All Mangers and Directors have been encouraged to attend leadership and other training programmes facilitated by ISABS and OCDF. This process is ongoing.
4. Joint visioning of the future – A series of workshops have been organised where the Board of Trustees along with the Senior Management Team and the SMT along with the staff have sat together with external facilitation where necessary. This included a public consultation on the occasion of Ten Years of CHSJ to broadly map future directions, Governance Audit to map institutional possibilities followed by a Governance and Staff Retreat in the last two years.
5. Developing a Programme Development Unit – The institution has appointed a Fund raising manager who is working with different Programme Managers to develop project outlines and seeking funds for these. Some successes have already emerged from this approach. The Programme Development Unit is expected to strengthen fund-raising functions which have been a key activity of the Founder-Director.
6. Testing Decentralisation – CHSJ has started two operational units in Kolkata and Karnataka working on issues related to Women’s Empowerment and Health and Social Justice through two units namely – Parichiti ( in Kolkata) and People’s Health Centre ( in Karnataka). Parichiti has now been in operation for two years and PHC for one year and have provided important lessons on how mechanisms may be operationalized in the future.

Over the last one year these second-line Leaders within CHSJ have been supported to develop and implement projects in a way which leads into the process of decentralisation. In operational terms CHSJ will no longer be structured in a ‘departmental’ manner but in a loose collective of ‘units’ with reasonable operational autonomy. The overall governance will vest with the Board of Trustees and

centralised support for programme development, statutory compliance, financial oversight continued capacity building will be provided through a Programme Support Unit.

### **Decentralising Leadership: Introduction to Autonomous Units**

The decentralisation model builds on an understanding that the process will facilitate the development of autonomy and leadership and provide opportunity for synergising the passion that exists in each individual in CHSJ, and it's SMT. It will incubate action through promoting fellowship and collective learning. The overall governance model will become two layered, with each unit having its own governance mechanism through a set of operational principles and processes and supervised by and Advisory Board. The second level of Governance will be provided through the CHSJ Board of Trustees and the Programme Support Unit. The new Organogram is provided in Annexure 2.

The different units of CHSJ starting April 1, 2020 will be as follows

- MITRA :Men's Initiatives for Transforming Relationships through Action
- People's Forum for Justice and Health
- Parichiti: Women's Resource Centre
- SEHER : A Women's Collective for Better Health and Rights
- Creative Communication

## **Annexure 1: The CHSJ Journey 2005 – 2020 : A Brief Recap**

### ***Essence of the Organisation***

- *It is a civil society institution established in October 2005 and working on issues related to health (in the broadest sense) and social justice.*
- *Seeks to strengthen accountability of public health systems and health governance through improved implementation, research, resource support, and advocacy.*
- *Seeks to develop ways through which men can engage in gender equality and social justice.*
- *Links grassroots reality to public policy through collaborative processes*
- *Links community praxis to global knowledge systems and South to South learning and advocacy*

### ***The History***

#### **Phase 1 ( 2005- 2010)**

- Started as a non-registered entity in 2005 soon after the UPA I Govt. had announced NRHM; it was registered 2006 March.
- CHSJ was initiated to strengthen the various health entitlements that were outlined through the NRHM. Work with men started little later.
- Initial agenda was “Creative Vigilance of NRHM” through a series of National Stakeholder Consultations which led to a few dozen small scale studies of NRHM implementation across the country
- Based on its linkage with community level processes and expertise in participatory assessment CHSJ was asked to provide technical support to the pilot implementation of Community Monitoring of NRHM through AGCA ( 2007 -09)
- The findings from the different small scale studies conducted by CHSJ were incorporated into NRHM official reviews as well as the Planning Commission reviews of health programming
- CHSJ also coordinated a nationwide civil society review of ICPD + 15 review process (2009 – 2010)
- Four thematic areas established – Reproductive and Sexual Health and Rights, Health Rights of Marginalised Groups, Community Action for Health Rights and Men and Gender Equality.

#### **Phase 2 (2011 – 2015)**

- The Mission of the organisation was reviewed and refined. It was decided that the work needed to be strengthened at the community and state level rather than limit it to the national level only.
- There was a dip in funding and some staff left. Many of them remain in touch
- New institutional mechanisms put in place, especially related to HR and performance appraisal
- Work under different themes was reorganised. After the Community Monitoring work under NRHM came to a close CHSJ started focussing on capacity building and peer learning mechanisms through the COPASAH platform. The work around men and gender equality grew through field interventions as well as networking and peer learning mechanisms.

- The MenEngage Global Symposium was planned in Delhi and became the focus of reorganising work on men and gender equality both in partnership with women's rights groups in India as well as influencing global discourse on the issue.

### Phase 3: Delegating and devolving (2015 – 2020)

- Work was consolidated in two operational teams – MAGE and Health-rights and Governance. Stability in teams and leadership of teams
- Both teams build wider networks - diversity and distribution
- CHSJ has been supporting the develop of Communities of Practice among practitioners both within the country and across the global South and linking them with researchers to distill knowledge from practice
- Innovations in the use of Information and Communication Technology to strengthen community based interventions as well as networking.
- Global – Local linkages strengthened
- Work was started in Kolkata through partnership with Parichiti to strengthen action on women's rights.

### ***Organisational Development***

- 2009 – Tejinder Bhogal conducts first OD review process followed by development of Strategic Plan
- 2014-15 – Stakeholder review followed by visioning and second Strategic Plan
- 2014 – Organisational Climate Review
- 2016 – Governance Audit
- 2018 – Governance Retreat and Plan
- 2019 – Gender Audit

### ***External Stakeholder Assessment 2015***

Impressive activities / achievements – Work around engaging with men for gender justice, work on the ground as well as Global Symposium, the work around public health issues with rights perspective, CBM, health policy and governance, taking stand on two-child norm; Opening up new spaces and opportunities

CHSJ's USP – Linking grassroots and global partnerships at both ends; being strategic in partnership; academic and grassroots; working with policy makers and donors yet maintaining a distance; Clarity on issues; work on the burning issues; vocal in influencing policy, stimulate mass involvement; partnership based/ collaborative work style; non- hierarchical; participatory leadership

Areas of Concern – Not clear how CHSJ would like to be seen by the external world – Service Provider/Rights Based activists,/ Research organization/ Advocacy org? - One can see various roles it plays, but not clear what is the identity CHSJ wants to have?

### **Findings of Gender Audit 2019**

#### Gender in CHSJ

- Based on the emerging broad picture, we would like to posit that CHSJ as an organisation is more than 'gender aware' and has entered the arena of 'Gender transformative organisation' in many aspects of its functioning
- Gender equality is well integrated in CHSJ's overall vision/mission, programming and strategic planning processes. Although CHSJ does not have an overarching gender policy, there has been a conscious move to accommodate the needs of women through CHSJ's practices and some of its policies, especially with respect to its policies on flexible work arrangements and leave policies
- CHSJ promotes gender equality in its organizational structure and accountability mechanisms by having a diverse and inclusive board, transparent salary structure and a grievance redressal procedure and a balanced staff representation
- CHSJ prides itself on fostering continuous individual and programmatic learning and innovation; capacity building of staff provides adequate opportunities for learning and reflection on gender. Staff value the learning and development opportunities provided by CHSJ
- CHSJ has created an organizational culture that values employees challenging social norms both in their personal and professional lives. This is undeniably remarkable given the nature of their work.

#### Areas for improvement

- Need to formulate explicit gender policy
- Integrate 'gender equality' into performance appraisal systems and institute structured mentoring opportunities
- While employee commitment to the social justice agenda of CHSJ is high, some employees are finding it harder to face the personal scrutiny that this approach brings.
- CHSJ's leadership has a strong commitment to gender equality and social justice but need to reflect on their "conscious and unconscious" manifestations of power in the organization.

#### **Priorities for the Future : From Governance Retreat of 2018**

##### **Imperatives**

- Emphasise, Strengthen, rearticulate the ideology- SOCIAL JUSTICE and broadening the concept of Health beyond the health care, health systems, to WELL BEING and DIGNITY.
- Recognizing current social-cultural-political-economic challenges and need to strengthen self and larger efforts to confront organised and institutional power
- Need to create a new model for CHSJ to be able to the above

##### **Concerns / Chinta**

- Ideological framework and aspiration is much bigger than current capacity and resources
- Context resulting in threat to survival
- How to build on history and strengths of CHSJ to think completely creative and relevant agenda & design?
- We are facing common challenges but to resolve it we are not coming together.
- We are doing things in a deliberate way but at some level caught up with outputs. Not allowing other to grow in an organic way. (Networking)

- Employment security in NGO have create barrier for volunteerism. Again we have to go back the era of volunteerism.
- Mechanism needs to be developed between progress and activism.

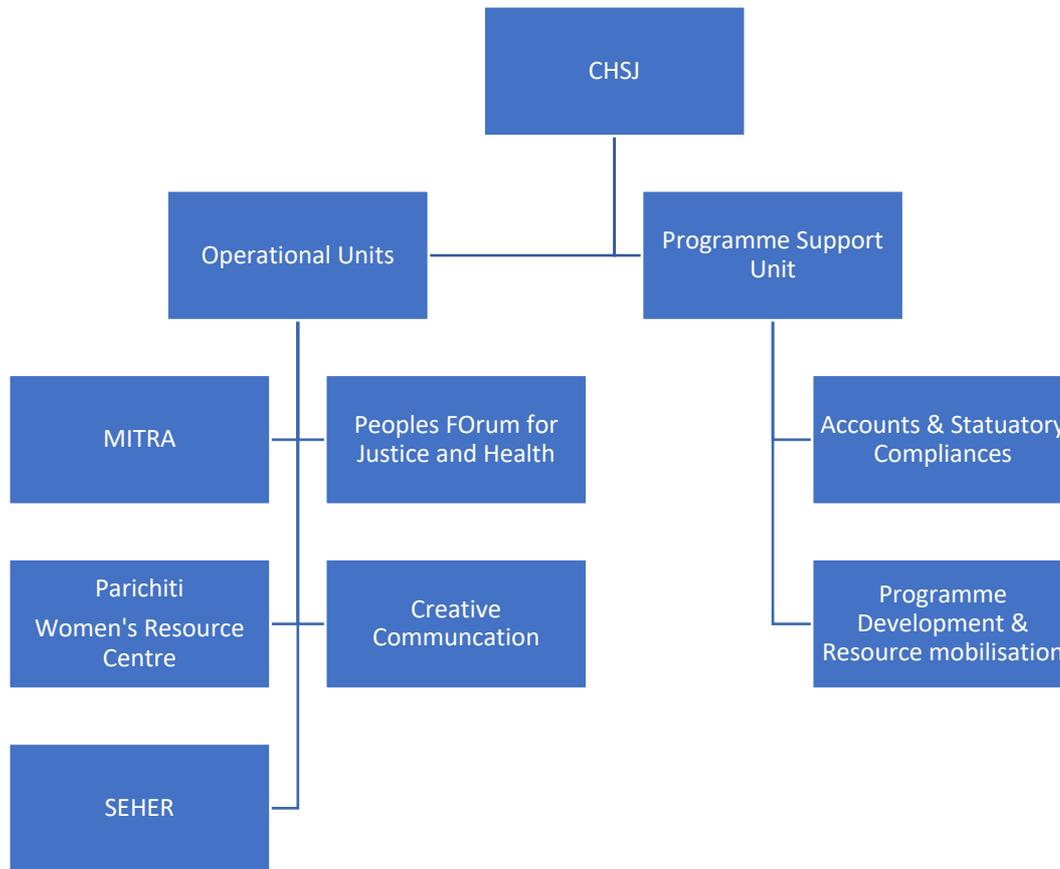
### **Silver Lining/Opportunities**

1. Existing networks, alliances and solidarity; Social capital, diversity and good will
2. Broad perspective, flexible, accommodating, wide range of institutive/ positions, inclusive, giving space
3. Mature team with relevant perspective and experience, flexible, productive and passions
4. Organization culture- Accommodating, learning and reflective and adaptive organizations
5. Still believe that diversity is there.
6. Transparency has been increased.

### **New Roles**

- Facilitating, catalyzing, strengthening leadership for movements
- Can CHSJ incubate a collective/coordinated 'institute'/ centre for Social Justice ? Across movements (Social determinants approach to health)
- Implications for organizational design/form
  - Create space within organization for synergizing passion
  - Fellowships for creating cadre
  - Sustained institutes over a period of time
  - Collective ownership, pooled resources (non project funded)
  - 'home' for movement people
- Play the role of co-leader not supporter
- Need to target younger generation between 14-18 years
- How to influence governance within and play the dual role in the lead and as support.

## Annexure 2: New Organogram of CHSJ from 2020



Each unit will have the following

- Advisory Group
- Human Resource Policies
- Annual/Quarterly Plan/Budget
- Fundraising plan
- Communication and Branding