

# Centre for Health and Social Justice

**Annual Report**

**2007 – 2008**

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Annual Report adopted by CHSJ at the 6th Governing Body Meeting held on 22nd August 2008

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## Centre for Health and Social Justice

### AN INTRODUCTION

Centre for Health and Social Justice (CHSJ) is a civil society institution working on issues related to health and social justice in its widest sense. CHSJ seeks to strengthen accountability of public health systems and health governance through research, resource support and advocacy. It is a registered Charitable Trust and has its headquarters in New Delhi.

The Centre for Health and Social Justice is influencing the discourse and practice of public health through

- carefully documented evidence on the impact of policy intention and programme delivery on the lives of citizens, especially those who are the most vulnerable and marginalised.
- enhancing insights and skills among policy makers, practitioners and civil society organizations to take leadership in a process of change which will ensure greater social justice
- creating opportunities and spaces for discussion and dialogue between and within policy makers and civil society actors for advocacy on health.

### MISSION

To promote human development, gender equality, human rights and social justice with specific reference to the field health, in its widest interpretation

### OBJECTIVES

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

### A Brief Report of Our Work

CHSJ was established in early 2005 and the Delhi office started functioning in October 2005.

Subsequently it was registered as a Public Charitable Trust in March 2006. In this short span of three years, CHSJ has been able to establish its position and credibility as a unique health policy support organization that is bridging the gap between people's needs and aspirations and the impact of public policies and programmes. Currently, CHSJ is not only successfully managing the National Secretariat (along with PFI) of an innovative component (Community Monitoring) of the National Rural Health Mission but is also coordinating a country-wide evidence based review process of people's experiences of health programmes. CHSJ has also been strengthening state specific advocacy action around reproductive health and rights by providing technical support as well as training interventions. Overall CHSJ's work is currently spread over 14 states, most of which are in the northern, central and the eastern parts of the country, where human development indicators are the worst. CHSJ's work is currently divided into three thematic areas and two strategic interventions. ■



## Reproductive and Sexual Health and Rights

This has emerged as one of the thematic areas, in which the main focus is on building evidence around impact of policies and programmes on reproductive and sexual health and rights, exploring and strengthening alliances on these issues and supporting advocacy action for bringing about change at the policy level which affect the marginalized communities.

This thematic area is further divided into the following inter-related broad sub-themes:

- Securing maternal health rights
- Ensuring the right to safe abortion
- Improving informed choice and quality of care in family planning services
- Addressing coercive population policies.

### Securing maternal health rights

Within this sub-theme CHSJ has been collaborating with SAHAYOG, Women's Health and Rights Advocacy Partnership (WHRAP) and other organizations on exploring different aspects of securing maternal health rights.

As a follow up action to these, CHSJ has collaborated with SAHAYOG to conceptualize and coordinate a study to understand the experiences of women giving birth at institutions or those who

reached the institutions to deliver. CHSJ has also provided technical support to partners from Bihar and has also been supporting the quantitative component of the study. In Jharkhand CHSJ has worked closely with Healthwatch Forum Jharkhand, JSA, Jumav Manch, Jharkhand Women's Health Forum and other networks. These groups have come together to form Jharkhand Matritwa Swasthya Adhikar Manch to do advocacy on Maternal Health from a rights perspective.

CHSJ has also worked closely with Healthwatch Forum in Uttar Pradesh to document and find ways of addressing rights denials in the case of maternal health. CHSJ is also coordinating with Human Rights Law Network in identifying legal mechanisms for addressing health rights denial in the case of maternal health in the context of concrete service guarantees.

### Ensuring the Right to Safe abortion

Under this sub-theme, CHSJ has broadly been working in partnership with groups and coalitions

like Coalition on Maternal and Neonatal Health and Safe Abortion (CMNHSA), National Coalition on Safe Abortion (NACSA), CEHAT, International Planned Parenthood Federation (IPPF-SARO) and others. One of the key aims of CHSJ in this area has been to clear the confusion between sex pre-selection and women's right to safe abortion.

### Improving informed choice and quality of care in family planning services

CHSJ along with Healthwatch Forum and its partners has initiated a study on the implementation of the Family Planning Insurance Scheme and the Quality Assurance Plan that has been incorporated into the National Family Planning Programme.

This study is being conducted in six states and is being done with the cognizance of the Research and Standards Division of the Ministry of Health and Family Welfare, Government of India. CHSJ has also initiated discussions with the Ministry and other organizations like Population Foundation of India (PFI) about understanding the long term consequences of female sterilization operations, in view of lack of country specific information, on ground reports and international evidence pointing to some serious long repercussions.

### Addressing coercive population policies

CHSJ has been involved in working closely with the Jan Adhikar Manch (JAM), a network formed in Bihar for advocating against the two child norm. According to this norm any person with two or more children, born after a specified date is barred from election to local government. Such norms are not only a violation of reproductive rights but evidence shows that they are discriminatory towards women, poor and marginalized communities and the youth.

The government of Bihar announced the two child norm in municipal election and also announced its intention to introduce this norm in Panchayat elections. CHSJ has been supporting JAM in building evidence, preparing educational material and developing a networking and campaign strategy. The campaign included mobilisation of public opinion, dialogue with legislators, elected representatives of the local governments (municipal and panchayat), bureaucrats and public meetings. A signature campaign was conducted in more than 20 districts.

CHSJ has also facilitated the strengthening of a national network called the National Coalition



Jan Adhikar Manch (JAM) was successful in raising this issue in the house while the municipal bill was debated and the Chief Minister promised an all party meeting on the issue. JAM has also been successful in stopping the introduction of this norm for the panchayat elections.

Against Two Child Norm in Panchayats that includes groups working on PRI issues, women's health and rights, women's leadership, dalit human rights, human rights and so on. CHSJ is working closely with Population Foundation of India, The Hunger Project and others in the coalition, to explore ways in which discussion on this norm can be initiated in other states where the 2 child norm is in operation.

CHSJ is also engaged in discussion with the Population Leadership Programme of the University of Washington, Seattle for conducting a short study on the changes in population policy and civil society responses since ICPD. ■

→ **Civil Society Meeting with UN Special Rapporteur on the Right to Health**  
CHSJ participated in a consultation of civil society organization and co-organised a national civil society interaction with Paul Hunt, the UN Special Rapporteur on Right to Health during his visit to India in December, 2008. The visit focussed specifically on maternal mortality and the issue was examined in the context of field visits to Rajasthan and Maharashtra. The mission team also included Lynn Friedman, Chair AMDD, Columbia University, a expert on reproductive rights.



## Health Rights and Marginalised Communities

This has emerged as a theme under which CHSJ has been exploring mechanisms for promoting accountability of the health system to the poor and marginalized, as well as identifying the interactions between poverty, social marginalisation and health care access and health outcomes. The sub-themes include :

- Promoting Community Action in NRHM
- Facilitating Independent Review of Health Programmes
- Exploring Universal Access to Medicines.

### Promoting Community Action in NRHM

CHSJ had organized a National Stakeholders Consultation on NRHM in July 2006 and invited the NRHM mission director to be part of the process. As a result of this interaction CHSJ had been invited to be a member of the Advisory Group on Community Action (AGCA) a standing committee of the NRHM. Subsequently the AGCA developed a model for Community Monitoring within NRHM. CHSJ along with Population Foundation of India were nominated to be the National Secretariat of this process by the AGCA and Government of India.



### → National Stakeholders Consultation on NRHM

This consultation has emerged as a major national forum for sharing experiences on the implementation of the NRHM among different stakeholders like communities, civil society organizations, UN bodies, bilateral organisations, donors and the government. The Advisory Group on Community Action (AGCA, NRHM) was a partner in the process and the consultation was attended by the Mission Director, NRHM and his team as well as Dr. Syeeda Hamid, Member, Planning Commission.

The Community Monitoring activities were initiated in selected districts in 9 states in April 2007. CHSJ has been providing technical and coordination support in the overall process. This has included preparation and production of the common protocols and inputs for the entire process with the guidance of the Technical Advisory Group constituted by the AGCA for this process. CHSJ is also involved in state level support and facilitation as well as maintaining the MIS for the entire process.

Community Monitoring of Health Services Program was an innovative endeavor which was never attempted on such a huge scale in the country. Communities, providers and panchayat leaders are being energized to work towards accessing health entitlements. To liaison and work with an array of stakeholders was a great challenge.

### Facilitating Independent Review of Health Programmes

The process of Social Auditing of NRHM that had been initiated early last year was completed in 8 districts of UP and Uttarakhand this year. This process clearly highlighted the capacity of local communities to engage in a serious enquiry of health programme delivery and share the finding sensitively to engage the health providers and managers in planning for change. A manual was published to share the methodology and the

findings. CHSJ also provided support to IPPF-SARO to develop this methodology for implementation in its member associations in different countries.

CHSJ had earlier pioneered a process of evidence building and consultations on the process implementation of NRHM in different states. This year CHSJ conducted studies on the implementation of NRHM in Jharkhand and Bihar and also facilitated the preparation of implementation studies on NRHM in the states of Rajasthan, UP, Orissa and Himachal Pradesh. These studies were compiled as the second Citizen's Report on NRHM and shared at the National Stakeholders Consultation on NRHM in August.

The Wada Na Todo Abhiyan (WNTA - Indian counterpart of the UN Millenium Campaign) a nationwide network of civil society organisations had invited CHSJ to participate in its Health Technical Advisory Group.

CHSJ worked with the WNTA to develop a campaign on Maternal Health and Social Exclusion to highlight the experiences of women from socially excluded communities like scheduled castes, scheduled tribes, minorities and so on. A training programme was organized and the district level data gathering processes were initiated.

### Exploring Universal Access to Medicines

CHSJ has been collaborating with SAHAYOG and the University of Edinburgh on a research project exploring the distribution and use of pharmaceuticals. The study is being conducted in West Bengal, Uttar Pradesh and New Delhi. A paper based on this project was published in Reproductive Health Matters in which one of the co-authors was from CHSJ. ■



The Social Audit process has been an eyeopener for the community- The process has generated awareness about rights related to access to health care entitlements. The people are in a position to demand them through continuous dialogue and communication with the local health workers / officials.



## Men and Gender Equality

CHSJ believes that working towards gender equality must include working with men to understand their privileges as well as the compulsions that they face within a patriarchal system. This understanding is essential to promote equality at the level of individual, community relationships and state mechanisms. The following interventions were undertaken within this theme during the year.



### Men, Gender Equality and the Policy Process

CHSJ is collaborating with SAHAYOG, ICRW and PROMUNDO ( Brazil) in a multi-country project aimed at understanding the current policy regime in the context of gender equality and the inclusion of men. A study was conducted which included an analysis of the five national policies : National Population Policy 2000, National Policy on Empowerment of Women 2001, National Youth Policy 2003, National Rural Employment Guarantee Act 2005 and Protection of Women from Domestic Violence Act 2005. In addition to textual analysis the process included provider perspectives, people's experiences as well as a context analysis.

CHSJ was also invited by UNDP and UNIFEM to participate in the launch of their South Asian Regional Project " Partners in Prevention" focussing on the involvement of men and boys in eliminating Violence Against Women (VAW).

### Networking

CHSJ played a facilitating role in initiating a

#### → A Sharing Meeting - Comparative Research on Public Policies Related to Men, Masculinities and Gender

The draft report of the study was shared at a meeting in March 2008 that included policy actors from the government, international organizations and donors. This was the first time a policy analysis has taken place looking at the issue of men and masculinity within the framework of gender equality in the country.

national network called FEM - Forum to Engage Men: Working with Boys and Men for Gender Equality.

A number of meetings were organized to constitute FEM as a network and AAKAR and CHSJ were responsible for steering the process. State and regional level meetings of FEM were organized in Delhi, Pune and Kolkata. Along with this process, CHSJ is also helping FEM to build a database of gender sensitive interventions with men and boys.

CHSJ has also actively participated in the MenEngage processes. MenEngage is a global alliance of organizations working with Men on Gender issues. CHSJ in partnership with

SAHAYOG, is a member of the global steering committee of this alliance.

### Capacity Building

CHSJ has been involved in building capacity in institutions for working with men and boys on gender equality and addressing violence against women. CHSJ has worked in close collaboration with SwissAid for providing technical support for developing a course curriculum on 'Gender Equality and Social Responsibility' for journalism students in Kusha Bhau Thakare University in Raipur, Chhattisgarh. As part of the process, skill building of teachers and development of appropriate materials was undertaken.

### Working with Men in Thematic areas

■ **Men and HIV** CHSJ worked closely with MASVAW and SAHAYOG to conduct a documentation of the work that SAHAYOG had initiated, developing a pre-departure educational intervention with youth in UP as a strategy for HIV prevention. This intervention was done in three districts of UP and a poster based on this experience was displayed at the Asia Pacific Conference on Reproductive and Sexual Health in Hyderabad in October 2007.

■ **Men and VAW** CHSJ provided technical support to MASVAW for continuing its work on men and violence in UP.

■ **Men and Reproductive Health** CHSJ assisted SAHAYOG to prepare a report on its intervention with men and boys in the context of gender equality and reproductive health. ■

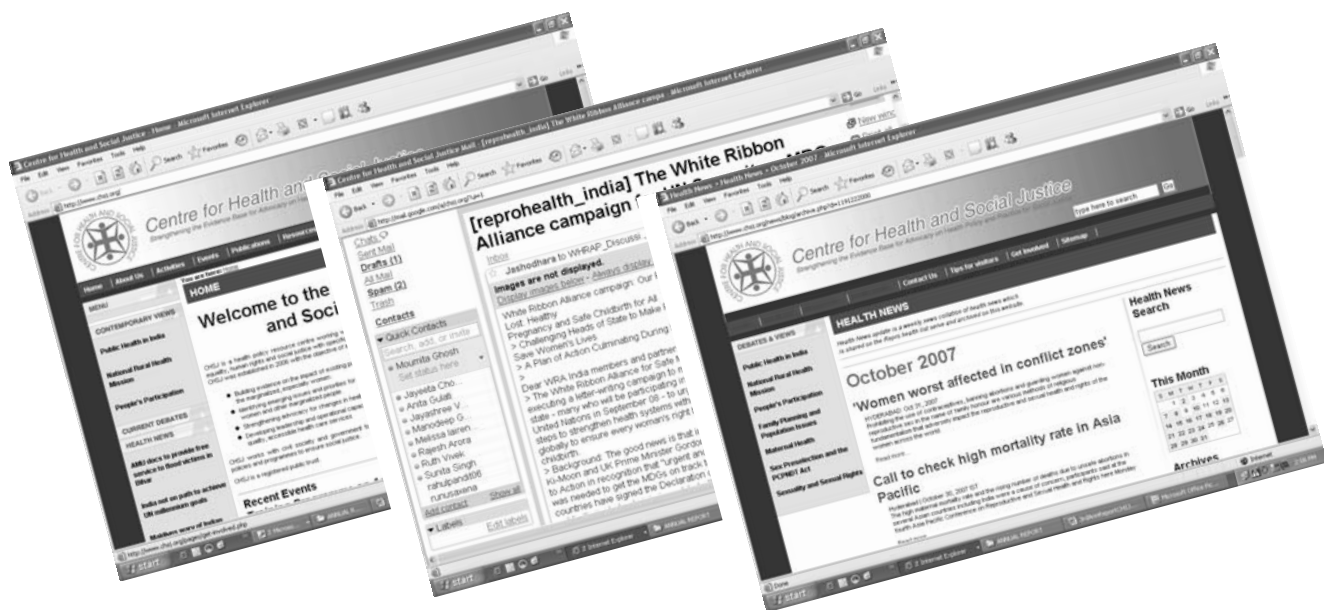


Forum to Engage Men (FEM) has a growing membership across the country. This shows men too want to work towards gender equality



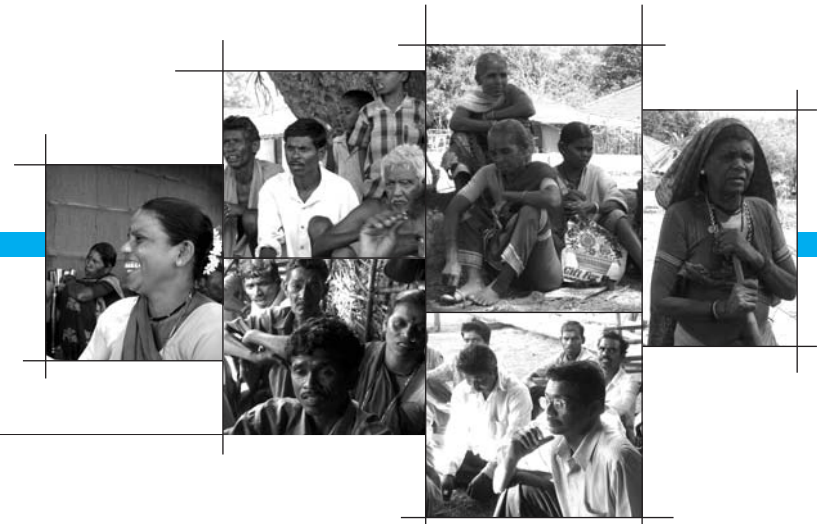
## Information Management

This is essential for building and sharing knowledge, raising consciousness, creating consensus, receiving feedback and acting for change. CHSJ has been facilitating this process through a multi-pronged strategy which includes both the new information technology as well the older print technology. Activities undertaken during the current year include the following:



- **Website** - Restructuring the organizational website to develop it as an important resource in the area of health rights. The website is also being regularly updated. All publications prepared by the organization are available for download from the website.
- **Reprohealth\_India** - Moderating a discussion group called Reprohealth\_India. This discussion group includes over 400 members belonging to civil society organizations, academia, international organizations as well as the government. Some of the important discussions on this group during the year included – discussion on two child norm in Bihar, rights denial of women seeking maternal health services, reducing access to safe abortion services because of confusion with sex pre-selection and abortion, and so on.

- **Health News Update** - Preparing and circulating this news update weekly which collates news relating to health and social justice from key news sources.
- **Resource Materials** - Preparing materials to support the Community Monitoring process. This included the production of manuals, brochures, pamphlets, posters and so on.
- **Project Reports** - Preparing the reports of project related activities like the social audit report and the citizen's report.
- **Academic Reports** – Papers relating to social audit, men, masculinity and HIV, men and policy, misuse of oxytocin, public private partnership in maternal health etc. were prepared and presented in meetings and conferences as well as academic journals. ■



## Capacity Building

CHSJ considers capacity building a key strategy in the process of evidence-based policy change. Towards this end, CHSJ conducted trainings, provided consultancy support as well as developed long term plans for taking this aspect forward. It has developed a collaboration with the Population Leadership Program (PLP) of the University of Washington for conducting a series of training programmes in the following year.

UNFPA, India has promised to extend support for a training programme to build capacity for conducting Rapid Assessment of Health Programmes (RAHP) a year long training and support programme which will commence in June 08. In collaboration with OXFAM (India) Trust, CHSJ developed and conducted a three phase advocacy training programme on Violence Against Women for its partners in Orissa, Jharkhand and Bihar. This model was based on developing an advocacy action plan along with the capacity building process and led to successful advocacy for policy change during the year long capacity building process itself.

The participants felt that the advocacy training helped them to

- Gain further insights into developing strategies and plan for advocacy action
- Trace gaps within their planning process and formulate their action plan accordingly
- Reorganize their strategies for more impact and sustainability. The impact was seen in terms of negotiating with the local government that resulted in allotment of land to the SHG members for developing their office and carry on other activities in the community.

A second model of capacity building that CHSJ has been working on; especially to build evidence around policy implementation is the internship model. CHSJ hosted two interns from Liverpool School of Tropical Medicine and University of Washington. ■





## Partnerships and Collaborations

As a national resource support organization, the work of CHSJ is implemented through a series of partnerships and collaborations. The Community Monitoring project of NRHM is collaboration between organizations working in 9 states and 35 districts as well as the Central and nine state governments. The National Stakeholder Consultation included collaboration with many organizations and networks across different states and at the national level. Some of the key partners of CHSJ in this year included:

- Advisory Group on Community Action, a standing committee of NRHM
- Coalition on Maternal and Neonatal Health and Safe Abortion
- Healthwatch Forum
- Human Rights Law Network
- Jan Adhikar Manch
- Jan Swasthya Abhiyan
- Liverpool School of Tropical Medicine
- National Campaign on Dalit Human Rights
- Population Foundation of India
- Population Leadership Program, University of Washington
- SAHAYOG
- SUTRA
- The Hunger Project
- University of Edinburgh
- Wada Na Todo Abhiyan

And others

## Our Operational Mechanisms

This year was the year of consolidation for CHSJ. Through the course of the year CHSJ not only consolidated its work portfolio but also developed and strengthened its institutional mechanisms. A plan was prepared for improving organizational effectivity and the following mechanisms were put into place.

### Advisory Committees

Independent Advisory Groups were set up for most of the projects. Feedback was taken from advisors either through face-to-face meetings or through email.

### Office Policy

An office policy has been prepared and adopted by the organisation since April 2007. This policy lays down office rules and staff rules. It is aimed at fostering participation as well as transparency and accountability.

### Administrative and Financial Protocol

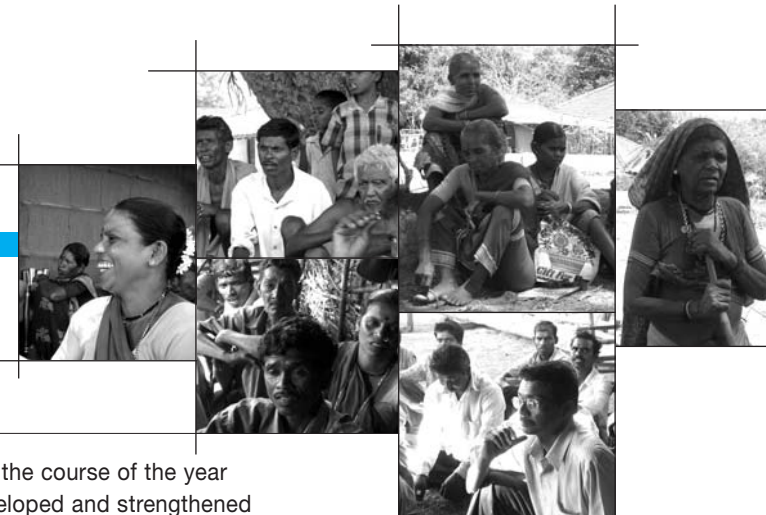
Administrative and financial protocol has been established. The Deputy Director has also been appointed as Finance Controller for overall financial and administrative oversight.

### Core Group

An organizational core group has been appointed with a specific TOR. The core group includes the Director, Deputy Director and three members from the rest of the staff. The core group meets once every month to discuss organizational issues.

### Staff Meetings

A system of regular staff meetings has been institutionalised. A full team meeting takes place



every quarter and team-wise meetings take place every month. Weekly staff meetings are organised every Tuesday for everyone to share with the rest of the team about important activities, plans and lessons.

### Planning and Monitoring

Individual and team level planning and monitoring processes have been initiated.

### Team building

A three-day organizational retreat was held in March 2008. A monthly learning day has been established for team learning.

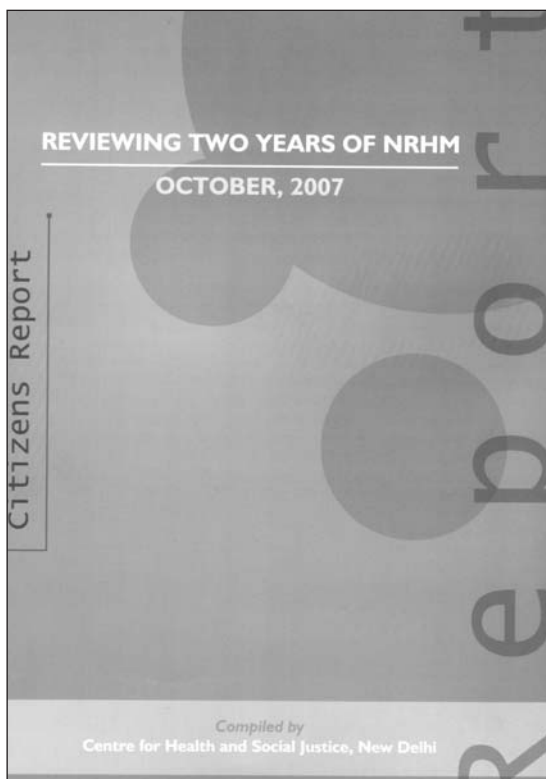
### Staff Development

Capacity building of staff is being undertaken regularly through formal training programmes and through informal and in-house learning mechanisms. Team members have been encouraged to participate and present papers in conferences. These have included Indian Association of Women's Studies (IAWS) Conference and the Asia Pacific Conference on Reproductive and Sexual Health (APCRSH). ■



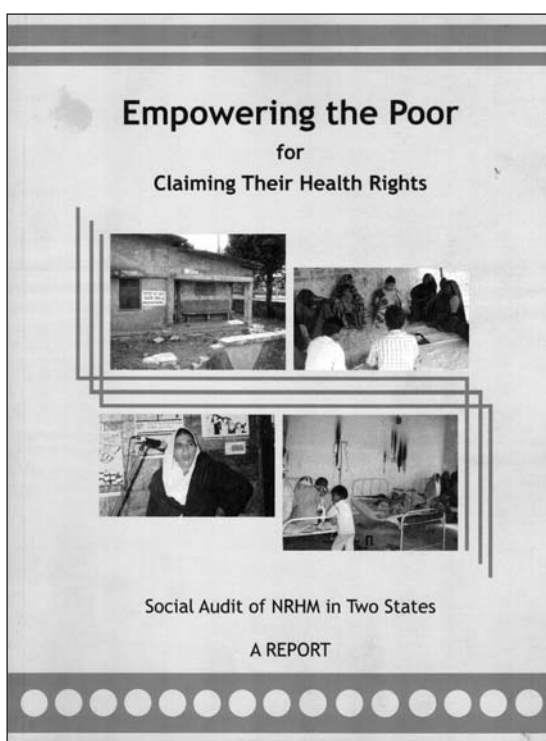


## Publications

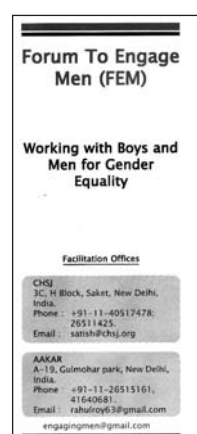
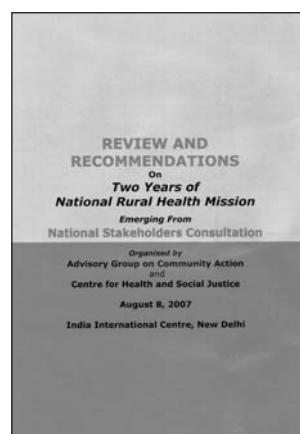


■ **Reviewing Two Years of NRHM Citizens Report:** On August 8, 2007, the Advisory Group on Community Action, a standing committee under the NRHM, in partnership with Centre for Health and Social Justice organised a National Stakeholders Consultation on two years of NRHM. The report covers the proceedings of the consultation and the concerns and recommendations that emerged from it in its first part. The second part includes the evidence gathered from different states on the status of implementation of the NRHM.

■ **Rashtriya Gramin Swaasthya Mission ke do varshon ki Sameeksha:** This report covers only the proceedings of the Consultation and the concerns and recommendations that emerged from it.



■ **Empowering the Poor for Claiming Their Health Rights-Social Audit of NRHM in Two States- A Report:** The report shares the findings of the Social Audit process in Uttar Pradesh & Uttarakhand as well as presents the methodology used in the form of a Toolkit. A useful guiding tool for organizations, who are involved in monitoring of health services and programs.



## Resource Materials

CHSJ is co-hosting the National Secretariat on Community Monitoring along with Population Foundation of India. The first phase of this process is being implemented in nine states and is supported by the Government of India. As a National Secretariat, CHSJ has developed tools, model curriculum and awareness materials for the programme. These materials are prepared with an objective to increase the awareness of entitlements among the community. The materials are being adapted and translated by different states according to their requirements.



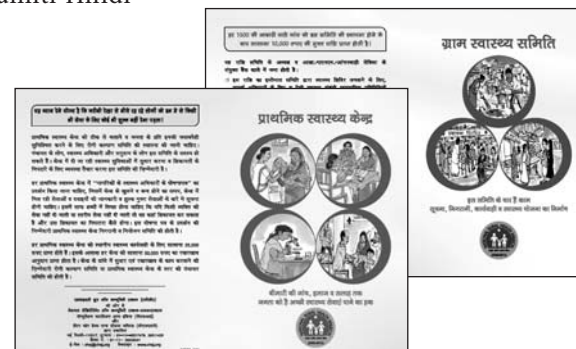
**A promise of better health care service for the poor- A summary of Community entitlements and mechanism for participation and ownership for community leaders:** A 24-page booklet prepared in English by pooling together

all the manuals and guidelines that have been prepared to guide the implementation of NRHM and highlights its key components which relate to entitlements, Mechanisms for Community Participation and yardsticks for Community Monitoring.

*The same is available in Hindi (Rashtriya Gramin Swaasthya Mission- Vanchiton ke liye behtra dekhbhal sewaon ka vada).*

## Posters

- Poster- Gram Swaasthya va Swachhata Samiti-Hindi



- Poster- Prathmic Swasthya Kendra se milne wali Sunishchit Sewa Guarantee-Hindi
- Poster- Garbhawati stri ko milne wali mufta suvidhayein-Hindi
- Poster- Janani Suraksha Yojna -Hindi
- Poster- Upkendra ko milne wali Anudan Rashi-Hindi
- Poster- Samudayik Nigrani-Hindi

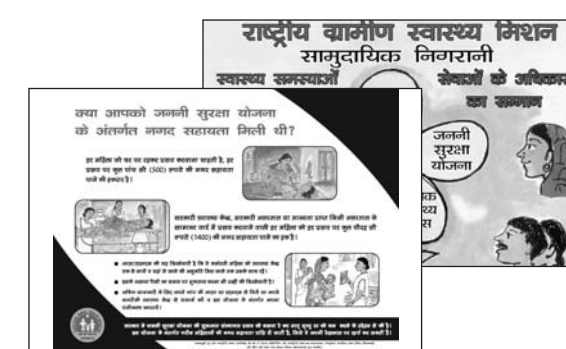
## Pamphlets

- Pamphlet-Apne Haq Janiye-Hindi
- Pamphlet-Community Based Monitoring- English
- Pamphlet-Samudai Aadharit Nigrani - Hindi
- Pamphlet-Gram Swasthya Samiti-Hindi
- Pamphlet-Prathamik Swasthya Kendra-Hindi
- Pamphlet-Swaasthya va Poshan Diwas-Hindi
- Pamphlet- Upkendra ko milne wali Mukta Anudaan Rashi

**Review and Recommendations on Two years of National Rural Health Mission - Pamphlet:** This pamphlet covers the key concerns and recommendations that have emerged from the Consultation

**Forum to Engage Men (FEM)-Working with Boys and Men for Gender Equality - Pamphlet:** This pamphlet explains the context where this group works and shares its understanding of masculinities.

*Details on the above publications are available on our website (www.chsj.org)*



## Annexure 1

**CHSJ Team (2007-2008)**

**Abhijit Das**, Director

**Amrita Gupta**, Programme Associate

**Anita Gulati**, Administrative Associate

**Amit Tudu**, Office Assistant

**Devika Biswas**, Program officer.

**Gitanjali Priti Bhatia**, Programme Officer

**Jayashree Velankar**, Consultant

**Jayeeta Chowdhury**, Programme Manager

**Jyoti Gupta**, Programme Officer

**M R Santhosh**, Research Associate

**Nitesh Kumar**, Research Associate

**Nitu Singh**, Research Associate

**Rajesh Arora**, Accounts Officer

**Ruth Vivek**, Programme Officer.

**Satish Kumar Singh**, Deputy Director

**Soumita Basu**, Research Associate

**Sunita Singh**, Programme Officer

**CHSJ Governing Body**

**Abhijit Das** - Director CHSJ and Clinical Assistant Professor, School of Public Health and Community Medicine, University of Washington, Seattle (USA).

**Amar Jesani** - Coordinator, Centre for Bioethics and Rights and Trustee, Anusandhan Trust. Expert in Public Health & Bioethics Research.

**Rajani Ved** - Public health specialist. Awarded fellowship by MacArthur Foundation for work on Reproductive Health and Rights. Currently involved in upscaling innovative public health programmes with MSI Associates.

**Renu Khanna** - SAHAJ, Baroda. Expert in public health management, research and gender. Coordinated Women's Centred Health Project in collaboration with the Bombay Municipal Corporation.

**Satish Kumar Singh** - Deputy Director of CHSJ, Convenor of the network MASVAW (Men's Action for Stopping Violence Against Women). Trainer and Resource person on Men, Masculinities and Gender

**Subhash Mendhapurkar** - Director, SUTRA and trainer of gender and development. SUTRA is one of the first organizations in the country to work on issues related to gender and reproductive health.

**Usha Rai** - Senior Journalist with an involvement in development, gender and health issues.

## Annexure 2

**CHSJ Advisors**

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

**A R Nanda** - Executive Director, Population Foundation of India. Earlier Secretary, Family Welfare, MOHFW, Govt. of India.

**Amitrajit Saha** - Associate Director SRH, PATH, India

**Jashodhara Dasgupta** - Coordinator SAHAYOG an organisation working on gender equality and health rights. Expert on Gender 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. Earlier Sr. Programme Officer, Population Council

**Mira Shiva** - Public Health specialist and activist on drugs and trade related agreements.

**Narendra Gupta** - Public health specialist. Coordinator of PRAYAS a community development and health NGO.

**Ramakant Rai** - Child rights and health rights activist associated with Bachpan Bachao Andolan and Healthwatch UP Bihar.

**S Srinivasan (Chinu)** - Founder Trustee, Locost Standard Therapeutics, Baroda, a pioneer in the manufacturing of quality generic and essential medicines.

**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. Currently associated with The Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala

**Suneeta Dhar** - Gender and women's rights expert. Currently associated with UNIFEM, New York

**Rahul Roy** - Founder Trustee, AAKAR, an organization working on the issue of masculinities with national and international non-governmental groups

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



## Annexure 3

## Financial Facts

CHSJ has implemented its work on a series of funded projects, collaborations and consultancies. CHSJ was able to secure prior permission from the Ministry of Home Affairs, Government of India under FCRA for two of its projects this year. These projects were funded by the Packard Foundation through Population Foundation of India and by the Ford Foundation. In addition to these foreign sources, Government of India funds were received through Population Foundation of India for implementing the Community Monitoring Project. Sir Dorabjee Tata Trust provided financial support for hosting the National Stakeholder's Consultation. OXFAM (India) Trust provided a consultancy to CHSJ for developing the social audit methodology.

## Financial Summary

### BALANCE SHEET As AT 31ST MARCH 2008

FUNDS & LIABILITIES	Year 2007- 08	Year 2006 - 07
Capital fund	5,000.00	5,000.00
Reserves & Others funds	361,875.18	65,285.00
Project fund	175,198.57	64,091.00
Current Liabilities and Provisions	29,322.87	958.69
<b>Total:</b>	<b>571,396.62</b>	<b>135,334.69</b>

PROPERTIES & ASSETS	Year 2007- 08	Year 2006 - 07
Fixed Asset	80,041.00	21,000.00
Loans and Advances	121,354.57	26,326.00
Cash & Bank balances	370,001.05	88,008.69
<b>Total:</b>	<b>571,396.62</b>	<b>135,334.69</b>

### INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31st MARCH, 2008

Income	Year 2007- 08	Year 2006 - 07
WHO/ KIT study consultancy	64,091.00	-
Strengthening Advocacy for RSHR- PFI	1,350,000.00	-
Preparatory community monitoring project- PFI	2,631,920.00	-
National Consultation on NRHM - S.D.Tata Trust	100,000.00	-
Social Audit consultancy project	749,546.00	348,453.00
Project Grant Receivable	-	20,607.00
FPAI Consultancy	30,274.00	-
Consultancy	238,199.50	261,287.00
Admin Support	117,876.00	-
Other Income	2,853.88	1,570.00
<b>Total:</b>	<b>5,284,760.38</b>	<b>631,917.00</b>

Expenses	Year 2007- 08	Year 2006 - 07
WHO/ KIT study consultancy	64,091.00	909.00
Strengthening Advocacy for RSHR- PFI	1,174,801.43	-
Preparatory community monitoring project- PFI	2,631,920.00	-
National Consultation on NRHM - S.D.Tata Trust	100,000.00	-
Social Audit consultancy project	749,546.00	368,151.00
Unutilized project Grant	175,198.57	-
CHSJ Trust (Trust supported programme & Administrative expenses)	92,613.20	201,523.00
Excess of Income over Expenditure	296,590.18	61,334.00
<b>Total:</b>	<b>5,284,760.38</b>	<b>631,917.00</b>