



# Annual Report

2011-2012



Centre for Health and  
Social Justice



# **Centre for Health and Social Justice**

**Seventh Annual Report**

**2011 – 2012**



Annual Report adopted by CHSJ at the 14th Governing Body Meeting held on 11th August, 2012.

**Centre for Health and Social Justice**

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## EXECUTIVE SUMMARY

It is my pleasure to present the Annual Report of CHSJ for the year 2011-12.

This was the sixth year of CHSJ, and this year presented successes and challenges in equal measure. On the positive side, the work of CHSJ in the policy domain was vindicated when we were among the few organisations asked to represent civil society interests on the Steering Committee on Health in the 12th Five Year Planning process. We were also able to contribute to the starting up activities of Community Monitoring in NRHM in two states. We continued the process of providing rigorous grassroots level evidence of health policy implementation through our coordination of a series of rapid assessment studies covering eight states. Our work with men which was earlier limited to addressing gender based violence, expanded both in scope and spread as we were able to see successes around engaging men on issues of parenting, women's reproductive health and addressing deep-seated social issues like daughter discrimination and dowry. Lessons emanating from our work were also represented in reputed international journals and reports.

Balanced against these successes, we faced operational challenges in generating sufficient funds to implement the entire range of strategic activities that we had planned. CHSJ's health and human rights work is primarily dictated by the lived realities of the poor, and our team was stretched as it continued to address emerging priorities without adequate funding support for such work.

As in previous years, our work was enriched by our partners and we continued to develop and strengthen partnerships across sectors and with Government agencies. On behalf of the Trustees, Governing Body and Staff of CHSJ, I thank them all for their confidence in CHSJ and look forward to a continued association.

### **Abhijit Das**

Managing Trustee and Director

## ACKNOWLEDGEMENTS

The growth and success that CHSJ has enjoyed in the few years of its existence is substantially due to the immense support and encouragement that it has received from various quarters- individuals and institutions. We wish to thank all our friends, funders, partners, advisors, service providers and all those who have been unstinting in their support. We also wish to thank the team which has continued to perform and achieve milestones despite many adversities. Finally, we wish to express our deepest gratitude to the many women and men in the communities from whom we continue to learn and take our inspiration.



## Centre for Health and Social Justice

### ORGANISATIONAL PROFILE

The Centre for Health and Social Justice (CHSJ) is a civil society institution working on issues related to health and social justice. CHSJ seeks to strengthen accountability of public health systems and health governance through research, resource support and advocacy. CHSJ also seeks to develop ways through which men can engage in interventions aimed at gender and social justice. It is a registered Charitable Trust and has its headquarters in New Delhi.

### MISSION

To support creation of equitable, gender just and accountable health systems in India where:

- Mechanisms are established for identifying rights violations – including gender injustice – and denial of quality services at all levels;
- Citizens/citizen groups, especially the marginalized are part of planning and feedback mechanisms that are operational (i.e., they address rights violations and denial of quality services) for public health programs at all levels)
- State/public and social accountability mechanisms and processes are developed and are in use.

### OUR WORK DURING THE YEAR

#### Overview

This was the sixth year for CHSJ. It was a year with interesting contradictions. CHSJ had established itself around the launching of the NRHM and two of its thrust areas – developing accountability mechanisms through independent civil society studies and developing and implementing community monitoring methodologies have been acknowledged as key inputs in the policy domain. This year, we continued the tradition by coordinating fifteen small-scale studies and presenting them before key functionaries of the

Ministry of Health and Family Welfare and the Planning Commission. The importance of this feedback process was further acknowledged by the Government of India, when the Director was appointed as a member of the Steering Committee on Health for the 12th Five Year Plan formulation process. While the process of providing feedback through independent civil society studies continued, the process of community monitoring has still to find favour in most states, even though it is part of the overall NRHM mandate. However, CHSJ was able to facilitate the starting of the community monitoring process in the states of Bihar and Sikkim. CHSJ continued its experiment to integrate expenditure tracking to community monitoring through partnerships in Assam and Orissa. CHSJ's expertise in developing community monitoring methodologies is also accepted globally and Open Society Foundations has engaged CHSJ as a resource organisation for its partners in Eastern Europe and Africa. CHSJ also became the Asian hub for a global Community of Practitioners on Accountability and Social Action in Health (COPASAH) established during the year.

The area of reproductive and sexual health and rights was another key area for CHSJ from its beginning. Maternal health, safe abortion, family planning and population issues have been central areas of concern. In the last two years, CHSJ also successfully coordinated the National Secretariat of



the ICPD +15 civil society review process in the country. This year however, CHSJ was unable to generate funding to continue research, material production or advocacy in a comprehensive manner as it had done in the past. However, its expertise was sought by many organisations, researchers and journalists. The Director was invited by the Bill and Melinda Gates Foundation to deliver the Annual Beth Peterson Memorial Lecture on Maternal Health, in Seattle.

CHSJ's work on the intersection between health rights and marginalised communities received a boost when a long pending proposal in partnership with the National Campaign on Dalit Human Rights through the DFID funded Poorest Area Civil Society (PACS II) project was sanctioned towards the latter part of the year. Hopefully, this project will enable CHSJ to develop a successful operational partnership where Dalit leadership at the community level will be able to negotiate NRHM service entitlements for the benefit of Dalit communities.

When CHSJ started its work six years ago, the work with men on gender equality was the smallest in its portfolio, today, it has emerged as the largest. CHSJ has been able to integrate its work on men and gender which started with violence against women into its other interest areas viz. reproductive health and contraceptive use, fathering, caste based discrimination and health programming. Most of this work is being implemented as field based action research projects in the states of Uttar Pradesh, Maharashtra and Madhya Pradesh. CHSJ was also able to contribute to three international reports which investigate and describe work with men.

Compared to some of the operational successes described above, this year was also marked by

financial uncertainties. Since these uncertainties were not hidden to the staff, many left, even though they had not been asked to do so. We realised that we were not alone in our lack of success in securing funding when a group of indigenous rights-based organisations came together to find ways to negotiate the contemporary funding realities. We made many efforts to seek funds by responding to requests for proposals by funding organisations. We were unsuccessful because we were not able to respond to the priorities and operational requirement of those organisations. CHSJ is a small indigenous organisation which questions large-scale development solutions around health from the perspective of the most marginalised using rigorous methods. We realise we are on the right path when other social justice movements are willing to partner with us to examine the domain of health rights. We realise that we are successful when our expertise is being called upon and the points made by the research we coordinate are being acknowledged. We also realise that since our work entails asking and enabling others to ask 'critical' questions and since we do not implement mass-produced and reproducible development solutions, our work will not attract a majority of the available development funding. However, as the year closed we were able to attract funding around work on reproductive rights and child rights and we are optimistic that in the coming year we will be able to further consolidate our operational achievements with the support of all our partners, well wishers, and last, but not the least, the women and men in the community whose successful struggle against the most impossible odds remains our abiding inspiration. ■

**STRATEGIC OBJECTIVES**

Our strategic objectives and some of our achievements against these objectives during this year have been as follows:

Strategic Actions	Achievements
<b>Strategic Objective 1:</b> Create a shared understanding with concerned stakeholders (the affected; citizens' groups) on critical issues related to health, that are backed by rigorous evidence	
Identifying emerging issues and building recognition of priorities related to marginalised communities, in selected states, in collaboration with local partners and other stakeholders.	<ul style="list-style-type: none"> <li>• Facilitated the coming together of the Coalition Against Two-Child Norm and Coercive Population Policies building on stories of coercion and poor quality services associated with female sterilisation from different states.</li> <li>• Provided support to National Alliance on Maternal Health and Human Rights (NAMHHR) activities, particularly to the study on equity dimensions of the IGMSY implementation in its pilot phase</li> <li>• The Director delivered the Beth Peterson Memorial Lecture on the invitation of Bill and Melinda Gates Foundation at BMGF headquarters, Seattle and at the University of Washington, Seattle, drawing attention to the need for building evidence from grassroots reality for successful policy making in maternal health.</li> </ul>
Building evidence on the impact of existing policies and programmes on the core health concerns of the poor and marginalised (in selected states) and mobilizing local stakeholders (including state parties) through consensus building on issues identified through such evidence building, in order to influence the existing discourse and practices.	<ul style="list-style-type: none"> <li>• Coordinated a series of studies on NRHM implementation, with a focus on marginalised communities. These studies were shared with the Ministry of Health and Family Welfare and Planning Commission.</li> <li>• Some of these studies were shared with concerned stakeholders and government officials at the state level.</li> <li>• Initiated a collaborative project with Swadhikar, a constituent group of the National Campaign on Dalit Human Rights on building capacity among Dalit leadership to engage with NRHM in Madhya Pradesh.</li> </ul>
<b>Strategic Objective 2:</b> Citizens' groups have become capable enough to engage with the state and among themselves to improve accountability.	
Strengthening citizens' groups for evidence based advocacy through capacity building, networking and information sharing in order to increase state and social accountability and influence effective policy implementation.	<ul style="list-style-type: none"> <li>• Coordinated the capacity building of 15 civil society groups from 8 states in conducting rigorous field research in partnership with School of Public Health, SRM University, Chennai.</li> <li>• Continued to support Jan Adhikar Manch, Bihar, to strengthen its advocacy against two-child norm in municipal bodies and in the panchayati system in the state.</li> </ul>

**Strategic Objective 3:** Mechanisms have been established and capacities have been developed within the system to engage with the community for effective and accountable service delivery.

Engaging with health systems to develop leadership, operational capacity and mechanisms for improved design, delivery and monitoring of quality, accessible, health care services, with pro-active people's involvement.

- Continued active participation within the Advisory Group on Community Action, a standing committee of the National Rural Health Mission. Helped develop a strategy for strengthening communitisation within NRHM, in consultation with the Secretary, Health and Family Welfare, MoHFW.
- Facilitated the initiation of community monitoring processes in Bihar and conducted training of state and district level officials of NRHM, Sikkim, on how to develop and implement community based monitoring methodology in the state.

**Strategic Objective 4:** Methodologies have been developed and shared for involving men as responsible individuals and citizens to ensure gender justice.

Develop community level methodologies and associated materials for engaging with men to change existing social norms, behaviours and relations which privilege men and perpetuate gender inequality in society towards gender justice.

- Used 'realist' methodologies to understand the process of change among men and in gender relations in a project addressing violence against women implemented with partners in Uttar Pradesh.
- A paper based on Men's Action for Stopping Violence Against Women (MASVAW) interventions with men leading to changes in gender relations in Uttar Pradesh was accepted for publication in a prestigious international journal.
- Over one hundred stories of family and community level challenges and changes were collected from the ongoing intervention with men in Maharashtra.

Engage with other individuals and groups to further discussion and action on men's roles as responsible and accountable individuals, members of the family and society and as citizens.

- Shared the importance of working with men and boys to address gender issues in a global and a South Asian meeting on Ending Child Marriages organised by The Elders.
- Continued to engage with and support networks like MASVAW (UP), Forum to Engage Men for gender equality (FEM, India), South Asian Network to Address Masculinities (SANAM), MenEngage Alliance (South Asia and Global).

## THEMATIC AREAS

The work of CHSJ is operationally divided into four thematic and two strategic areas. The following is a description of our work during the year.

### Theme: Reproductive and Sexual Health and Rights

CHSJ played a supporting role to different advocacy efforts on Reproductive and Sexual Health and Rights (RSHR) issues in the country.

#### Securing Maternal Health and Rights

CHSJ continued its advocacy efforts to promote women's rights to safe delivery. CHSJ participated in the Government of India mandated AGCA enquiry into maternal deaths in Badwani district. CHSJ provided information support to Human Rights Law Network and the Jagrut Adivasi Dalit Sangathan, Badwani, for their Public Interest Litigation cases for securing quality maternal health services in the High Court of Madhya Pradesh. The recommendations provided in the AGCA Badwani Maternal Death enquiry report, which CHSJ was involved in preparing, have been held as key benchmarks by the High Court of Madhya Pradesh for improving maternal health related service delivery in the state. CHSJ's partner CHARM who conducted an enquiry into maternal health services in Bihar has also filed a PIL in the High Court of Patna for seeking better maternal health services in the state. CHSJ worked with NAMHHR partners for strengthening their approach to evidence based advocacy including



conducting research and engaging in strategic litigation.

CHSJ provided technical support to NAMHHR member organisations for designing and implementing a collaborative study investigating the equity and accountability dimensions of the Indira Gandhi Matritva Sahyog Yojana, which is a pilot scheme of the Department of Women and Child Development to provide conditional maternal health benefits to women.

CHSJ participated in the first global meeting on ending child marriage organised by The Elders. This meeting led to the formation of Girls Not Brides, a Global Partnership to End Child Marriage. CHSJ was later involved in facilitating a country level visit by the Girls Not Brides team which led to the first South Asian meeting of the partnership in India. CHSJ was invited to make a presentation at this meeting.

The Director of CHSJ was invited by the Bill and Melinda Gates Foundation to deliver the 2nd Annual Beth Peterman Lecture Series on Maternal Health. This included a series of lectures at the Bill and Melinda Gates Foundation Headquarters





in Seattle, USA and at the Department of Global Health in the University of Washington in Seattle, USA. The lectures focussed on the importance of looking at grassroots reality when judging policy successes and highlighted the inadequacy of currently used methodologies in understanding the lived experiences of marginalised women.

### **Advocacy on Population and Development Issues**

On 31st October 2011, the world's population was estimated to reach seven billion and media reporting around the issue confirmed that fears of explosive population growth continued to prey on the minds of policy planners, health managers, media and the general public. There was frantic global reporting about India's high population that would soon overtake China's. An examination of

domestic population programmes revealed that states like Madhya Pradesh, Rajasthan and Bihar had started incentive based family planning programmes with prizes like Nano cars, washing machines, colour TVs and DVD players being offered as rewards. A commission on women's development in Kerala headed by retired Justice Krishna Iyer proposed penalties for women who have 3 or more children. Considering these developments, CHSJ started a discussion among concerned individuals and organizations. A meeting of Delhi based organisations was also convened and on 25th of November 2011 the National Coalition Against Two Child Norm and Coercive Population Policies was formed. The group resolved that the first Secretariat for the Coalition should be hosted within Centre for Health and Social Justice. CHSJ continued to support state level advocacy on population issues in Bihar throughout the year and also initiated discussions for similar work with organisations in Rajasthan, Madhya Pradesh and Orissa.

### **Advocating for Informed Choice and Quality of Care in Family Planning Services**

CHSJ continued its efforts to draw attention to this issue. CHSJ supported MANJARI, Rajasthan, to conduct a district level study on the issue and the results were disseminated locally and at the national level. CHSJ was also able to successfully link the lack of quality sterilisation services for women within the national family planning programme with the Forced/ Coerced Sterilisation Working Group of the Campaign to Stop Torture in Healthcare.

## Theme: Men and Gender Equality

Working with men on issues related to masculinity and gender equality is central to CHSJ's overall mission of finding different ways to promote social justice. Working with men and boys is essential because patriarchy creates unequal conditions and structures and men need to understand their privileges and compulsions and become partners in the quest for equality in their relationships at the individual and community level and also within state mechanisms. Our work with men at the community level is an effort to identify contextually effective practices which may then be included in public policy and programming within a well articulated gender equality framework. During the year, CHSJ was involved in a number of discrete efforts in different places across the country.

### Engaging Men to End Violence Against Women

CHSJ has been implementing the project over the last two years in partnership with SAHAYOG in thirty villages of two districts of UP. This project was part of a multi-country project, supported through the UN Trust Fund on Eliminating Violence Against Women and the project was completed during the year. The key focus during the year was to implement an exit plan, which included a series of Exit Planning Workshops for youth leaders. The main purpose of these workshops was to introduce the participants to local resources and to integrate them with the



existing state level network of MASVAW. In order to strengthen the support of men to women grassroots leaders (panchayat representatives) a separate training was organised with their husbands. Since the project ended this year, an endline survey was conducted by our project partner, International Centre for Research on Women. CHSJ has been trying to adopt a 'realist' evaluation process as part of this project and conducted three separate documentation processes which included a) collecting stories of challenges and changes and compiling a timeline based process documentation; b) doing a video documentation of what has changed from different perspectives- the interviews have been transcribed for analysis and a short video film "Chuppi Todo" (Breaking the Silence) has been prepared; and c) conducting a survey with new fathers to

### STORIES OF CHANGE

- In a village in Pratapgarh district the men's group intervened in a case where a man used to abuse and beat his widowed sister-in-law and had asked her to leave the house. The men's group talked to the man and then involved the Gram Pradhan who threatened to use the PWDV Act.
- "My friend did not allow his wife to go out and work under MGNREGA (a scheme for rural livelihood). He used to abuse and beat her to prevent her from going to work. After the intervention of the men's group, she is now working. She goes to bank on her own and takes out money from her account." Gram Pradhan of a village in Pratapgarh.
- Some of the married youth had been motivating and helping their wives to continue their studies, others are helping their sisters learn to ride the bicycle so that they can continue going to high school which is some distance away from the villages.
- There has been an increase in women's mobility. "I can clearly see how women are now able to go out for doing market and other work. I hardly saw any women in the village streets two years ago." Youth leader from Jaunpur district.

understand their gender related behaviour. Apart from this, various resource materials prepared during the project duration were finalised in Hindi and in English and electronic versions have been posted on our website. The findings from this project were shared at a meeting of project partners along with UNTF in Washington DC.

### **Samajdar-Jodidar: Enhancing Male Participation for Improving Gender Equality**

This project is being implemented in 100 villages across three districts of Maharashtra with the support of UNFPA. This project is being implemented through five field level partners and has been designed to bring about changes in knowledge, attitudes and behaviour of men and boys around gender discriminatory behaviour and norms especially in the context of parenting, spousal responsibilities and intimate partner abuse at the family and community level. During the year, the emphasis was on increasing men's involvement in women's reproductive health-seeking behavior and utilisation of public health facilities under NRHM. The trained community level animators took the lead in the planning and execution of campaigns. The project involves over 3000 men across different age groups in the villages and reached out to over 10,000 men during the campaigns. A retreat for animators from all five project areas was organized for them to interact and reflect on their achievements and challenges. The three best Animators from each of the five project locations were felicitated for their commitment and initiatives for gender justice.



The project is being documented using a 'realist' evaluation framework in order to understand the process of change better. A quantitative baseline and a qualitative study were completed during the year and a review of literature on masculinities in Maharashtra was also commissioned. Stories of challenge and change are also being collected from the field.

### **KEY ACHIEVEMENTS**

- The project area has 200 groups and 100 Animators in 100 project villages.
- There are regular discussions in these groups on different issues like gender, gender based violence and discrimination, masculinity, sexuality, men's participation in women's sexual and reproductive health and contraception.
- A campaign on male responsibility in women's reproductive health was conducted in all villages using a variety of printed and visual material. The news of this campaign was widely covered and reported in local newspapers.
- Changes in knowledge, attitudes and adoption of some gender equitable behaviour have been noted among a majority of Animators and among some of the group members.
- Stories from the field are validating the programme theory and providing evidence that the project is moving in the desired direction.
- The Animators have started encouraging referral services in some villages. Women's access to health services has increased and improvements in the sub-centre facilities are being noted in some places.
- Women's participation in panchayats has increased. Women have started getting property rights by entering of their names in property related documents.
- Animators are writing their experiences, successes and challenges in the quarterly newsletter published by the project.

### Mobilising Men to Challenge Sexual and Gender Based Violence in Institutions

This project was aimed at developing male 'gender equality' champions within different institutional contexts, who would then campaign within these institutions to bring about changes in institutional rules, regulations and functioning to improve gender relations and address gender and sexual violence in these institutional settings. This was the second and final year of the project in which the progress over the last year was reviewed and mentors and activists met to discuss ways of continuing to support one another and the institutional change processes that had been initiated. The project was being implemented over the last two years in collaboration with the Institute of Development Studies, Sussex, UK and 12 mentors and champions worked in different settings, viz. universities and colleges, local self government institutions, youth wing of a political party, bar association and so on.

### Sajhedar: Family Health Campaign: Accountability for Change

The project was started during this year in partnership with local implementing organisations in Morena and Sidhi districts of Madhya Pradesh. The overall goal of this project is to bring about positive changes in the lives of women in rural communities by reinforcing a process of public and social accountability. This will be done by highlighting men's accountability as responsible partners and parents within the family and society; and improving the quality and utilisation of public health services by addressing the accountability of health systems to the community. As this was the first year, key activities included partner selection, identification of intervention villages and conducting the baseline enquiry.

### Other Initiatives

Towards the end of the year, CHSJ started a new project called Caring Fathers: A Campaign on Caring Fatherhood, which will be looking at men's roles in securing the rights of children. This project provides an opportunity for CHSJ to start working with child rights groups and a partnership has

### STORIES OF CHANGE

- *"Most of the Heads of Departments of the University, Principals and male teachers of colleges initially denied that sexual harassment took place in their institutions. They also felt that women were themselves responsible for such incidents. Now, key stakeholders like the Proctor, Chairperson of Anti Sexual Harassment Committee and the Coordinators of the Centre of Women Studies and Development are ready to listen and have started the discussion on making environment in the campus violence free and women friendly"* - Mentor working with University based 'champions' in Varanasi
- A new perspective has developed among male panchayat members in some villages of Almora district after one 'champion' started conducting gender workshops with them. They have started raising issues in panchayat meetings like girl's education, women's participation in development schemes implemented through the panchayat and the panchayat's role in implementing the domestic violence laws.

been initiated with HAQ Centre for Child Rights, an organisation working on child rights protection, based in Delhi.

### Training Initiatives

CHSJ also provided support to SANAM (South Asian Network to Address Masculinities) to develop and implement a year-long Fellowship programme. CHSJ continued to work with Jagori for the training of Delhi Transport Corporation (DTC) Instructors, Drivers and Conductors under their Safe Cities project.

CHSJ also conducted a training of the office bearers of different Trade Unions to create a violence free and gender equitable environment at the workplace which was organised by International Labour Organisation (ILO), South Asia and ILO, India. Besides these activities, CHSJ continued to engage with and support a number of networks working with men at the state, national, regional and global levels which are discussed later.

## Theme: Community Action for Health Rights

### Decentralised Monitoring of Health Expenditure

CHSJ has been implementing this project in partnership with Action NorthEast Trust (ANT) in Assam and The Humanity in Orissa. During the year, the project moved ahead from the investigation phase to the community health expenditure awareness phase. Community level meetings, cycle rallies and wall writing were conducted to explain how much health related expenditure was being incurred for maternal health and other illnesses. The key component of such messaging was to highlight the free nature of these health services as a part of NRHM. Village level committees were also trained on different financial aspects of NRHM and on how to engage in planning for the Untied Funds that are received at the village level. The project was able to energise the VHSCs to start independent planning in Orissa.

CHSJ also organised a two-day workshop of leading practitioners of decentralised expenditure tracking in health and this served as an orientation for CHSJ's own partners who are working at the community level in Maharashtra and Madhya Pradesh. It is expected that some of the promising practices emerging from this project will be incorporated into the work in these states as well.

### Supporting Communitisation Initiatives within NRHM

CHSJ continued to play an active role to promote communitisation initiatives within NRHM at the national level and in certain states. The initiatives of CHSJ to support and strengthen the implementation of NRHM were acknowledged by the central government when the Director of CHSJ was invited to be a civil society member of the Steering Committee on Health for the 12th Five Year Plan preparation process by the Planning Commission. The Secretary, Ministry of Health and Family Welfare, also invited CHSJ to prepare a roadmap for strengthening communitisation within NRHM across the country. This outline was subsequently discussed by Ministry representatives and members of the AGCA and some of the interventions recommended are under consideration.

CHSJ continued to facilitate the start-up of community monitoring activities in Bihar and during the course of the year, NRHM, Bihar initiated community monitoring in the state with Population Foundation of India (PFI) functioning as the state nodal organisation. CHSJ provided technical support to PFI to adapt the community monitoring methodology for the state and facilitated the first state level orientation workshop.

CHSJ was invited by NRHM, Sikkim, to help initiate community monitoring activities in the state. A five-day training was organized in Gangtok, Sikkim in February 2012, to train state and district level officials to understand the importance of community monitoring within the overall framework of communitisation and to develop skills in conducting community monitoring exercises.



### Technical Support to Open Society Foundations' Accountability and Monitoring in Health Initiative (OSF-AMHI)

CHSJ has been providing technical support to OSF-AMHI partners in Bulgaria and Macedonia to develop and implement community monitoring methodologies to improve access to maternal health, child health and immunisation services among Roma communities. CHSJ's technical support has been instrumental in developing these community based accountability methodologies for the first time in these countries. CHSJ also provided technical inputs on community based accountability methodologies to OSF-AMHI partners working in Eastern Africa. CHSJ is helping to develop a resource manual on community monitoring methodologies which will be appropriate for use by OSF-AMHI partners.

### Membership of Community of Practitioners for Accountability and Social Action in Health (COPASAH)

OSF-AMHI facilitated a Convening of Practitioners of Community Monitoring in Health in Johannesburg, South Africa. CHSJ was involved as one of the resource organisations in designing this Convening workshop. At this workshop, the participants expressed the need to establish a community of practitioners around community monitoring for accountability in health. As a result, COPASAH was formed. COPASAH aims to strengthen the field of community monitoring by stimulating active exchange of experiences, sharing of resources, production and dissemination of conceptual, methodological and practical outputs and networking and capacity building among member organisations. CHSJ is a member of the steering committee and is also the Asian hub. It has also been entrusted with the responsibility to design and develop an interactive internet based platform for sharing information, tools and other resources to support the community of practitioners.

### KEY ACHIEVEMENTS

- The Director of CHSJ was appointed as one of the few civil society members of the Steering Committee on Health for the 12th Five Year Plan processes by the Planning Commission.
- The Secretary, Health and Family Welfare invited CHSJ to prepare a roadmap for strengthening communitisation within NRHM through increased civil society participation. This outline was subsequently adopted and recommended to the Ministry through the AGCA.
- CHSJ was invited by NRHM, Sikkim to train its officials to implement community monitoring in the state.
- CHSJ was able to facilitate the startup of community based monitoring and planning in the state of Bihar
- CHSJ was selected to be the Asian hub for the Community of Practitioners on Accountability and Social Action in Health - a global collaboration.

### Other Initiatives

CHSJ provided technical support along with PRAYAS, Rajasthan, to Department of Health and Family Welfare (DoHFW) and Department of Women and Child Development (DWCD), Madhya Pradesh, to improve Quality of Services through Capacity Improvement and Community Monitoring on Village Health and Nutrition Days (VHND).



## Theme: Health Rights and Marginalised Communities

CHSJ continued its work on Health Rights and Marginalised Communities to examine the relationship between social exclusion and access to health care services and rights in the Indian context. The Centre strengthened its partnership with National Campaign on Dalit Human Rights (NCDHR) through a joint project which started in mid-September. This project 'Health Rights and Entitlement of the Socially Excluded Communities and Women under NRHM' is supported through the Poorest Area Civil Society (PACS) project funded by Department for International Development (DFID), UK. The project seeks to build capacity among Dalit communities to advocate for improved health services at the community level. It is being coordinated by NCDHR and implemented by three Dalit-led field implementing partners in Raisen, Chhindwara and Betul districts in Madhya Pradesh. CHSJ is providing technical support to this project. As this was the first of a four-year project, the key activities included capacity building of associated staff and orientation of different stakeholders. CHSJ also contributed to a quantitative baseline study coordinated by PACS and designed and implemented a qualitative baseline study. CHSJ also designed the MIS for the project.



## STRATEGIC INTERVENTIONS

### Research and Information Management

Evidence based advocacy is a key strategy in CHSJ's work towards making health policy and programming responsive to the needs and rights of the poor and marginalised. Research and Information Management contributes to this aspect of our work.

#### Research

CHSJ has been conducting research both to understand the impact of government policy and

programming on the lives of the poor as well as to understand the impact of its own and other NGO interventions. It has also been engaged in

Topic of the study	Organisation	Study State
Mapping perception of SC/ST PLHAs in accessing and utilising HIV prevention, care and support services in Andhra Pradesh	SAKSHI	Andhra Pradesh
Assessing communitisation of health services among Dalit communities	PARA	Andhra Pradesh
Costs and consequence of utilising maternal health care: findings from two districts in Assam	CHSJ	Assam
An assessment of the status of public health facilities compared with IPHS norms in Sheikhpura district	BVHA	Bihar
Determinants of utilisation of maternal health services among SCs and Muslim women in Patna district	CHARM	Bihar
Maternal death audit for action towards making every pregnancy safer in Jharkhand	NEEDS	Jharkhand
A study on access and utilisation of cash incentive programmes under NRHM by forest based tribal women of Heggadadevanakote taluk in Mysore district	SVYM	Karnataka
Convergence and coordination related to ASHA functioning in Chhindwara district in Madhya Pradesh	MVPS	Madhya Pradesh
An assessment of quality of care and consequences of female sterilisation in Bundi district	MANJARI	Rajasthan
Status and utilisation of maternal health services among migrant families in Rajasthan	JATAN SANSTHAN	Rajasthan
Assessment of level of involvement of VHSC with focus on utilisation of Untied Funds, Baran district	CHEERS	Rajasthan
Assessment of functioning of ASHA Sahayogini under intersectoral coordination of DWCD and DHFW in Jhunjhunu district	SRKPS	Rajasthan
Assessing post partum care and management of complications in district Mirzapur	SAHAYOG	Uttar Pradesh
Exploring utilisation of health care services from "24 x 7 PHCs" in West Bengal	CINI	West Bengal
Understanding services, convergence and community participation at VHND in Bankura district	IMAN	West Bengal

developing capacity among NGOs to conduct rigorous research. During this year, CHSJ worked closely with School of Public Health, SRM University, Chennai and UNFPA, India to develop and implement the second round of training on Rapid Assessment of Health Programmes (RAHP). This three-phase, year long programme was conducted in two batches in Chennai and Delhi to provide opportunities to NGOs from all over the country. In all, 18 NGOs selected from 8 states participated in this programme.



All the participants were supported to conduct a field study and the findings and recommendations from 15 studies were presented at a National Dissemination Meeting on 16th September 2011, which was attended by bilateral organisations, UN agencies, media and civil society organisations from across the country. It was also attended by Dr. Syeda Hameed, Member of the Planning Commission and Mr. P. K. Pradhan, Secretary at the MoHFW, who acknowledged the wide range of feedback. These findings were also presented and discussed by each participating organisation at the state and/or district level.

### Studies by Interns

CHSJ continued to host student interns from the Liverpool School of Tropical Medicine, University of Liverpool, UK, who conducted the following studies under supervision from CHSJ mentors -



- Men and Caring: Sexual and reproductive health related partnership and fatherhood behaviour of men associated with MASVAW in Uttar Pradesh- a qualitative investigation.
- Why women do not go to health facilities for child birth in Uttar Pradesh, India - a qualitative study.

CHSJ's research team continued to provide research and evaluation related inputs to its field projects. The baseline study for the Samajhdar- Jodidar project was completed and that for the Sajhedar project was started. A quantitative investigation to understand changes in the gender related attitudes, knowledge and behaviour related to pregnancy and child care among men who were part of the men and gender project conducted in two districts of Uttar Pradesh was also started. CHSJ is working with Dr. Sanjeev Sridharan, an evaluation expert based in Canada to develop its capacity in applying the 'realist' evaluation methodologies to understand gender related changes in men. A process documentation was done of the project in UP (Engaging Men to End Violence Against Women) using this approach and it is also being applied to the ongoing project in Maharashtra (Enhancing Male Participation for Improving Gender Equality).

### Information Management

CHSJ believes that meaningful and contextual information aids empowerment, strengthens accountability and supports timely advocacy action. CHSJ has been supporting this process in different ways.

### Web Enabled Services

**Website:** The CHSJ website is a repository showcasing our activities and interventions across the country and beyond. This year, work also started on re-designing the website, which will be launched in April 2012. We have also been maintaining distinct web domains for some of our significant activities like ICPD+15 Secretariat and RAHP.

**Reprohealth\_India e-group:** CHSJ continued to host this listserv which remains an active and effective forum for disseminating knowledge and best practices and generating debates around policy measures and their implications for the marginalised around issues of reproductive health and gender equality.

[http://health.groups.yahoo.com/group/reprohealth\\_india/](http://health.groups.yahoo.com/group/reprohealth_india/)

**Health News Update:** We continued posting news updates focusing on public health and social justice issues. Thirty one updates comprising 434 news clips compiled from reputed news sources were disseminated during the year.

<http://www.chsj.org/health-news-updates.html>

**NC\_TCN\_Coercive-Population-Policies e-group:** CHSJ started this listserv to connect various stakeholders on the issues of two-child norm and coercive population polices. Within a short period, this listserv has become an e-platform for educating and sharing information among different stakeholders.

[https://groups.google.com/forum/?hl=en-US&fromgroups#!forum/nc\\_tcn--coercive-population-policies](https://groups.google.com/forum/?hl=en-US&fromgroups#!forum/nc_tcn--coercive-population-policies)

**Blog on Coalition against Two Child Norm:** A blog to support the work of the National Coalition against Two Child Norm and Coercive Population Policies was launched in January 2012 to share information about new developments in family planning, global and national news related to population issues. The readers include the members of the Coalition and the general public.

<http://coalitiontcn.wordpress.com/>

### Film

**Chuppi Todo:** CHSJ produced a 22-minute documentary film "Chuppi Todo" (Breaking the Silence), which shows the journey of young men and boys towards gender equality and the subsequent change and impact of this on their families and community. The film is in Hindi with English subtitles.

[http://www.youtube.com/watch?feature=player\\_embedded&v=HV0VUy0XQr8](http://www.youtube.com/watch?feature=player_embedded&v=HV0VUy0XQr8)

### Articles Published

- *How Far are we from Universal Health Coverage in India:* Abhijit Das and Moumita Ghosh, published in Budget Track, Volume 8, Track 2, August 2011.  
[http://www.chsj.org/uploads/1/0/2/1/10215849/bt\\_vol\\_8\\_track\\_2.pdf](http://www.chsj.org/uploads/1/0/2/1/10215849/bt_vol_8_track_2.pdf)
- *Support for Children Identified with Acute Flaccid Paralysis under the Global Polio Eradication Programme in Uttar Pradesh, India: a Qualitative Study:* Rie R Yotsu, Katherine Abba, Helen Smith and Abhijit Das, published in BMC Public Health.  
<http://www.biomedcentral.com/1471-2458/12/229>
- *Men and Care - A Multi-Country Qualitative study of Men in Non Traditional Caregiving Roles:* The report was published by Instituto Promundo and ICRW. The Indian study was authored by CHSJ.  
[http://www.chsj.org/uploads/1/0/2/1/10215849/men\\_who\\_care.pdf](http://www.chsj.org/uploads/1/0/2/1/10215849/men_who_care.pdf)
- *Mobilising Men in Practice - Challenging Sexual and Gender Based Violence in Institutional Settings.* This report published by IDS includes tools and lessons and CHSJ implemented the project in India.  
[http://www.chsj.org/uploads/1/0/2/1/10215849/mobilising\\_men\\_in\\_practice\\_online\\_final.pdf](http://www.chsj.org/uploads/1/0/2/1/10215849/mobilising_men_in_practice_online_final.pdf)
- *Engaging Men to Prevent Gender-Based Violence.* A multi-country intervention and impact evaluation study was published by Instituto Promundo. CHSJ contributed in the report and research process in India.  
[http://www.chsj.org/uploads/1/0/2/1/10215849/engaging\\_men\\_in\\_gbv\\_-\\_multicountry\\_impact\\_study\\_-\\_promundo\\_.pdf](http://www.chsj.org/uploads/1/0/2/1/10215849/engaging_men_in_gbv_-_multicountry_impact_study_-_promundo_.pdf)

- *Realisations and Relationships - Men, Masculinity and Violence against Women: An Analysis of an Intervention*, was published by SAHAYOG, Lucknow and was written by the SAHAYOG and CHSJ teams.  
[http://www.chsj.org/uploads/1/0/2/1/10215849/relation-\\_realisation-\\_published.pdf](http://www.chsj.org/uploads/1/0/2/1/10215849/relation-_realisation-_published.pdf)

### Newsletter

Samajdar Jodidar, a quarterly newsletter in Marathi was published to facilitate communication between Animators from 100 villages to enable them to share and learn from each other's work, achievements and challenges and thereby gain mutual support in this journey for gender equality. The first edition of the newsletter came out in July 2011 and three editions have been published in the year.

### Publications

**Communication material:** Under the project "Enhancing Male Participation for Improving Gender Equality in Maharashtra", the following material was developed to facilitate Animator's work both through developing their own understanding and to enhance their work with men and boys:

1. Booklet on project concepts and approaches
2. Booklet on communication skills and how to use communication material
3. Flash cards on gender and discrimination
4. Game on men and masculinity
5. Poster exhibition on men and reproductive health

**E- Manuals:** Under the project "Support of Actions to Eliminate Violence against Women", in Uttar Pradesh, a set of manuals on community interventions with men and boys on gender equality was published for electronic circulation.  
<http://www.chsj.org/eliminate-vaw-in-uttar-pradesh.html>

**Library:** We have been maintaining an institutional library for the past few years and currently it has around 1500 books related to the issues of health, violence, gender, sexuality, human rights and so on.

### KEY ACHIEVEMENTS

- The film "Chuppi Todo" (Breaking the Silence) was an in-house production with members of the CHSJ team responsible for all facets of the production from conceptualising to shooting and editing the film. The film was appreciated both by international partners and by the community. The process of film-making was a tremendous learning experience for all the team members involved.
- CHSJ successfully developed in-house capacity to develop and manage different IT based communication platforms like websites, blogs, listservs, etc. CHSJ's skills were acknowledged by COPASAH when it asked CHSJ to manage its IT based communication platform which will start in the next year.
- The popularity of Reprohealth listserv as a communication platform on different issues related to NRHM and reproductive health has increased and its membership went up from 500 to 650 members during the year.
- CHSJ developed a range of resource material in different languages including English, Hindi and Marathi. The material includes posters, games, flash cards and booklets in Marathi. A newsletter in Marathi was started.
- CHSJ supported research was acknowledged as a source of independent feedback for the NRHM in the Five Year of NRHM Report of the Ministry of Health and Family Welfare.
- CHSJ's research was published and accepted for publication in reputed international journals like BioMed Central and Culture Health and Sexuality. Intervention reports were published in international journals of reputed organisations like Institute of Development Studies, Sussex UK; International Centre for Research on Women, USA and Instituto Promundo, Brazil.

## STRATEGIC INTERVENTIONS

### Partnerships and Networking

Working collaboratively through partnerships and building stronger endorsement on issues through networks is central to CHSJs approach to achieving long term sustainability of its interventions. All our thematic work gained from the partnerships we developed and the networks that we engaged with and continued during the year. Our engagements with National Alliance on Maternal Health and Human Rights, Healthwatch Forum, National Coalition Against Two-Child Norm and Coercive Population Policies, CommonHealth and others were crucial to take our work ahead in the domain of reproductive and sexual health and rights. We learnt important lessons on strengthening accountability mechanisms at the community level from our collaborations with other members of the Advisory Group on Community Action and partners of COPASAH. Our relationship with NCDHR and its constituent groups was key to deepening our own understanding on issues of social marginalisation. Our colleagues and associates of MASVAW, FEM, SANAM and MenEngage Alliance provided us inspiration and challenged us to deepen our own understanding on masculinities and gender issues as they apply to men. We were enriched by our close working relations with partners in academic institutions like the School of Public Health, SRM University, Chennai and the Department of Global Health, University of Washington, Seattle, USA. Some of our key partners this year were as follows:

#### International

- Asia Pacific Research and Resource Centre On Women (ARROW), Malaysia
- Centre for Reproductive Rights (CRR), USA
- Global Health Leadership Program, University of Washington, Seattle, USA
- Human Rights Watch, USA
- International Budget Partnership (IBP), USA
- International Centre for Research on Women (ICRW), USA
- Instituto Promundo, Brazil
- Institute for Development Studies, UK
- Liverpool School of Tropical Medicine, UK
- John D. and Catherine T. MacArthur Foundation, USA
- Oak Foundation, Geneva, Switzerland
- Open Society Institute, New York, USA
- Partners for Prevention, Bangkok
- Save the Children, Sweden
- Sonke Gender Justice, South Africa

#### National

- AAKAR, Delhi
- Aarohi, Uttarakhand
- Advisory Group on Community Action, a standing committee of NRHM, MoHFW
- Astitva Samaj Vikas and Sanshodhan Sanstha, Maharashtra
- Azad Shiksha Kendra, Uttar Pradesh
- Family Planning Association of India (FPAI), India
- Human Rights Law Network, Delhi
- Halo Medical Foundation, Maharashtra
- HAQ - Center for Child Rights, Delhi
- JAGORI, Delhi
- Madhya Pradesh Vigyan Sabha (MPVS), Madhya Pradesh
- MANJARI, Rajasthan
- Nari Samata Manch, Maharashtra
- National Rural Health Mission, Bihar
- National Rural Health Mission, Sikkim
- Population Foundation of India (PFI), Delhi

- PRAYAS, Uttarakhand
- PRAYAS, Rajasthan
- SAHAYOG, Lucknow
- Samyak, Maharashtra
- Savitri Bai Phule Mahila Mandal, Maharashtra
- School of Public Health, SRM University, Chennai
- SUTRA, Himachal Pradesh
- Swadhikar, Delhi
- Tarun Chetna Sansthan, Uttar Pradesh
- Action NorthEast Trust (ANT), Assam
- The Humanity, Orissa
- The Hunger Project, India
- Yuva Gram Vikas Mandal, Maharashtra
- Dharti Gramotthan Evam Sahbhagi Gramin Vikas Samiti, Morena (Madhya Pradesh)
- Gram Sudhar Samiti, Sidhi (Madhya Pradesh)
- UNFPA, Delhi

### **Networks**

- CommonHealth
- Community of Practitioners on Accountability and Social Action in Health (COPASAH)
- Forum to Engage Men (FEM)
- Girls not Brides – Global Partnership to End Child Marriage
- Healthwatch Forum
- Jan Adhikar Manch, Bihar
- Jan Swasthya Abhiyan
- Mahila Swasthya Adhikar Manch, Uttar Pradesh
- Men's Action for Stopping Violence Against Women (MASVAW), UP
- MenEngage South Asia
- MenEngage Global Alliance
- National Alliance for Maternal Health and Human Rights (NAMHHR)
- National Campaign on Dalit Human Rights (NCDHR)
- National Coalition against Two-Child Norm and Coercive Population Policies
- South Asian Network to Address Masculinities (SANAM)
- Wada Na Todo Abhiyan (WNTA)

and many other state level organisations/networks across India.

## OUR OPERATIONAL MECHANISMS

### ORGANISATIONAL EFFECTIVENESS

The organisational effectiveness and development process which had been initiated in 2009 continued across 2011-2012. Several institutional processes aimed at strengthening our structure and functioning were introduced this year also. Inter-sectoral teams were formed for taking forward key organisational strategies like building partnerships, engagement with social movements, fundraising and so on. The mentorship process which had been initiated earlier to support individual growth was continued. The Core Group continued to take up critical organisational issues. Staff appraisals were conducted keeping in mind the Key Performance Areas (KPA) and Competencies set for each work-profile.

A Strategic Planning Meeting was organised during April 2011. During this workshop, which was attended by the senior staff members and few Governing Board members, the Vision, Mission and Strategies of CHSJ for the next three years were finalised. CHSJ's strengths and opportunities were analysed by staff members. Several decisions were taken including the assigning of organisational roles to prepare for future growth. This meeting played an important part in streamlining organisational development.

### CAPACITY BUILDING

- CHSJ organised a meeting on Working with Men And Boys for Gender Equality, February, 2012
- Staff members attended the Medico Friend Circle Annual Meet, January, 2012, in Wardha, Maharashtra
- Staff members attended a workshop on Leveraging Social Media in support of Maternal and Reproductive Health, organised by the MacArthur Foundation, in December, 2011
- CHSJ organised a one-day training on Difficult Conversations in Difficult Relationships, facilitated by Tejinder Singh Bhogal, in October, 2011
- Staff members attended the NGO Accountants Network Regional Convention with a Focus on FCRA 2010, held at Delhi in October, 2011.
- CHSJ organised a lecture on Masculinity, by Rahul Roy in September, 2011.
- Staff members went for the Basic Training on Gender, Sexuality, Sexual and Reproductive Health in Hindi, organised by CREA, in August, 2011.
- CHSJ organised a lecture on the history of Feminist Movement by Runu Chakravorty in July, 2011
- Staff members attended a meeting on Authority Dynamics: Expectations, Myths and Choices, facilitated by Uma Jain (ISABS), in June, 2011.
- Staff members attended the ConnectIT Workshop organised by NASSCOM Foundation in June, 2011

CHSJ continued to organize in-house capacity building events mostly for perspective building and upgrading technical skills. Weekly Tuesday meetings remained an important fora for discussion where all members were encouraged to speak on different issues.



Annexure 1

## CHSJ Staff (as on 31st March, 2012)

Abhijit Das, Director

Ajay Kumar, Finance Officer

Anita Gulati, Administrative Officer

Lavanya Mehra, HR Officer

Leena Uppal, Programme Officer

Mahendra Kumar, Programme Officer

Nibedita Phukan, Programme Officer

Pratibha D'mello, Programme Manager

Satish Kumar Singh, Deputy Director

Shakti Jamdade, Programme Officer

Shreeti Shakya, Programme Assistant

Tulsi Manimuthu, Administrative Assistant

Virendra Kumar Rai, Programme Manager

Vishnu Vyawahare, Programme Associate

### *Office Assistants*

Ishu Das

Mahfuz Alam

## Annexure 2

## CHSJ

## Governing Body

**Abhijit Das**

Director, CHSJ and Clinical Assistant Professor, School of Public Health and Community Medicine, University of Washington, Seattle (USA)

**A. R. Nanda**

Former Executive Director, Population Foundation of India, former Secretary, Family Welfare, Ministry of Health and Family Welfare, Government of India

**Rajani Ved**

Advisor, Community Processes, National Health Systems Resource Centre

**Renu Khanna**

Founder Member, SAHAJ, Society for Health Alternatives, Baroda

**Satish Kumar Singh**

Deputy Director, CHSJ; Convenor MASVAW

**Subhash Mendhapurkar**

Director, SUTRA, Himachal Pradesh

**Suneeta Dhar**

Director, JAGORI - Women's Training and Resource Centre

**Usha Rai**

Senior Journalist and Communication Consultant

## CHSJ Advisors

In addition to our board members, we benefited from the guidance provided to us by our advisors:

**Aaron Katz** – Principal Lecturer, Health Services and Global Health, School of Public Health, University of Washington, USA

**A K Shiva Kumar** – Advisor UNICEF, Development Economist

**Amitrajit Saha** – Senior Advisor, HIV and Human Rights, UNDP, Regional Office, Eastern and Southern Africa

**Amy Hagopian** – School of Public Health, University of Washington, USA

**Enakshi Ganguly Thukral** – Co-Director, HAQ-Centre for Child Rights, Delhi

**Imrana Qadeer** – Fellow, Centre for Women's Development Studies, Delhi

**Jashodhara Dasgupta** – Coordinator, SAHAYOG. Expert on gender, health and citizenship

**Kavita Srivastava** – Human rights activist. Associated with MKSS, Right to Information and Right to Food Campaigns and PUCL

**Leila Caleb Varkey** – Public health researcher

**Mangesh Kulkarni** – Faculty, Department of Politics and Public Administration, University of Pune, expert on masculinities studies

**Mira Shiva** – Public health specialist and activist on drugs and trade related agreements

**Nandinee Bandopadhyay** – Independent consultant on community engagement for marginalized populations

**Narendra Gupta** – Public health specialist. Coordinator of PRAYAS, Rajasthan

**Paul Divakar** – Dalit rights activist. General Secretary, National Centre for Dalit Human Rights and Dalit Arthik Adhikar Andolan

**Rahul Roy** – Founder Trustee, AAKAR. Film-maker and expert on masculinities

**Ramakant Rai** – Child rights and health rights activist. Convenor, National Coalition for Education (NCE), India

**Ravi Duggal** – Senior Trainer and Analyst, International Budget Partnership

**Ravi Verma** – Regional Director, Asia Regional Office, International Center for Research on Women (ICRW), New Delhi

**S. Srinivasan** – Founder Trustee, Locost Standard Therapeutics, Baroda. Expert on medicines and pharmaceuticals

**Sanjay Srivastava** – Professor, Institute of Economic Growth. Expert on masculinities studies

**Sanjeev Sridharan** – University of Toronto and St. Michaels Hospital, Canada. Evaluation specialist

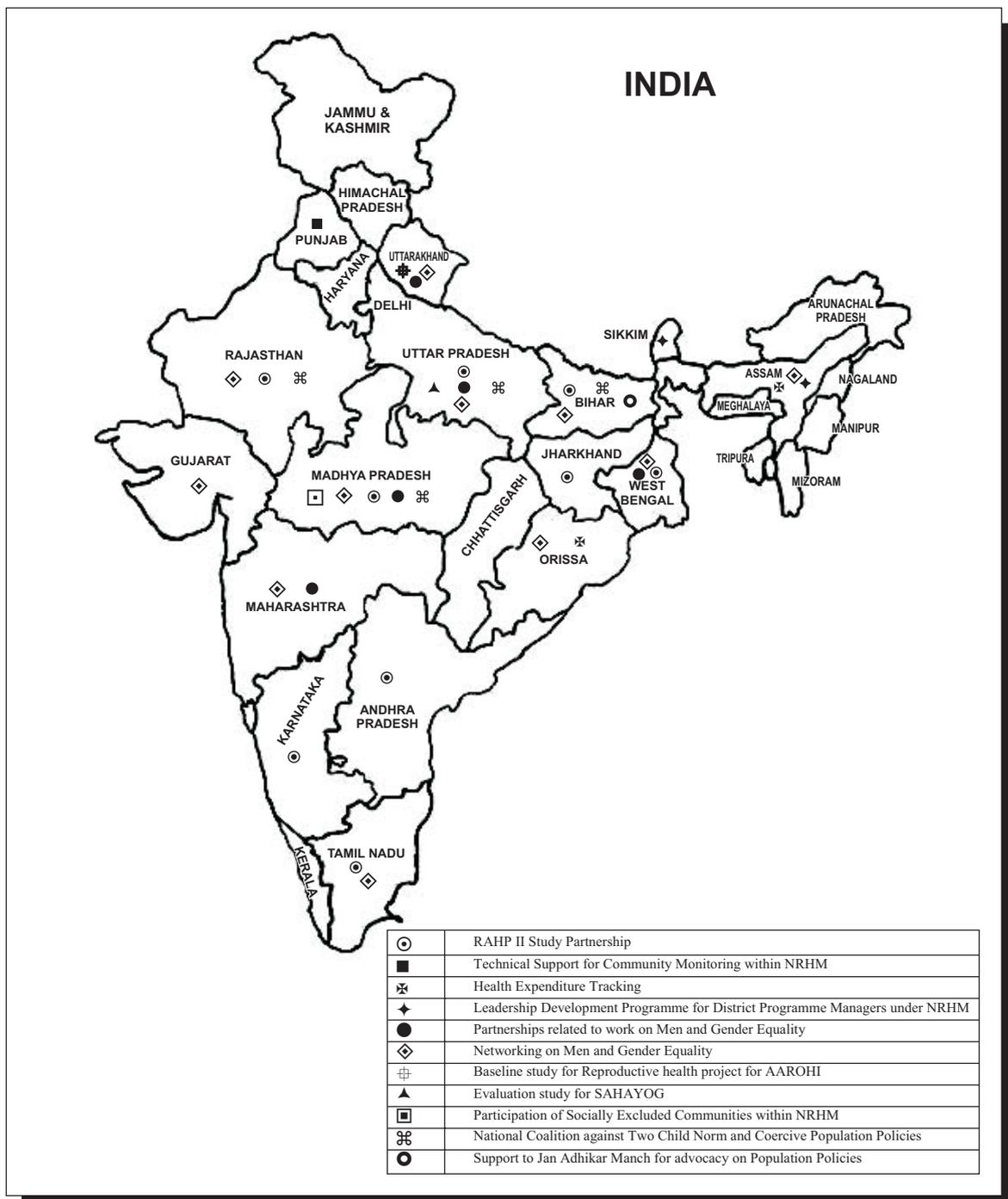
**Sarojini N B** – Women's health researcher and advocate. Coordinator of SAMA - a resource organization on women's health and rights

**Sharad Iyengar** – Public Health Specialist. Secretary and Chief Executive of Action Research and Training for Health (ARTH), Udaipur

**Sundari Ravindran** – Women's health and rights researcher. Honorary Professor, Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala

**Tejinder Singh Bhogal** – Innobridge Consulting, Expert in organisational change and development.

## Distribution of CHSJ's work across different states in India



## Annexure 4

## Financial Summary 2011-2012

### Balance sheet as on 31st March 2011-2012

<b>Liabilities</b>		<b>Fixed Assets</b>	
Corpus Fund	5,000.00	Fixed Asset (Trust)	785,633.00
Fixed Assets Replacement Fund-Vehicle	315,039.00	Fixed Asset (FCRA)	139,438.00
General Fund	1,014,969.72		
<b>Restricted Fund</b>		<b>Current Assets</b>	
Foreign Grants unutilized	9,786,046.21	Security Deposit	155,000.00
Indian Grants Unutilized	(434,935.00)	Loan and Advances	313,821.37
Committed Liabilities	516,101.69	Cash & Bank balance	9,808,329.25
<b>Total</b>	<b>11,202,221.62</b>	<b>Total</b>	<b>11,202,221.62</b>

### Income & Expenditure

<b>Expenses</b>	<b>Rupees</b>	<b>Income</b>	<b>Rupees</b>
General Fund		General Fund	
UNFPA RAHP	3,035,297.00	Project Fund	10,019,382.00
UNFPA Maharashtra Project	6,683,890.00	Consultancy	347,367.00
Fund Refund to UNFPA for RAHP	300,195.00	Staff Contribution	232,475.00
Trust Expenses	509,241.00	Other & Bank Interest	41,076.02
Depreciation	153,558.00		
<b>FC Fund</b>		<b>FC Fund</b>	
ARROW	48,309.00	ARROW	48,309.00
International Budget Partnership	890,803.50	International Budget Partnership	890,803.50
IDS (Gender, Power, Sexuality)	72,097.00	IDS (Gender, Power, Sexuality)	72,097.00
IDS (Men & VAW)	543,982.37	IDS (Men & VAW)	543,982.37
MacArthur	625,794.74	MacArthur	625,794.74
OAK Foundation	103,362.00	OAK Foundation	103,362.00
Open Society Institute	984,221.88	Open Society Institute	984,221.88
PACS Project	336,803.00	PACS Project	336,803.00
Liverpool School of Tropical Medicine	57,219.00	Liverpool School of Tropical Medicine	57,219.00
The Hunger Project	136,478.00	The Hunger Project	136,478.00
		Excess of Expenditure over income	41,880.98
<b>Total</b>	<b>14,481,251.49</b>	<b>Total</b>	<b>14,481,251.49</b>

## Receipts and Payment

Receipts	Rupees	Payment	Rupees
<b>Opening Balance</b>		<b>Foreign Grants Utilized</b>	
Foreign Contribution A/c.	1,365,774.68	ARROW	48,309.00
General A/c.	201,849.96	International Budget Partnership	890,803.50
Advances & Imprest (Net)	(202,726.26)	IDS (Gender, Power, Sexuality)	72,097.00
Fixed Asset Replacement Fund-Vehicle	121,740.00	IDS (Men & VAW)	543,982.37
		MacArthur	625,794.74
<b>Foreign Grants Received</b>		OAK Foundation	103,362.00
IDS (Gender, Power, Sexuality)	234,905.00	Open Society Institute	984,221.88
IDS (Men & VAW)	539,646.00	PACS Project	336,803.00
MacArthur	3,390,701.00	Liverpool School of Tropical Medicine	57,219.00
OAK Foundation	5,558,795.00	The Hunger Project	136,478.00
Open Society Institute	1,352,790.00		
PACS Project	452,300.00	<b>Indian Grants Utilized</b>	
Liverpool School of Tropical Medicine	56,825.00	UNFPA RAHP	3,035,297.00
The Hunger Project	524,250.00	UNFPA Maharashtra Project	6,683,890.00
		Fund Refund to UNFPA for RAHP	300,195.00
<b>Indian Grants Received</b>			
UNFPA Maharashtra Project	6,234,695.00	<b>Other Expenses</b>	
UNFPA-RAHP	3,345,704.00	CHSJ-Office Expenses	45,555.00
		CHSJ-Salary	301,230.00
<b>Bank interest</b>		CHSJ-Office Rent	162,456.00
FC Fund	109,130.00		
General Fund	26,445.00	<b>Closing Balance</b>	
		Foreign Contribution A/c.	9,786,046.19
<b>Other Income</b>		General A/c.	22,283.04
Consultancy	347,367.00	Advances & Imprest (Net)	(202,280.32)
Other & Bank Interest	41,076.02		
Staff Contribution	232,475.00		
<b>Total</b>	<b>23,933,742.40</b>	<b>Total</b>	<b>23,933,742.40</b>





**Centre for Health and Social Justice**

Basement of Young Women's Hostel No.2 (Near Bank of India)

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