

# ANNUAL REPORT 2005 - 06

Centre for Health and Social Justice

*Strengthening Evidence-based Change in Health Policy and Practice for Social Justice*

**Background** – Health care in India is at a crossroads. Rapid changes are taking place in the way health is being understood and the way in which healthcare is planned and implemented. On the one hand there is increasing medicalisation, privatization, commodification of health care which has made some medical facilities available in the country comparable with the best in the world. On the other hand basic health care is slowly moving out of the reach of hundreds of millions of poor in the country and indicators like maternal mortality, infant mortality are among the poorest in the world. Increasingly a technology driven health sector is ignoring the social determinants of health. Rising inequalities are contributing to both to the increasing incidence and morbidity from old and new health care problems like TB and malaria on the one hand and increasing vulnerability of women to HIV/AIDS on the other. Women's health care needs continue to be seen through the prism of population control and family planning, and lop-sided programming has led to stagnation in the maternal mortality and morbidity and infant mortality in the last fifteen to twenty years in large parts of the country. Public sector investment in health is among the lowest and a weak and unaccountable public health system is being seen as an excuse to reduce state intervention, which will further increase the distance between the poor and affordable health care.

However in this otherwise dismal scenario the Government has also made some new commitments to change by announcing the National Rural Health Mission which promises greater public spending and an increased attention to health care issues of the poor. India along with other countries around the world has committed itself to the achievement of the Millenium Development Goals, three of which refer specifically to health care issues while a fourth is concerned with gender equity and equality.

**The Centre for Health and Social Justice** has being initiated to strengthen the claims of citizens to the many health related fundamental rights that have promised through the Constitution as well as those which have been identified through international human rights treaties. It has emerged from the growing concern of a group of public health practitioners and field based researchers on the difference influences which are shaping public health discourse and practice in India ( and South Asia ) today. The Centre for Health and Social Justice is aimed to influence the discourse and practice of public health through

- a) carefully documented evidence on the impact of policy intention and programme delivery on the lives of citizens, especially those who are not in a position to purchase healthcare from the free market mechanism.
- b) enhancing insights and skills among policy makers, providers, managers, community leaders and activists to take leadership in a process of change which will ensure greater social justice

The unique advantage of the Centre for Health and Social Justice is the composition of its founder associates who bring on board multiple skills and expertise. The founder

associates of the Centre for Health and Social Justice have been involved in founding and developing some of the most influential organisations working in the fields of public health and gender justice in India today. The work of the Centre is enriched by the unique synergy generated by the insights developed through years of implementing rights based health programmes on the ground, with rigorous public health research.

**Mission - Strengthening Evidence-based Change in Health Policy and Practice for Social Justice**

### **Objectives**

1. To build evidence on the impact of existing policies and programmes on the core health concerns of the marginalized, especially women.
2. To identify emerging issues and priorities for delivering quality, accessible health care services for women and other marginalized people
3. To strengthen advocacy for changes in health related policy and practice
4. To develop leadership operational capacities for improved design, delivery and monitoring of quality, accessible health care services

### **Key Operational Areas**

The list of operational areas of the Centre are given below.

- Gender and Health
- Reproductive Health in the context of Primary Health Care
- Population Policy
- Safe motherhood
- Quality of Care-of Family Planning Services
- Health implications of Violence Against Women
- Reproductive and Sexual Rights

### **Operational Strategies**

The Centre uses the following strategies for realizing its objectives

1. Research – Reviews, Programme Evaluation, Formative Research, Action/ Operations Research.
2. Information dissemination – Publication of Research papers, Policy briefings, Newsletters and other printed material ; Maintaining Websites and list-servs and other forms of electronic media
3. Capacity building– Health related Policy Makers, Public Health Managers, Healthcare Providers, other professionals who are involved in public health related research, training or advocacy. Developing a cadre of leaders to spearhead the process of change
4. Advocacy – Strengthening alliances with civil society institutions and individuals, including those outside the ‘development circle’ of NGOs for promoting social justice issues related to health. Using evidence, utilizing democratic spaces and opportunities, harnessing ICT and public media.
5. Partnerships - Develop partnerships with organizations and individuals within India and those concerned with similar issues of the global South to strengthen the voice and claims of the marginalized

## **Organisational Structure**

The Centre is an autonomous organization comprising of two levels of Associates. The Governing Body comprises of seven Associates who are involved in the overall governance issues relating to the Centre. The Centre also has an Board of Advisors comprising of very senior professionals and activists.

**Legal Structure** – The Centre has been started as an autonomously directed but component unit of SAHAYOG Society and it has started with its headquarters in New Delhi.

## **List of Founder Associates**

- A R Nanda – Executive Director, Population Foundation of India; ex-Secretary Department of Family Welfare, Government of India.
- Amar Jesani - Coordinator, Centre for Study in Ethics and Rights, India; Trustee, CEHAT, India
- Amitrajit Saha –Public Health and HIV/AIDS expert, India.
- Jashodhara Dasgupta – Coordinator, SAHAYOG, India; Trustee Association for Advocacy and Legal Initiatives, India
- Kavita Srivastava – General Secretary, People’s Union of Civil Liberties, India; Noted Human rights activist.
- Leila Caleb Varkey –Public Health researcher, India.
- Mira Shiva – Head, Public Policy Division , Voluntary Health Association of India, India; Noted public health activist.
- Narendra Gupta – Director, PRAYAS, Rajasthan, India.
- Rajni Ved – Independent Public Health Specialist.
- Renu Khanna – SAHAJ, India: Noted women’s health researcher and activist
- Sarojini N B – SAMA Women’s Health Group, India.
- Satish Kumar Singh – Convenor, Men’s Action for Stopping Violence Against Women, India
- Subhas Mendhapurkar – Director, SUTRA, India
- Sundari Ravindran – Hony. Professor, Achuta Menon Centre, Trivandrum Medical College, India
- Sunecta Dhar – UNIFEM South Asia
- Usha Rai – Noted Media person.
- Abhijit Das – Director, also Clinical Assistant Professor School of Public Health and Community Medicine University of Washington, Seattle, USA

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