

CENTRE FOR HEALTH AND SOCIAL JUSTICE

ANNUAL REPORT



| 2020-2021

CENTRE FOR HEALTH AND SOCIAL JUSTICE (CHSJ)

SEVENTEENTH ANNUAL REPORT (2020 – 2021)

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OVERVIEW

The year under review has been one of the most difficult years in recent memory. The year began with the Covid 19 pandemic and its associated ordeals. As an organisation working for better health and well-being of vulnerable communities, we at CHSJ needed to devise ways to support our partners and the communities that we worked with to cope with this emergency. Along with its partners we had to find ways to reach out to the most vulnerable, promote solidarity and mutual support mechanisms as essential services including food and supplies as well as healthcare support were uncertain.

As the year proceeded the pandemic became less virulent, and the lockdown was eased in a series of steps. Along with our partners and local leadership, CHSJ devised ways of strengthening support for vulnerable communities and organised relief measures wherever these services were necessary. We worked directly with communities in urban low-income neighbourhoods in Kolkata and Delhi and along with partners across 70 districts in nine states. We mobilised rapid response mechanisms in 27 districts bringing together multiple stakeholders through Gender Hubs, enabling support to women facing kinds of distress as well as mobilising income and livelihood opportunities.

The internet emerged as a major means of communication and support, and we had to find ways to build our own capacities in using social media in innovative ways. We were also able to support women community leaders and domestic workers to strengthen their competencies to bridge the digital divide.

We were privileged that we received support from local philanthropists and many of our existing donors provided us additional support to reach out to communities in distress.

At the beginning of the year CHSJ had started a process of leadership transition and decentralisation. As the Covid crisis unfolded these units worked in collaboration. But our team members were also under considerable stress as they had to balance the needs of their work with their own family and health related anxieties. Many of our team members lived away from their families and they were encouraged to go home and work remotely as soon as inter-state travel was allowed. Our ability to work synergistically with many partners was affected as the laws related to the use of foreign funds changed midway through the year.

This has been a challenging year for us in many ways and we hope that this adversity helps us to grow stronger. We look forward to the continued support from our various friends, co-travellers and above all our partners and many the community leaders who are both the inspiration and anchors of the work that we do.

ACKNOWLEDGMENTS

This has been a very difficult year for all of us. Many people lost their lives, others had to go through excruciating ordeals. Negotiating the numerous difficulties that all of us faced as the pandemic raged around us would not have been possible without the support that we have all received from our family and friends, our colleagues and well-wishers who have reached out to help others, even when they are facing difficulties themselves. This has been the personal experience for all of us, and we wish to acknowledge an enormous debt of gratitude to all who have reached out to others in a show of support and solidarity.

REPORT OF ACTIVITIES

The Centre for Health and Social Justice (CHSJ) is a non-profit organisation registered as a Charitable Trust. It was founded in 2005 and has its headquarters in New Delhi and field interventions in 9 states in India. CHSJ works for the health, well-being, and dignity of all, especially the marginalised and socially excluded communities.

The following is a brief report of the work of CHSJ during the year April 1, 2020, to March 31, 2021.

The year 2020 -2021 began in India with the country in total lockdown due to the Covid pandemic. All movement of goods and people ceased as the Government grappled to develop an appropriate response to this new disease which seemed to be spreading rapidly across the world and in India. When the pandemic was announced we at CHSJ were in the last stages of Institutional Restructuring by evolving into a set of five operational units. These five units were as follows:

- **MITRA** (Men's Initiatives for Transforming Relationships through Action): Unit working on issues related to men and gender.
- **Seher**: Together with women for better health and rights: Women's health focussed unit
- **Parichiti**: Feminist action centre based out of Kolkata
- **People's Forum for Justice and Health**: Support Unit for community-based organisations based out of Bengaluru
- **Creative Communications**: Unit providing support to the other units to develop the necessary communication material

Responding to the pandemic: reaching out to communities during covid lockdown

As an immediate response to the pandemic the units came together and along with partner NGOs across the country, CHSJ coordinated the development of a community response protocol of how community-based NGOs could support communities to help each other during the uncertainties of the lockdown. This protocol was translated into different languages like Hindi, Bangla, and Kannada and was distributed widely among our partners. The lockdown prevented the different units from directly intervening in the communities. Efforts were made to optimise our skills and our expertise to work with partners across the country to build community strength and readiness to face the current emergency. With greater clarity on how best to deal with the evolving situation each unit developed a relevant response to first wave of the pandemic as described below.

Promoting Social Solidarity with Physical Distancing

What You Can Do at The Community level

- Creating a local support and coordination group
- Mapping vulnerable population and families
- Mapping infected or exposed population
- Ensuring containment of exposed persons
- Coordination with grocers, medicine Shops and care providers ensuring supply of essential commodities, medicines and care
- Coordination with local authorities
- Maintain communication channels with all residents and emotional well-being of general population
- Be vigilant about violence in homes
- Monitoring effective lockdown

Parichiti works with underprivileged communities in 20 urban and periurban slums in Kolkata and south 24 Paraganas. During the first lockdown the Parichiti team was actively communicating with the community leaders and volunteers. They tracked the availability of daily essentials like food, medicines, soap and other, the status of government relief supplies and their distribution. Parichiti also arranged for their distribution of relief materials to those families who are unable to access these materials due to lack of appropriate documentation. Parichiti shared information about relief measures and government helplines through community based social media groups. Community level monitoring mechanisms were activated to respond to cases of domestic violence.



Seher worked with its network members across the states of Jharkhand, MP, UP, Karnataka, HP, Uttarakhand and Delhi to monitor situation vulnerable people like single women, Dalits, tribals, and others. In addition to monitoring provision of food and other essential commodities we are also monitoring essential health services like ANC care for pregnant women delivery care services for women in labour. Network partners were encouraged to bring these issues to the notice of the local authorities. Digital posters and similar material containing information on prevention, care, safety measures for the front-line workers, advisories/ services issued by the government were shared widely among partners and community leaders through social media.

कोविड 19 महामारी और गर्भवती महिलाओं के लिए सलाह



जितना हो सके रहें घर पर



आशा / ए.एन.एम. के साथ नियमित सम्पर्क फोन पर



बी.पी. व हिमोग्लोबिन की जांच तय समय पर



आयरन की गोली का सेवन करें समय पर



कोई तकलीफ महसूस होने पर तुरंत ए.एन.एम. को बताना



अस्पताल में या सार्वजनिक स्थानों पर दूसरों से कम से कम 1 मीटर की दूरी बनाए रखना। चेहरा ढक कर जाना



पास के स्वास्थ्य केंद्र / अस्पताल के डॉक्टर का फोन न. ले कर रखना



गर्भावस्था से जुड़ी सभी रिपोर्ट, अपना कार्ड एक बैग में डालकर रखना



हो सके तो ए.एन.एम. से डिलिवरी किट पहले ही ले लेना

Content: **SEHER** Message Design: **Creative Communication**
Units of Centre for Health and Social Justice




Through its extensive network of 80 partners across several states **MITRA** reached out to over 10,000 Samanta Sathis in nearly a hundred districts generating awareness and reducing fear around the Corona epidemic and providing other informational support to strengthen their relief efforts. A series of 25 audio dramas were developed and disseminated widely through social media to promote supportive actions at the community level. These messages were related to the following issues

- Information related to the pandemic and health care

- Available public health services, government schemes and public entitlements that could be accessed during this period
- Promoting community participation in implementation and monitoring of lockdown and various schemes that have been announced
- Gender equality including need for men’s participation in domestic work and gender role reversal and on preventing domestic violence.
- Using mobile phones and social media to maintain social relationships especially with vulnerable families



People’s Forum for Justice and Health (**People’s Forum**) worked with community based organisations working with marginalised social groups like Dalits, Minorities and informal sector workers and translating COVID19 messages into layperson’s language, creating voice messages for the communities, monitoring and facilitating access to public services such public distribution system, health care services in seven districts of Karnataka.

Creative Communications provided support to the other units to develop the necessary communication material to support the community campaigns.

Supporting Communities to Recover After Lockdown was Gradually Eased

The National Lockdown extended till the end of May and was slowly eased through a series of unlock measures specifying the extent of physical and economic activities that were permissible. The various units adapted their work depending upon the situation and the communities that they were working with. These efforts were as follows:

Parichiti: Making Women Visible

For Parichiti a key area of action becomes identifying and supporting measures to ensure food and livelihood security for the communities in their work area. Those requiring support included older women who were enrolled in the six Day Care Centres that Parichiti was operating through its Kolkata Initiatives programme as well as the over 500 Women Domestic Workers' families a majority of whom either lost their jobs or had not been paid for the period of Lockdown.

Relief Measures - Support was organized from Individual donors, local organizations as well as Foundations to procure supplies and rations. In all, we were able to provide the following support

- Dry Ration for one month to 503 households in 14 areas in Kolkata and South 24 Parganas
- Dry Ration for 2 weeks to 380 households in 6 areas across Kolkata and South 24 Parganas
- Dry ration for 2 weeks for 30 adolescent boys and girls in 1 area
- Dry ration for 1 week to 70 Households in 2 areas
- Dry ration for 1 week in 25 households in 1 area
- Washable Sanitary pads for 250 women and adolescent girls in 8 areas

SANITARY HYGIENE IS NOT A PRIVILEGE.....

....IT IS A BASIC HUMAN RIGHT

Reusable menstrual pads distributed to 250 adolescents girls during COVID-19 lockdown in 22 low income neighbourhoods of Kolkata - India

SUPPORT OUR GIRLS

Donate generously at
<https://www.chsj.in/donation/>

Parichiti A Unit of CENTRE FOR HEALTH AND SOCIAL JUSTICE
Making women visible

Parichiti A Unit of Centre For Health and Social Justice
Making women visible

A CONTRIBUTION FROM YOU WILL ENABLE US TO CARE AND SUPPORT 200 ELDERLY WOMEN IN POOR COMMUNITIES IN KOLKATA.

Donate generously at
<https://www.chsj.in/donation/>

Over 50000 meals Distributed

A contribution from you will help us continue our support to needy families in 22 low-income neighbourhoods in Kolkata.

Donate generously at
<https://www.chsj.in/donation/>

Parichiti A unit of Centre for Health and Social Justice

Posters to Mobilise Donations for Relief for Communities

Support to Women Domestic Workers – Women Domestic Workers (WDWs) whom Parichiti works with, are often the primary breadwinners of their families. Because of the Lockdown and the associated fear of infection, WDWs were not allowed to join their work by many employers. At the same time, these employers refused to make any payments even though the WDWs were willing to join work with all the required precautions. Parichiti team members were in constant touch with members of the Samadhan Dal, or WDW collectives. Online meetings and trainings were organized to boost confidence and leadership and negotiation skills. A short study was conducted to understand the experience of WDWs during Lockdown. An online interface meeting was also organized with employers to create greater understanding about the problems faced by the WDWs and a create a platform for dialogue.

The members of Samadhan Dal maintained strict vigilance over incidents of domestic violence and when cases were identified, Parichiti provided support to the affected women.

Mobile phones emerged as the most important medium for communication during the Covid lockdown and women were at a disadvantage as they often did not have a phone and were less conversant in using the technology. Parichiti collaborated with Point of View, Mumbai, to train WDWs in the use of mobile phones. Over 200 members of Samadhan Dal are now digitally empowered and can use social media apps, conduct video calls and conferences access information from the Internet, including videos and some are even using digital payment methods and online maps.

Supporting Older Women – As soon as the Lockdown started Parichiti had to close its 6 Day Care Centres. Once unlock measures were announced Parichiti field workers made home visits to the 200 older women enrolled in these Centres to ascertain their health and well-being. As any kind of assembly was still not permitted and since these women were all vulnerable to the infection the Centres remain closed for the rest of the year. We have continued to provide ration support and conducted periodic home visits. We also received financial support and materials from several well-wishers and these were distributed among all the older women.

Working with Men - Parichiti has been working with young men to support and contribute to the process of women's empowerment and to enable women to live a life free of violence. During the lockdown and thereafter we maintained contact with all members of the men's groups encouraging them to participate in domestic work, reach out to their friends and support each other, and assist in the relief work wherever possible.

Seher - Together with women for better health and rights

Supporting access to Health Services - Seher was working closely with organisations in Jharkhand, Madhya Pradesh, Uttar Pradesh Delhi, and Karnataka supporting them to ensure that pregnant women and mothers with infants were able to receive quality health care services that were part of the maternal health care programme. Since Seher was earlier working on access to reproductive health services we developed a community support

protocol for helping community partners to help women in need of such services. The guideline included the following steps

1. Contact the local ASHA and list pregnant women according to trimester/ expected date of childbirth
2. Keep in touch with these women over the phone to give emotional support and to know their health and wellbeing
3. Support these women to prepare a check list well in advance of their due dates with emergency phone numbers of ANM, Ambulance, Health Centre doctor, and a folder with essential documents and medical records.
4. Provide them updated information about mobility allowances in their area a mobility pass

Once unlock measures allowed for community level facilitators to move within their districts the monitoring of essential services was re-started by using the Swasthya Darpan app. Using the data that was collected our partners organized several dialogues with health authorities to address gaps in health service delivery.



MOBILE APP

Study on Community response to ensure continuity of care during Covid – With financial support from the World Health Organisation (WHO) Seher started an assessment of how communities were coping with the pandemic in terms of maintaining continuity of care for reproductive health services as well as non-communicable diseases like tuberculosis, hypertension, and diabetes. A total of 54 villages covering 18 PHCs and 9 districts in 3 states of Jharkhand, Karnataka, and Madhya Pradesh were included in this exercise.

Health Governance in Urban Spaces – The lockdown was more extreme in urban areas and the urban poor had greater difficulty in accessing maternal health services. Encouraged by requests from partners we started work among urban slums in Northeast Delhi and Jabalpur. Using the Swasthya Darpan app we assessed the status of maternal health services. Seher is currently developing a strategy to address the issue in these areas.

Single women and Health - Seher developed a partnership Ekal Nari Shakti Sangathan (ENSS) Himachal Pradesh to introduce a component related to health entitlements within their work with Single Women. Several online meetings were organised with single women to support them with information about Covid-related guidelines and for digital literacy.

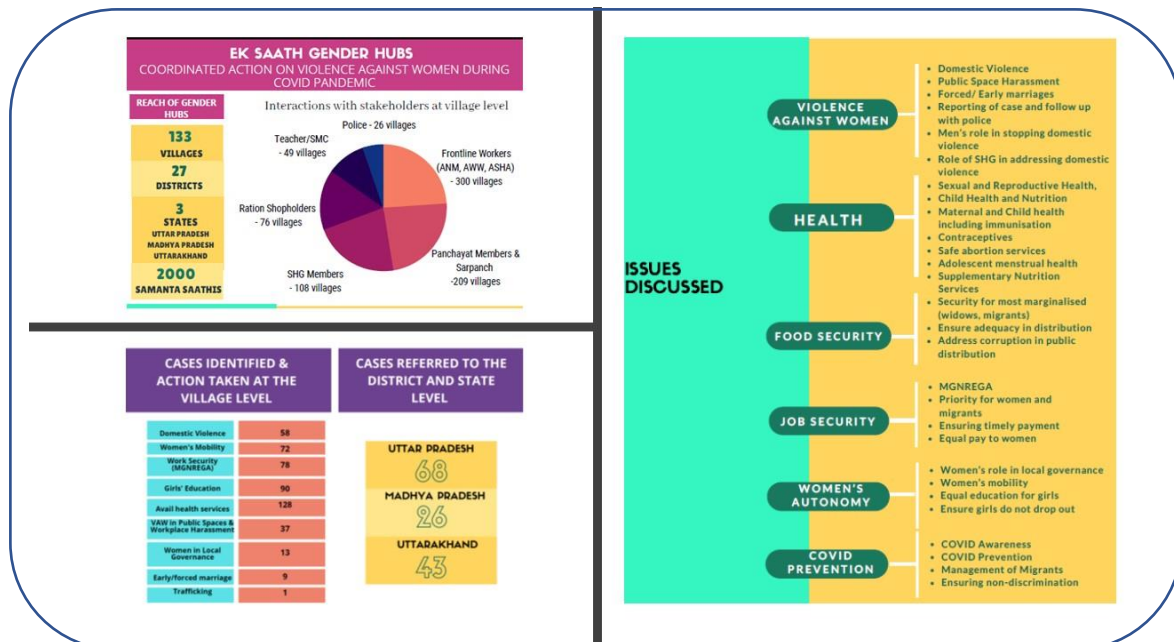
Supporting Female Frontline Workers – Female frontline health workers like ASHAs and ANMs were among the most vulnerable during the pandemic. Their workload had increased manifold and they had many Covid duties. In collaboration with several other organisations like Azim Premji University (APU), HeaL Institute, Innovative Alliance for Public Health (IAPH), and others we highlighted their experiences.

MITRA: Men’s Initiatives for Transforming Relationships through Action

Strengthening the Samanta Sathi Network – Through the Ek Saath Campaign for gender equality, CHSJ has been working with a network of about 10,000 male gender activists or Samanta Sathi’s in 70 districts of Rajasthan, Uttar Pradesh, Madhya Pradesh, Uttarakhand, Jharkhand, West Bengal, and Odisha. As soon as the lockdown was announced we developed a robust social media network consisting of 92 WhatsApp groups. Through these WA groups information on preventive steps, myths and misconceptions, and community-level response mechanisms were shared among all the Samanta Sathis. They were also asked to promote men’s involvement in domestic work in their own villages. Samanta Sathis were encouraged to share their own stories and experiences to create an environment of mutual concern and support. One key area of concern was the stigma and disrespect that was being faced by returning migrants, and Samanta Sathis were encouraged to create an enabling environment in the communities as millions of migrants rushed back home.

EkSaath Rapid Response and District Gender Hubs – In 27 districts of Uttar Pradesh, Madhya Pradesh, and Uttarakhand the Samanta Sathis were encouraged to develop a Rapid Response mechanism to address issues related to gender-based violence and gender discrimination rising in the face of the lockdown. Working with Government agencies and other NGO stakeholders a community-based monitoring mechanism (Gender Hubs) was developed to

identify and address instances of gender-based discrimination and violence. Guidelines were developed together with the Samanta Sathis and their mentors and detailed documentation was done to understand whether this support was indeed supporting women facing difficulties, discrimination and violence. A summary of the results of this intervention by Samantha Sathis in the three-month period July – September 2020 is given below.



Promoting Male Involvement and Responsibility in Covid responsive – MITRA organized a series of webinars for organisations working to support communities during the pandemic. A of 540 participants from 42 organisations attended these events. The themes were

- Violence against Women and Children, Men and Masculinity: What is the Covid Connection
- Preventing Violence in the Home and in the Community: Role of Men and Boys
- Sharing and Caring: What can Men and Boys do for Supporting Women in the Home
- Meeting the reproductive health needs of women: Actions at home and in the community
- Respectful returning of migrant workers

To help organisations to integrate 'male involvement' strategies within their operational plans we also organized a five-day online course on Gender, Violence, and Masculinity. Sixty participants from across the country attended this course.

Developing a Positive Masculinities curriculum for UNICEF Assam – We supported UNICEF Assam to develop a Positive Masculinities curriculum to be used with adolescent boys of Tea-garden worker's families. After conducting a needs assessment with functionaries of Assam Branch of Indian Tea Association, an appropriate curriculum was developed along with materials for trainers. However, due to the continued lockdown plans for implementing this training course was postponed.

Study on Impact do Interventions with Men and Boys in the Prevention of GBV – We started this study to understand to what extent interventions with men and boys are effective in preventing gender-based violence (GBV). The study includes a mapping of the field in India as well as case studies of a few organizations to understand effectiveness, scalability, sustainability, and policy relevance.

People’s Forum for Justice and Health

COVID19 relief, Livelihoods, and wellbeing - The Office of the People’s Forum was started in Bengaluru, and it has partner organisations in six districts. During the Covid pandemic, the People’s Forum organised relief for 250 households, providing 15,000 meals to Dalit households, the aged, and the women beedi workers. Over 5000 households in Raichur and Bellary were enabled to get on an average of 80 days of work from MNREGA. Awareness materials, posters, and short videos in Kannada providing technical knowledge of the virus, infection, and protective measures were disseminated to over 6000 families in 6 districts.

Access to reproductive and maternal health care: Partners were supported to reach out to health authorities with community-level evidence to ensure access to maternal and reproductive health care in five districts. Meetings with health care providers were held in 15 primary health centres across these districts. In the two districts of Bellary and Raichur, access to nutrition schemes and the PDS system was monitored and a campaign was undertaken.

Study on Equity and Access to Public services - Peoples Forum worked with Seher to document people’s access to routine health care services in three districts. A study was also conducted to understand the constraints faced Dalit women in three districts . A community survey was undertaken in 35 villages of Raichur district to understand the challenges of rural children and youth in accessing technology for their education.

Patient Rights Campaign: People’s Forum translated the Patient Rights Charter of the National Human Rights Commission into Kannada and distributed it widely. As signature campaign was launched and a petition was submitted to the health minister to implement the patient rights charter in Karnataka.

ORGANISATIONAL MATTERS

Supporting team members and partners – A Safety Protocol was developed for team members, partners, and for the community and circulated in the local languages – Hindi, Bangla, and Kannada. The Parichiti team in Kolkata worked directly with communities and were supported with personal protective gear, sanitizer, and other necessary equipment. Partners who were directly involved in relief were also provided support for these materials for their teams. Regular check-in sessions were conducted for all team members and self-care sessions were also organised. Outstation staff were encouraged to go home and meet their families once lockdown conditions allowed for such travel.

Strengthening Digital Competencies – The organisations strengthened their capacity to engage with digital technologies to work remotely with communities. Unit-level websites were developed and the CHSJ website was revamped. Team members were trained in the use of digital media to develop audio dramas, short videos, posters, and other materials that were used extensively during the year. Social-media-supported networking strategies were used to communicate effectively with partners and the community. Team members developed their skills in video conferencing and in conducting webinars and online training. Digital tools were also used to conduct data gathering.

Decentralisation and Coordination – This year started with the implementation of the decentralisation process. A set of protocols had been developed for operational clarity and laying out the roles and responsibilities of each unit and the role and responsibilities of the central office. Each of the units was encouraged to set up an independent office so that they could function with autonomy. A Project Coordination Committee had also been established with all Unit leads and the central office along with Managing Trustee and Senior Advisor, to share progress and lessons learnt and to seek opportunities for synergy and collaboration. With the Covid pandemic and lockdown, the PCC arrangement was energised to develop a common and coordinated response.

Leadership Development – In order to promote leadership development among unit heads a series of workshops on Leadership themes was organised. These workshops were led by Shri Rahul Bose a senior HR Consultant from the corporate sector.

Challenges

CHSJ had to face several challenges due to the pandemic. We were undergoing leadership transition when the pandemic hit. The Founder Director was to withdraw and become Mentor to five Unit Directors from April 1, 2020. The assumption was that the Unit Directors would now be responsible for autonomously managing the unit operations as well as be responsible for fund raising and external relationship management. However, the pandemic upset all plans and decentralisation leadership development processes were disrupted. Two of the units started new offices, but these offices were never used due to the protracted lockdown.

Most of the CHSJ staff including senior team members had their families outside Delhi. Because of the pandemic and the lockdown, there was an overall sense of insecurity. Even though all efforts were made to keep up the team morale many team members left for their hometowns as soon as travel-related restrictions were relaxed. Some chose to stay back, and others left the organisation due to personal reasons. Three among the five Unit Directors also left CHSJ during the year. One operational unit had to be closed during the year, and another had to be restructured.

CHSJ's operational model was a hybrid of direct field implementation and collaboration with grassroots NGOs in different states. Recent changes in FCRA law mean we were no longer able to work through partnerships which affected our work on the ground.

As a result of the pandemic, the lockdown, and the challenges mentioned earlier ability to raise grants was affected. While CHSJ received several grants and donations from Foundations, corporate bodies, as well as individuals the overall quantum of grants raised during the year, was much lower compared to earlier years.

LESSONS FOR THE FUTURE

Building resilient communities based on social solidarity – The pandemic has affected our lives at multiple levels. It has highlighted the importance of resilience, or the ability survive, cope with, and rebuild our lives after such disasters and disruptions. During the pandemic there were many instances where people were only looking at their limited set of interests leading to experiences of exclusion, stigma, and even death. At the same time there were numerous examples of people reaching out to support others. Citizens reached out to each other to run community kitchens, facilitate safe travel, arrange for medical supplies and so on. Through these instances and our work with communities and partners across several regions we realise that one of the greatest assets in such situations is social solidarity based on respect and common purpose. We believe that this must be a cornerstone of our future initiatives.

Strengthening leadership at all levels – We live in an increasingly interconnected world. But despite the overwhelming amount of knowledge and other resources available across the world, it is important to show leadership and initiative based on solidarity and common purpose. Decentralised leadership and initiatives by individual citizens has been one of the core strengths of our society as it has survived through this pandemic.

Digital Empowerment – The lockdown meant that all forms of movement restricted, and they some levels of restriction remain even at the end of the year. Digital communications have been important resource for survival, and the digital divide has affected people lives. We need to find way in which the access to digital technologies is democratised and is equitable and marginalised communities are able to use these at their own comfort level.

Consolidating Institutional Competencies – The Covid pandemic has highlighted the importance of being able to face and negotiate change. Coming at the same time that CHSJ was undergoing leadership transition it was a particularly challenging situation. However, we believe that such crises and disruptions are also opportunities to reimagine and rebuild. At CHSJ we are in the process of consolidating and recalibrating our strengths and adding resources so that we are better equipped for the journey ahead.

Measures for Gender Equality and Compliance with Sexual Harassment related laws

CHSJ has an Internal Committee (IC) constituted under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 to enquire into complaints on sexual harassment in the organization. Information about the IC members is available on the CHSJ's website. During the year IC had organized orientation sessions for the new team members and for the interns and who came to CHSJ. No complaints were received during the year.

CHSJ BOARD OF TRUSTEES (AS ON 31 MARCH 2021)

Abhijit Das, Managing Trustee and Director, CHSJ, New Delhi and Clinical Assistant Professor, Department of Global Health, University of Washington, Seattle (USA)

Basavi Kiro, Founder, Torang Trust, Ex-Member, Jharkhand State Commission for Women, General Secretary, Hodopathy Ethno Medicine Doctor's Association of India (HEDAN), and Coordinator, Indigenous Women India Network (I WIN)

Bijayalaxmi Nanda, Academician, Researcher and Feminist Scholar Enakshi Ganguly, Development Consultant and Child Rights Specialist.

Leila Elizabeth Caleb Varkey, Public Health Researcher and Member of White Ribbon Alliance India
Nasiruddin Haider Khan, Communication Consultant

CHSJ TEAM (AS ON 31ST MARCH 2021)

Ajay Kumar,

Paramita Chowdhury

Baishakhi Karan

Rima Pal (Maternity Leave)

Cheshta Gulati

Rimjhim Jain (On Leave)

Debashrita Chatterjee

Rudrakshina Banerjee

Deepak Balan

Sandhya Gautam

Jagdish Lal

Satish Kumar Singh

Kakuli Deb

Shreeti Shakya

Mahendra Kumar

Shubhra Sarkar

Mallika Das

Sourav Majumder

CHSJ FELLOWS AND ASSOCIATES

Anchita Ghatak, Senior Fellow

Edward Premdas Pinto; Senior Fellow

Sana Qais Contractor, Consultant

PARTNERS

The long-term sustainability of CHSJ's initiatives is only possible through relationships, partnerships, and alliances. Some key partners of CHSJ are:

MITRA (Men and Gender Equality) – Institute for Development Studies (IDS), Sussex, UK; Breaking the Cycle of GBV, Gram Sudhar Samiti,, MP Holistic Action Research and Development, MP, Institute for Social Development, Odisha, Prerna Bharti, Jharkhand, Sahayog Society For Participatory Rural Development, UP, Satyakam Jan Kalyan Samiti, MP, Vimarsh, Uttarakhand and all members of MASVAW (Men's Action for Stopping Violence Against Women), MAE (Men's Actions for Equality) and FEM (Forum to Engage Men).

SEHER (Women's Health and Rights) -- National Alliance for Maternal Health and Human Rights (NAMHHR); Health Watch Forum- Bihar; Health Watch Forum- UP; Jharkhand Women's Health Network; Maternal Health Rights Campaign- Madhya Pradesh; Dalit Human Rights ForumKarnataka, Wada Na Todo Abhiyan, Right to Food (Maternity Entitlements) ; Action India- Delhi; National forum for Single Women's Rights

Parichiti (Women's Leadership and Rights) -- Goldsmith's, University of London, School of Women's Studies, Jadavpur University, Women's Studies Centre, Rabindrabharati University, Sahayog, Maitree, A Women's Network in West Bengal.

People's Forum for Justice and Health - Dalit Human Rights Forum (DHRF) – Karnataka; Jagrutha Mahila Sanghatane (JMS) Raichur; Dr. B. R. Ambedkar Kattada Karmikara Union, Raichur; THAMATE, Tumkur; Safai Karmachari Kavalu Samiti, Karnataka; Shrama Shakti Construction Workers' Union – Haveri; Neralu Beedi Workers' Union, Davangere ; SAKHI Youth Resource Centre, Hosapete (Vijayanagara); Human Institution Development Forum (HIDF), Bangalore; Samatha Trust, Koppal; Jan Swasthya Abhiyan (JSA)

ADVISORY SUPPORT

We would like to express our gratitude to the following individuals for their contributions and technical inputs in enhancing CHSJ's work during the year:

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AUDITORS

Internal Auditors: Ravinder Kumar Sharda

Statutory Auditors: Subhash Mittal & Associates



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