Centre for Health and Social Justice

Annual Report
2008 – 2009

Centre for Health and Social Justice

Fourth Annual Report

2008 – 2009

Annual Report adopted by CHSJ at the 7th Governing Body Meeting held on 20th August 2009

Head Office **Centre for Health and Social Justice**
Flat 3C, H Block, First Floor, Saket, New Delhi – 110 017
Phone: 91-11-40517478, 26511425 Telefax : 91-11-26536041
Email: chsj@chsj.org
Website: www.chsj.org

Satellite Office D-63, Saket, New Delhi - 110017
Phone: 91-11-46150604, 26536163, 26535203

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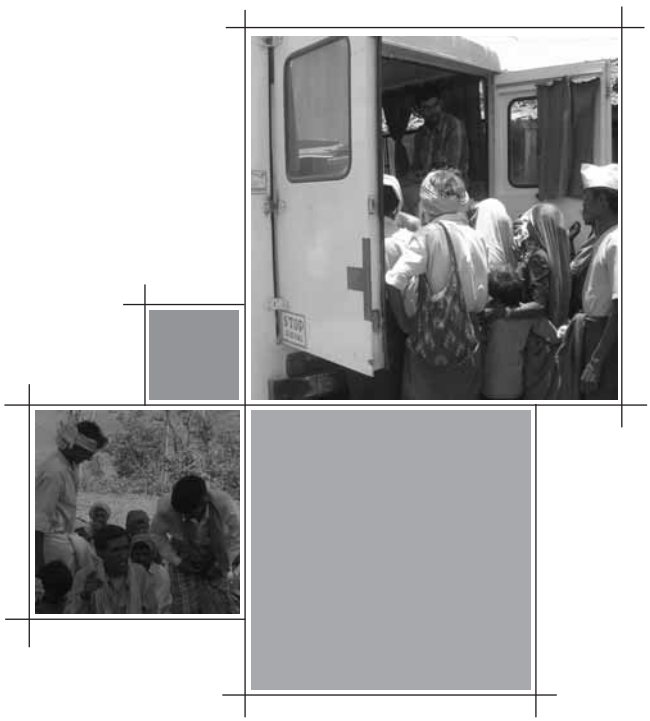
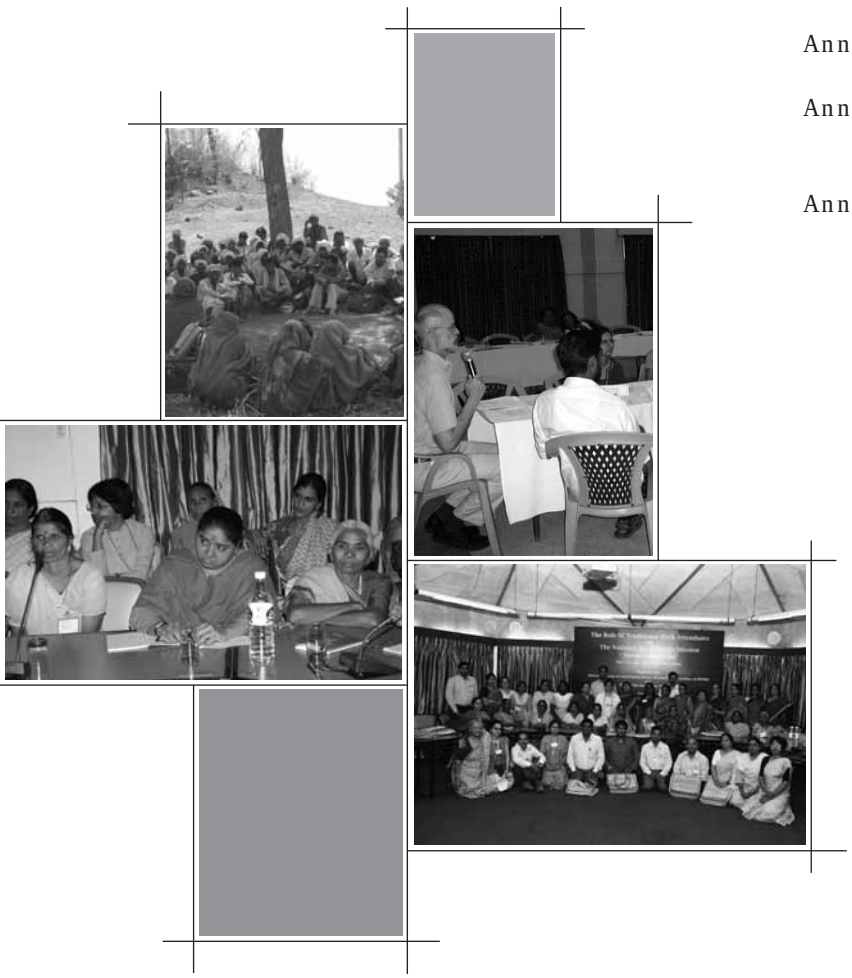




Annexures

EXECUTIVE SUMMARY

It gives me great pleasure to place before you the 4th Annual Report of the Centre for Health and Social Justice (CHSJ). During this year we were successfully able to complete our most ambitious project till date - the Community-based Monitoring component of the National Rural Health Mission of the Government of India. CHSJ had been entrusted to provide technical and supervisory support to the implementation of the first phase that covered 1600 villages in 9 states. We were also able to consolidate the process of providing systematic feedback to the Government through carefully collected evidence by completing the Rapid Assessment of Health Project programme. This particular programme also strengthened the partnership that has been developing between the University of Washington (UW) , Seattle USA and CHSJ. The School of Public Health at UW is one of the foremost public health schools globally and it is expected that this partnership will strengthen CHSJ's own capacities. The capacity of CHSJ as a national resource organization was enhanced when we were able to successfully coordinate the National Consultation on the role of TBA within NRHM and its follow-up activities in a number of states. The trust that we had gained among civil society organizations, was further reinforced when CHSJ was asked to host the secretariat for a nation wide civil society led review of the implementation of the Program of Action (PoA) of the International Conference on Population and Development (ICPD) in India. We were also able to continue building support among groups working on dalit rights in different states to engage with health rights issues, in particular the maternal health entitlements under the Janani Suraksha Yojana (JSY) of the Government of India. We were also able to initiate a campaign against declining sex ratio by involving men within a larger framework of gender discrimination. Care was taken not to encroach upon women's access to safe abortion services in any manner.

Within a relatively short span of three and half years, CHSJ has been able to build its credibility and competence as a national health policy resource centre. This would not have been possible without the unstinting support and creative cooperation that we have received from a large number of individuals and organizations. We would like to acknowledge the support we have received from all members of the Advisory Group on Community Action, our state level partners in the Community-based Monitoring project, and above all to Population Foundation of India. We are grateful to all our partners in Healthwatch Forum, to friends of the Jan Swasthya Abhiyan and CommonHealth coalition, compatriots of the Forum to Engage Men and all others engaged in similar pursuits within civil society organizations. We would also like to thank officials in the Government - within the Ministries and Departments and in the Planning Commission who have heard the evidence from the field, listened to the feedback and provided us the opportunity to demonstrate alternative approaches. We are grateful to our friends in different UN agencies, International Organizations and Donor Organizations who have supported the spirit of our work. We consider ourselves privileged that we have all your support.

On behalf of the Trustees, Governing Body and Staff of CHSJ, I look forward to your suggestions and continuing support.

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 funders, partners, advisors and all those who have been unstinting in their support.

Centre for Health and Social Justice

ORGANIZATIONAL 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. It is a registered Charitable Trust and has its headquarters in New Delhi.

CHSJ 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 marginalized,
- creating opportunities and spaces for discussion and dialogue between and within policy makers and civil society actors for advocacy on health,
- 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.

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.

An Overview of Our Work

CHSJ completed three years of its existence as a registered Public Charitable Trust this year. In these 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. We have been treading the paths which are less travelled and strived to establish the issues and mechanisms that were considered either too difficult or too contentious. One such attempt has been to create an accountability mechanism within the health system at the community level and work through the National Rural Health Mission (NRHM) structure at the grass roots level. In this process we not only successfully managed the National Secretariat (along with Population Foundation of India) of Community Monitoring under NRHM, but also coordinated a country-wide evidence based review process of people's experiences of health programmes.

Health rights issue of marginalized communities is another area of intervention within CHSJ. To traverse this not so well charted path, we have been collaborating with a number of organizations and networks who have expertise of working with

socially marginalized communities and lobbied successfully for making health an issue of their concern as well. Capacity building and partnership development have been two major strategies which have helped us to do so.

Strengthening state specific advocacy action around reproductive health and rights by providing technical support as well as training interventions has been a core and well developed area of CHSJ's work. Last year we consolidated the work which had been in progress for last 2 years resulting in a mandate for action and advocacy at various levels.

Working on Men and Gender Equality has been a rewarding experience for CHSJ. This work did not only provide us a platform to work with a variety of organizations but also gave us opportunity to engage with organizations and networks from the local to the international level. CHSJ is now established as a leading voice on incorporating work with men and masculinities into efforts on addressing violence against women.

Today CHSJ's work is spread across 16 states, most of which are in the northern, central and eastern parts of the country, where human development indicators are the worst. We have a strong and wide range of partnerships and collaborations with over 50 national and international organizations, networks or coalitions.

CHSJ's work is currently divided into four broad thematic areas and two strategic interventions. ■

ACHIEVEMENTS

- CHSJ has successfully mainstreamed methodologies for empowering communities to monitor their health entitlements. It developed a methodology for Social Auditing of health services involving civil society and community based organizations. This was first implemented with NGOs and subsequently mainstreamed as part of the Community Monitoring methodology within the National Rural Health Mission. Community Monitoring is now included within the Programme Implementation Plans of a number of states.
- Community Monitoring methodology is showing concrete changes at the ground level in improving communities' utilization of services.
- CHSJ has successfully developed, coordinated and supervised a partnership based programme which was implemented over 9 states across 35 districts and over 1600 villages.
- CHSJ has been able to create an acceptance for field-level feedback about the implementation of health policies and programmes based on civil society studies. These studies are being acknowledged by policy makers including the ministry and the Planning Commission.
- CHSJ has been able to create and nurture a unique policy space where civil society groups from different parts of the country interact creatively with policy makers and policy influencers on a regular basis on different health issues.
- CHSJ has been able to build strong linkages between diverse human rights groups eg. health rights, women's rights, dalit rights groups through the Maternal Health and Social Exclusion Campaign of the Wada Na Todo Abhiyan.
- CHSJ has been able to support and strengthen civil society networks at state levels to successfully implement policy level campaigns eg. campaign against two child norm in Bihar.
- CHSJ has been able to gain the trust of a diverse group of civil society actors in facilitating nation-wide advocacy processes linking state and national level process eg. advocacy for reviewing the role of TBA in NRHM, reviewing the achievements and lapses since the International Conference on Population and Development and so on.
- CHSJ has been successful in bringing attention to the issue of involving men in issues relating to gender discrimination and for gender equality at multiple levels (Government and civil society) including states within India and in other South Asian countries.

THEME 1
Reproductive and Sexual Health and Rights

Reproductive and Sexual Health and Rights have been acknowledged as a key component of health related human rights, especially for women. However despite an international acceptance of this principle at the International Conference on Population and Development in Cairo (1994) and reassertion of the importance of reproductive health issues as part of the Millennium Development Goals(MDGs), there are large gaps between people's experiences and programme intentions, and in some places programme designs do not incorporate the clear rights focus, that the country is committed to. The main focus of CHSJ's work in this thematic area is on building evidence around the impact of policies and programmes on reproductive and sexual health and rights, exploring and strengthening alliances on these issues and supporting advocacy actions for bringing about change at the policy level which affect women and marginalized communities. This thematic area is further divided into the following inter-related sub-themes:

Securing maternal health rights

Unacceptably high rates of maternal deaths remain a key gap in India's progress towards the achievement of the MDGs. India's policy response has been an intensive drive for institutionalizing all deliveries through a cash incentive scheme called the Janani Suraksha Yojana(JSY). Lack of accountability of health systems and poor quality of care are emerging as major hurdles in a 6 state collaborative study on Institutional Deliveries that CHSJ has been part of during the year. The study has recently been concluded and the dissemination and future advocacy action plan is to be chalked out along with all partners.

The emphasis on institutional delivery has also ignored the role of the Traditional Birth Attendants and Trained Birth Attendants (TBA - dai) in delivery and their role in any form of maternal health care provisioning has been altogether ignored in this new policy paradigm. This abrupt shift does not recognize the hundreds of thousands of birth attendants who were trained under various programmes, including those being supported by government agencies. CHSJ along with Dai Sangathana Gujarat, Advisory Group on Community Action (AGCA a standing committee of National Rural Health Mission) and Population Foundation of India organized a National Consultation on Role of TBAs in NRHM in May, 2008. The consultation was attended by a diverse group of participants from ten states, which included Dais, NGOs working with Dais and maternal and child health issues, donors and Ministry of Health and Family Welfare (MoHFW). Concrete recommendations were made to the ministry and different donor organizations. Follow up meetings were also organized in three states- Bihar, Jharkhand and Madhya Pradesh.

Improving informed choice and quality of care in family planning services

Female sterilization is the most common method of family planning or contraception in India. However, there is a body of literature on the poor quality of care in conducting sterilization operations and that as a result of a Public Interest Litigation in the Supreme Court, the Government of India had issued quality of care parameters and formulated the Family Planning Insurance Scheme (FPIS) in 2005. This insurance scheme provides for compensation in case of death or complication or failure due to sterilization. However there is little evidence on the implementation of the quality parameters or the insurance scheme in different parts of the country. CHSJ completed a 5 state review process of the implementation of Quality Assurance mechanisms for female sterilization

operations and is also investigating the implementation of the Insurance Scheme.

Addressing coercive population policies

Population Control through coercive measures has always appeared to be a policy short cut to deal with a host of development issues ranging from environmental degradation to food crisis. However after the ICPD in 1994, there has been an international consensus that population policies should facilitate people's abilities to make informed choices about family planning and that development is a product of all equitable and sustainable economic policies and not a product of growth rates. In India the two child norm restrictions, especially with respect to political participation at the Panchayat level is part of the policy reality in many states. However such policies not only militate against civil and political rights, but also discriminate against the very poor by preventing them from availing government schemes and benefits. CHSJ is continuing to work with the Jan Adhikar Manch (JAM), a network formed in Bihar that successfully advocated against the introduction of the two child norm in the state. This year CHSJ supported the Jan Adhikar Manch, in its efforts to get 2CN repealed from Municipal Corporations and Councils in Bihar. A process for energizing civil society advocates in Orissa for demanding repeal of the two child norm in the state was also initiated but it could not proceed because of the unprecedented floods and the communal tensions that gripped the state.

In order to understand the state level actors and factors who support and resist coercive population policies and to understand the processes which are responsible for continued support or resistance to such policies, CHSJ requested a MPH student from the University of Washington, Seattle to conduct a two state study: **The review of the Two Child Norm Policies: State and Civil Society Responses in India.** This review, which covered Rajasthan and Himachal Pradesh is expected to strengthen the ongoing advocacy action around this issue in India.

Ensuring the right to safe abortion

Unsafe abortion contributes between 8 -12% of all maternal deaths. While the Medical Termination of Pregnancy Act (MTP Act) was enacted almost 4 decades back, the problem of lack of knowledge about safe and legal abortion in India is acute. There is also a widespread misunderstanding in the relationship between MTP Act and PCPNDT Act (a law against sex selection) which is also affecting the access to safe abortion services. CHSJ has actively participated in the formation of the National Coalition on Safe Abortion (NACSA) that has been formed to promote safe abortion and resist efforts to restrict access. NACSA organized a national meeting in late April 2008. CHSJ has also been facilitating local groups in Bihar to undertake abortion related advocacy in the state.

CHSJ provided technical support to International Planned Parenthood Federation (South Asia Regional Office) in conducting studies on provider attitudes and behaviour in providing safe abortion services with their member associations. This was followed up with designing advocacy action plans with these member associations.

ICPD + 15 Gains and Gaps Review Process

In November 2008, CHSJ along with Sahayog and Population Foundation of India organized a meeting to discuss what can be done collectively to commemorate the 15th anniversary of International Conference on Population and Development (ICPD) at Cairo in 1994. There was an overwhelming consensus to conduct a civil society review process to take stock of the gains and gaps in terms of ICPD promises. CHSJ, honouring the strong requests by all the organizations agreed to host the secretariat for Gains and Gaps - ICPD+15: A Civil Society Review in India.

Capacity Building on Advocacy

In order to strengthen advocacy action for realization of sexual and reproductive rights, CHSJ organized a 8 day training programme on Advocacy for Reproductive and Sexual health Rights, at Naukuchiatal, Uttarakhand in August 2008. This training was organized by CHSJ in collaboration with University of Washington, US and SAHAYOG India. The training was attended by a range of participants from government and donor organizations to those working at the grass root levels. ■

THEME 2
Health Rights and Marginalized Communities

The recently released report of the WHO Commission on Social Determinants of Health makes a strong case for equity. CHSJ has been exploring the issue of health equity in the context of socially marginalized communities as well as identifying the interactions between poverty, social marginalization and health care access and health outcomes. The centre has been engaged in understanding the role of social exclusion as an important social determinant and focused on:

- continuing efforts of empowering marginalized communities to engage with the public health system to make it more accountable.
- developing capacities of the networks and organizations working on human rights issues of socially excluded communities who demonstrated interest in health issues.
- raise concerns of social exclusion and health at a larger scale through advocacy, networking and evidence based on secondary data.

The sub-themes within this broad theme are as follows:

Facilitating Independent Review of Health Programmes

CHSJ has been proactively creating platforms for civil society to share their concerns about health policy implementation to strengthen the process of accountability of health services. Over the years CHSJ has also facilitated a process of systematic enquiry into health programme implementation. This year CHSJ implemented a three phase training programme on "Rapid Assessment of Health Project" (RAHP) for grass root organizations to involve them in the process of monitoring public health programmes by using research methods. The RAHP training was organized in collaboration with University of Washington and UNFPA in which 11 organizations participated from various parts of the country. The training built skills and capacities in participants using both qualitative and quantitative methods. The participants were also provided a small research grant for conducting a study of their choice Two phases of the training programme were conducted in July and December 2008. The capacity building process was intensive and included field level mentoring support in addition to training and review of research designs, instruments and draft reports. The process is expected to be completed by July 2009 and these reports will form part of the independent review of the NRHM for 2009.

Some of the studies being conducted as part of this process include the following:

- Study of PPP for Emergency Obstetric Care under JSY in Maharashtra.
- EmOC at CHC of Wardha District of Maharashtra.
- Strengthening CHC for first referral care.- Meghalaya.
- Influence of ASHA's interventions on ANC Services in Jharkhand.
- Moving from Home Deliveries to Institutional Deliveries in Manipur.
- Impact of VHSCs on service delivery under NRHM in Orissa.
- Reviewing JSY from the perspective of marginalized communities in Bihar and HP.

Health and Socially Vulnerable Groups

With its firm commitment to social justice and health equity, CHSJ has been systematically working to understand the health rights of marginalized communities. We have adopted a two pronged strategy - one to develop close linkages with networks and organizations working on the issues of exclusion and second to do independent research and evidence gathering to understand the gravity of the situation.

This year we strengthened our relationships with large campaigns and networks like Wada Na Todo Abhiyan (WNTA) and National Campaign on Dalit Human Rights (NCDHR). We are also reaching out to various organizations working on human rights issues at the state level and have been discussing the issue of discrimination in the area of health. We have been providing support to WNTA campaign on Maternal Health and Social Exclusion and conducted orientation workshops in 5 states with partners of NCDHR on the issue of maternal health and social exclusion. State partners are currently engaged in collecting evidence of exclusion and marginalization in their areas in the form of case studies and focus group discussions with the communities.

The second strategy was to review the secondary literature around the issues of marginalization and health care system for maternal health. This included looking at the national level surveys and other sources to highight issues of marginalization hidden within statistical data. A qualitative study is in the pipeline to capture the experiences and perceptions of socially excluded communities in accessing healthcare services.

Exploring Universal Access to Medicines

About 80% of all private health care expenditures in South Asia are on medicines and illhealth is an important reason why South Asians fall into poverty. Yet not enough is known about the processes through which pharmaceutical products and their patterns of use help or hinder efforts to meet the MDGs. This year CHSJ completed its collaborative study with SAHAYOG and the University of Edinburgh on a research project exploring the reasons affecting the distribution and (mis)use of drugs like oxytocin (inducing labour), rifampicin (treating TB) and fluoxetine (depression). These three drugs are important from a public health perspective and by tracing their journey from production to consumption, the dynamics of drug production, regulation and distribution was explored. A series of working papers have been produced for dissemination in the workshops which will be taking place in India, Nepal and Edinburgh between April and June 2009. ■

Study on children with Paralysis

The Pulse Polio Programme is currently the biggest public health programme in India. Despite the intensive effort there are many reports of polio cases and not much is known about the follow up care provided to the affected children. Keeping in mind the health care needs of children affected with acute flaccid paralysis (AFP), CHSJ requested a MPH student from Liverpool School of Tropical Medicine to conduct a study on children affected by acute flaccid paralysis under the Pulse Polio Programme in Uttar Pradesh. The findings of the study show that children with AFP do not get any support from the government for follow up care, physiotherapy, reconstructive surgery or for rehabilitation. The study report has been shared with policy makers; however, this year there are plans for wider advocacy action.

THEME 3
Community Action for Health Rights

The thematic area on Community Action emerged out of our work on supporting the implementation of Community-based Monitoring process across nine states of India, over the last two years. Community-based Monitoring of health services is a key monitoring and communitization strategy of National Rural Health Mission (NRHM) to ensure that the services reach those for whom they are meant.

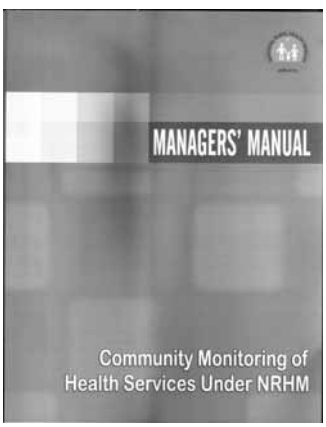
Promoting Community Action under NRHM

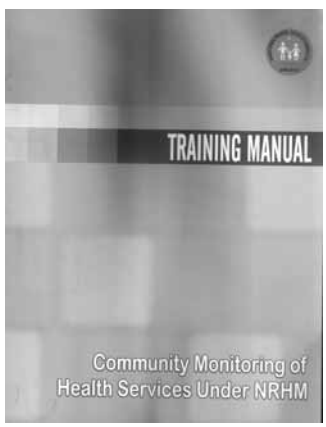
The first phase of Community-based Monitoring across nine states started in March 2007, and ended on March 31, 2009. The monitoring process involved the capacity building of planning and monitoring committees at different levels to conduct an enquiry into the functioning of the different components of NRHM and uptake of key services. It was an empowering process for the community because it provided the knowledge of different entitlements, services standards and services guarantees that are provided within the NRHM. It also gave them an opportunity to discuss and engage with the health care providers and managers on issues of service delivery. The entire process was facilitated by a set of state level secretariats and a national secretariat which were set up in consultation with the MoHFW and the Mission at the respective levels. CHSJ along with Population Foundation of India (PFI) jointly managed the national secretariat of this entire process.

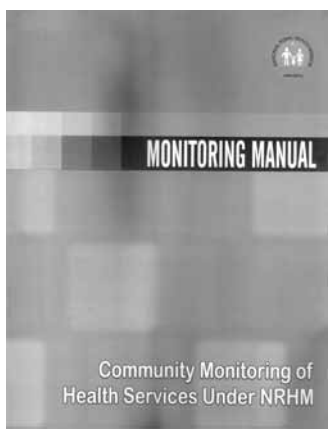
Website and resource material

During the current year CHSJ was involved in developing a Community Monitoring website (www.nrhmcommunityaction.org) that contains comprehensive information on the different processes of community monitoring. The website also provides easy access to the different report cards prepared as a result of community monitoring through an online searchable database. CHSJ also finalised a series of three manuals for different stakeholders in the process. The Manual for Managers is made with special focus on managers involved in the implementation of NRHM. The Trainers Manual includes detailed session outlines and resource materials for the different training programmes that constitute the process. The Manual on Community Monitoring consists of community monitoring tools that are to be used for conducting the enquiry at the village and facility levels. ■

In addition CHSJ also prepared a 30 minute documentary film titled "Reviewing Hopes, Realizing Rights" which can be used as a part of training package as well as an advocacy tool.





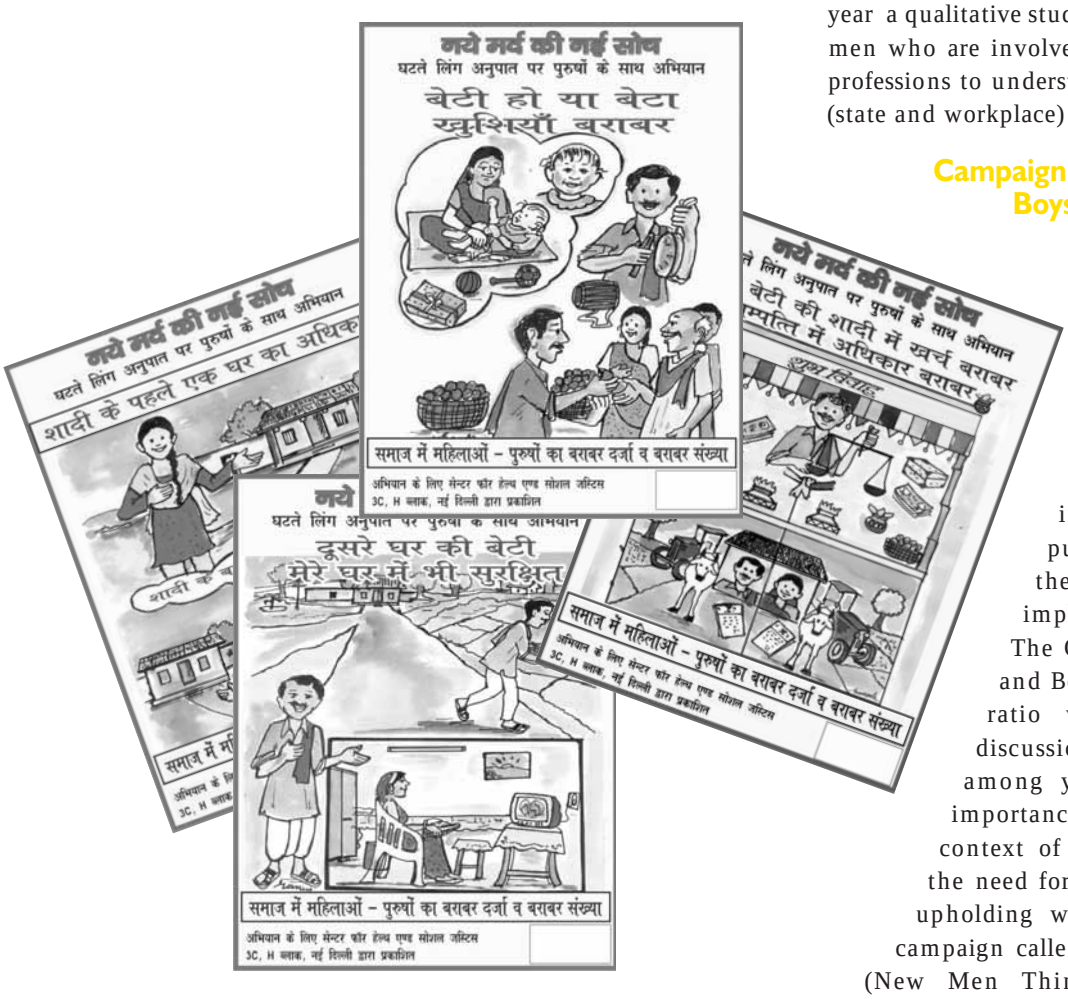


THEME 4
Men and Gender Equality

CHSJ believes that working towards gender equality must include working with men to help them 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 the individual, in community relationships and at the level of state mechanisms. The following interventions were undertaken within this theme during the year.

Men and gender equality in policies

There has been a long standing call for involving men as partners in the process of creating a gender equitable world. However, there are few large programmes which have attempted to incorporate men's involvement systematically. A global review of field level studies indicate that adult and young men can change their gender related attitudes and behaviours. Small programmatic interventions are often limited when the larger policy environment does not support interventions with men. In order to understand the current policy reality in terms of the understanding of men's roles and responsibilities in contributing to gender equality, a Men and Policy Project is being collaboratively implemented in a number of countries across the world. CHSJ, SAHAYOG, AAKAR and ICRW are part of this global process from India. CHSJ and SAHAYOG published the result of a policy analysis that was completed last year . During the current year a qualitative study was conducted with twenty men who are involved in non-traditional roles or professions to understand whether current policies (state and workplace) address their specific needs.



Campaign on Involving Men and Boys to Address Declining Sex ratio

There are a large number of laws in the country which are aimed at gender equality and raising the status of women. Many of these laws however have remained ineffective and there is little public debate or discussion on the need for such laws being implemented in letter and spirit. The Campaign on Involving Men and Boys to Address Declining Sex ratio was aimed at starting a discussion among men, especially among youth and men about the importance of gender equality in the context of men and masculinities and the need for such legal interventions for upholding women's human rights. This campaign called Naye Mard Ki Nayee Soch (New Men Think Differently), developed

communication messages aimed at new gender equitable behaviour among men and a community based campaign was implemented across 350 villages and 20 districts in the states of UP, Rajasthan and Orissa, involving youth, teachers and media persons.

Networking

CHSJ currently holds the secretariat for FEM (Forum to Engage Men) which is a national network. It is a diverse group of individuals and organizations that share a vision of working with boys and men on issues of gender equality and violence. To take the process of FEM forward, state initiatives have been launched and consolidated.

Workshops and meetings were organized in Gujarat, Maharashtra, West Bengal and Assam in collaboration with local organizations (details given below). These have been attended by journalists, press photographers, teachers, NGO representatives and members of social justice campaigns. The outcomes of these meetings have been quite encouraging and the process of bringing the organizations working with men and boys on a common platform has gained momentum.

- Gujarat-Women's Studies department of Maharaja Sayaji University, SAHAJ, Baroda and SWATI, Ahmedabad.
- Maharashtra- SAMYAK, Pune and Vikas Sahayog Pratishtan, Goa.
- Assam- Gharoa, an organization that works on stopping Violence Against Women.
- West Bengal- SWAYAM, a Kolkata based women's organization.

South Asia is seen as a place where violence against women is endemic. To address the issue of Gender Based Violence (GBV), a wider South Asian Campaign called "Partners for Prevention" is being coordinated through the UN family. This campaign has a long term goal to reduce the prevalence of GBV in the Asia Pacific Region. CHSJ is currently facilitating the development of this campaign at the South Asian regional level.

Consultancy Support

CHSJ has gained a reputation for its pioneering work and expertise in working with men and boys in India. It has been asked to provide technical support and guidance by various national and International agencies in their work with men and boys. The agencies which requested technical support from CHSJ in the last year are:

- IPPF in their research project on men's sexual and reproductive health and rights.
- FPAI in conducting a study on men and reproductive health in India.
- Swiss Aid for strengthening its partners' capacities on working with men and boys for gender equality and reducing GBV.
- ICRW in its GEMS (Gender Equality Measurement in Schools) project.

STRATEGIC INTERVENTION 1
InformationManagement

Systematic organization and dissemination of information is essential for building and sharing knowledge, raising consciousness, creating consensus, receiving feedback and pushing for change. We have been facilitating this process through our web enabled services and publications as detailed below:

- **Website -** The institutional website has been reorganized and maintained as an important resource in the area of health rights. It is also being regularly updated. All publications prepared by the organization are available for download from the website.
- **Reprohealth_India -** This discussion group of over 450 members from civil society organizations, academia, international organizations as well as the government is moderated by CHSJ. It has raised various sensitive issues pertaining to maternal health, social justice related concerns and so on.
- **Health News Update -** This weekly news update has been prepared and circulated regularly in the above discussion group as well as on the website. The health news update collates news relating to health and social justice from key news sources.
- **Resource Materials -** A set of three manuals have been prepared to support the Community Monitoring process along with brochures, pamphlets, posters for various capacity building programmes.
- **Project Reports -** Reports of project related activities like the Dai Consultation Report, Men and Policy report were printed.

A small Library has been set up in CHSJ for staff use. It has a computerized catalogue for easy access.

Publications

Men, Gender Equality and Policy Response in India- An Exploration: This report prepared in collaboration with SAHAYOG and CHSJ analyses five national policy documents with the intention of understanding how gender and masculinity is placed in the context of achieving gender equality.

TBA - National Consultation Report: This report documents a National Consultation on the Role of Traditional Birth Attendants in National Rural Health Mission organized by CHSJ in May 2008.

Community Monitoring : Managers' Manual
Community Monitoring : Training Manual
Community Monitoring : Monitoring Manual

Documentary Film

"Reviewing Hopes, Realizing Rights" - 30 minute documentary on Community Monitoring.

Posters

Naye Mard ki Nayee Soch - A series of six posters communicating different messages for men in the context of gender equality.

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

STRATEGIC INTERVENTION 2

Partnerships and Collaborations

As a national resource support organization, we essentially work with and through partnerships, collaborations and alliances. These partnerships have been developed with a wide range of organizations, networks and coalitions at the state, national and international level. The Community Monitoring project of NRHM was a collaboration between organizations working in 9 states and 35 districts as well as with the central government and nine state governments. Some of the key partners of CHSJ in this year included:

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
- International Centre for Research on Women, USA
- Liverpool School of Tropical Medicine, UK
- Philippines Legislative Committee for Population and Development (PLCPD)
- PROMUNDO, Brazil
- University of Edinburgh, UK

National

- Advisory Group on Community Action, a standing committee of NRHM, MoHFW
- Centre for Trade and Development (CENTAD), Delhi
- CEHAT, Mumbai
- CHETNA, Ahmedabad
- Community Health Cell, Bangalore
- Family Planning Association of India (FPAI), Mumbai
- International Centre for Research on Women (ICRW), Delhi
- International Planned Parenthood Federation (IPPF-SARO), Delhi
- National Institute of Health and Family Welfare (NIHFW), Delhi
- North East Network, Delhi
- OXFAM India, Delhi
- Population Foundation of India (PFI), Delhi
- PRAYAS (Rajasthan), Chittorgarh
- SAHAYOG , Lucknow
- SUTRA, Himachal Pradesh

Networks

- All India Drug Action Network (AIDAN)
- CommonHealth
- Gujarat Dai Sangathan
- Healthwatch Forum
- Human Rights Law Network (HRLN)
- Jan Adhikar Manch, Bihar
- Jan Swasthya Abhiyan
- Mahila Swasthya Adhikar Manch
- Mens Action for Stopping Violence Against Women (MASVAW)
- MenEngage South Asia and "Partners for Prevention"
- National Campaign on Dalit Human Rights (NCDHR)
- Wada Na Todo Abhiyan

And many other state level organizations across India.

Our Operational Mechanisms

Through the course of the year CHSJ not only consolidated its work portfolio but also improved organizational efficacy and accountability through the following mechanisms:

Advisory Committees

Independent Advisory Groups exist for most of the projects especially for research based activities.

Core Group

The core group is constituted of senior members from programme teams and the director. The main objectives of the core group are to increase decentralized leadership and systems to coordinate functions as well as set and monitor standards of functioning. The core group started the process of setting up quality protocols this year. The core group also developed clear job descriptions for all positions and initiated a staff review process.

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 organized 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 takes place in periodic fashion. While we prepare annual plans, we have quarterly review of plans and stock taking of the progress.

Staff Development

Capacity building of staff has been undertaken regularly through formal training programmes and through informal and in-house learning mechanisms. Some of the in-house workshops organized in this year are: Right to Information Act, Quantitative and Qualitative data analysis, Log frame technique and so on. Senior staff members of CHSJ participated in the RAHP training programme and later on mentored the other organizations who were conducting studies in their states.

As part of the in house mechanism, we had an intensive and systemic review process for all the team members which lead to the identification of areas that need strengthening in each individual member. In addition we also have routine learning inputs on issues or skills required to work effectively. Team members have been encouraged to participate in events outside the centre.

A three-day organizational retreat was held in January 2009 in Goa to orient the entire team to the key operational principles of the organization. It was also an opportunity to enhance training and communication skills of programme staff.

Financial Facts

The work of CHSJ has been supported by a wide range of partners. Financial support for our work was received from different sources which included the Government of India, International donors like Packard Foundation and Ford Foundation as well as national donors like Sir Dorabjee Tata Trust and Population Foundation of India. CHSJ was able to secure prior permission from the Ministry of Home Affairs, Government of India under FCRA for one additional project this year which was from Asia Pacific Research and Resource Centre for Women (ARROW). Funds from the Government of India were received through Population Foundation of India for implementing the Community Monitoring Project. We also received substantial financial support from United Nations agencies like UNFPA and UNIFEM. OXFAM (India) Trust and International Planned Parenthood Federation also provided consultancies to CHSJ. ■

Distribution of CHSJ's work across different states in India

Andhra Pradesh
- Capacity building and Support to WNTA and NCDHR Partners for Maternal Health and Social Exclusion Campaign related documentation.

Assam
- Community based monitoring.
- Capacity building of NEN partners on reproductive health and rights.
- Networking on Men and Gender Equality.

Bihar
- Maternal Health study.
- TBA state consultation.
- Family Planning Quality of Care Study.
- Support to Jan Adhikar Manch for advocacy on Population Policies.
- Support to Bihar partners of Common Health on implementing advocacy projects on safe abortion.
- Capacity building and Support to Health Watch Forum Bihar, NCDHR and WNTA partners for Maternal Health and Social Exclusion Campaign related documentation.
- RAHP study partnerships.

Chattisgarh
- Community-based monitoring.
- Networking on Men and Gender Equality.

Himachal Pradesh
- RAHP study partnership.

Jharkhand
- Community-based Monitoring.
- TBA state consultation.
- Advocacy on Maternal Health.
- RAHP study partnership.

Karnataka
- Community based monitoring.

Madhya Pradesh
- Community based monitoring.
- Family Planning Quality of care study.
- RAHP-CHSJ study partners.

Maharashtra
- Capacity building and Support to WNTA and NCDHR Partners for Maternal Health and Social Exclusion Campaign related documentation.
- Community based monitoring.
- Networking on Men and Gender Equality.
- Supporting Swiss aid partners for working with men on gender equality.
- RAHP study partnership.

Manipur
- RAHP study partnership.

Nagaland
- RAHP study Partnership.

Orissa
- Two child norm related advocacy.
- Maternal health related advocacy.
- Community-based monitoring.
- Naye Mard Ki Nayee Soch campaign.
- Family Planning quality of care study.
- RAHP study partnerships.
- Capacity building and Support to WNTA and

NCDHR Partners for Maternal Health and Social Exclusion Campaign related documentation.
- Networking on Men and Gender Equality.

Rajasthan
- Community-based monitoring.
- Family Planning Quality of care study.
- Naye Mard Ki Nayee Soch Campaign.

Tamil Nadu
- Capacity building and Support to WNTA and NCDHR Partners for Maternal Health and Social Exclusion Campaign related documentation.
- Community based monitoring.
- Networking on Men and Gender Equality.
- Capacity building on Masculinity, sexuality, gender equality and gender based violence.

Uttar Pradesh
- RAHP-CHSJ study partners.
- TPSA study.
- Naye Mard Ki Nayee Soch campaign.
- Networking on Men and Gender Equality.
- Maternal Health and Social Exclusion Campaign documentation sharing by SAHAYOG in partnership with WNTA and CHSJ.

West Bengal
- TPSA study.
- Networking on Men and Gender Equality.

Annexure 1

CHSJ Team (2008- 2009)

Abhijit Das, Director

Anita Gulati, Administrative Associate

Archana Dwivedi, Programme Officer

Devika Biswas, Programme officer.

Gitanjali Priti Bhatia, Programme Officer

Jayashree Velankar, Consultant

Jayeeta Chowdhury, Programme Manager

Mahfouz Alam, Office Assistant

Manodeep Guha, Programme Officer

Melissa Lairenlakpam, Programme Assistant

Moumita Ghosh, Programme Associate

Rajesh Arora, Accounts Officer

Ramesh Kumar, Accounts Assistant

Ruhul Amin Barbhuiya, Research Assistant

Sakshi Khurana, Research Associate

Satish Kumar Singh, Deputy Director

Sunita Singh, Programme Officer

Tulsi Manimuthu, Administrative Assistant

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).

Amar Jesani
Founding Trustee, Anusandhan Trust, Founder of the Forum for Medical Ethics Society.

Rajani Ved
Public health specialist currently with Management Systems International.

Renu Khanna
Founder Member, SAHAJ, Baroda. Expert in public health management, research and gender.

Satish Kumar Singh
Deputy Director, CHSJ and Convenor MASVAW.

Subhash Mendhapurkar
Director, SUTRA, Himachal Pradesh. Expert in Gender, Health and Panchyati Raj.

Usha Rai
Senior Journalist and Communication Consultant.

CHSJ Advisors

All our board members are also de-facto advisors to the organization and thus we are not mentioning their names again.

A K Shiva Kumar - Advisor, UNICEF and Development Economist.

A R Nanda - Executive Director, Population Foundation of India.

Amitrajit Saha - Associate Director SRH, PATH, India.

Imrana Qadeer - Fellow, Centre for Women's Development Studies.

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.

Mira Shiva - Public Health specialist and activist.

Narendra Gupta - Coordinator of PRAYAS and Public health specialist.

Paul Divakar - Dalit Rights activist associated with National Centre for Dalit Human Rights and Dalit Arthik Adhikar Andolan.

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

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

Sarojini N B - Coordinator of SAMA and Women's health researcher and advocate.

Sharad Iyengar - Secretary and chief executive of Action Research and Training for Health(ARTH), Udaipur. A Public Health Specialist.

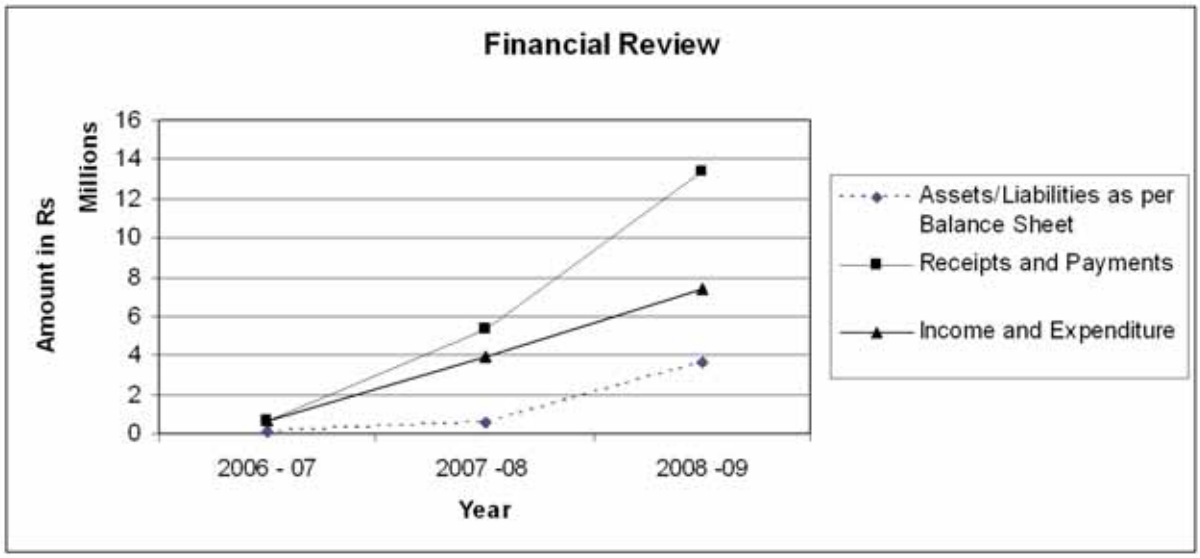
Sundari Ravindran - Women's health and rights researcher. Associated with The Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala.

Suneeta Dhar - Director, Jagori.

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 Summary 2008-2009

Balance sheet as on 31st March 2009

Liabilities		Assets	
Corpus fund	5,000.00	Fixed Asset (Trust)	50,305.00
General Fund	1,063,478.23	Fixed Asset(FCRA)	110,402.00
Restricted Fund	2,333,203.00	Security deposit	173,000.00
Current Liabilities and Provisions	211,935.69	Loans and Advances	494,224.00
		Cash & Bank balances	2,785,685.92
Total:	**3,613,616.92**	**Total**	**3,613,616.92**

Income and Expenditure as on 31st March 2009

Income		Expenses	
Oxfam Consultancy	162,098.00	WHO/ KIT study consultancy	–
PFI NRHM	1,966,982.00	Oxfam consultancy	162,098.00
Prayas Consultancy	199,259.00	Preparatory community monitoring project- PFI	1,966,982.00
S D Tata Trust	500,000.00	S D Tata Trust - Consultation on NRHM/ Dai Consultation	500,000.00
UNIFEM	184,354.00	Prayas consultancy	199,259.00
UNFPA	2,316,884.00	UNFPA RAHP	2,316,884.00
INEX Media for Declining sex ratio	570,697.00	UNIFEM- Strengthening S. A. Regional secretariat under P4P	184,354.00
WHO KIT Study	–	INEX Media Declining sex ratio	570,697.00

Other Income:		Other Expenses:	
Consultancy	382,900.00	Sahayog Consultant	886,000.00
Sahayog Consultancy	946,000.00	Office expenses	3,096.56
Training fee	135,000.00	Traveling expenses	23,247.00
Admin Support	–	Depreciation	29,736.00
Bank Interest	51,879.00	Fixed assets written off	3,125.00
Other income	21,654.61	Bank Charges	1,028.00
		Audit Fees	–
		Action Research on Male migration	–
		Excess of Income over Expenditure	591,201.05
Total:	7,437,707.61	Total:	7,437,707.61

RECEIPTS AND PAYMENTS as on 31st March 2009

Receipts		Payments	
Opening balances:		Closing Balances:	
Foreign Contribution	175,198.57	Foreign Contribution A/c	710,988.00
General account	194,802.48	General account A/c	2,247,697.92
Advances and imprest	92,031.70	Advance and Imprest	282,288.31
Foreign Grants received:		Foreign Grants Utilised:	
PFI	1,350,000.00	PFI	1,525,198.57
Ford Foundation	2,382,000.00	Ford Foundation	1,837,424.00
ARROW	170,775.00	ARROW	4,363.00
Indian Grants received:		Indian Grants Utilised:	
Oxfam Consultancy	815,000.00	Oxfam Consultancy	162,098.00
PFI NRHM	1,523,200.00	PFI NRHM	1,966,982.00
Prayas Consultancy	200,000.00	Prayas Consultancy	199,259.00
UNIFEM	965,889.00	UNIFEM	184,354.00
S. D. Tata Trust	500,000.00	S. D. Tata Trust	500,000.00
UNFPA	2,825,000.00	UNFPA	2,316,884.00
INEX Media for Declining Sex Ratio	693,400.00	INEX Media for Declining Sex Ratio	570,697.00
		WHO KIT study consultancy	–
Other Income:		Other Expenses:	
Consultancy	382,900.00	Sahayog consultancy	886,000.00
Sahayog consultancy	946,000.00	Office expenses	3,096.56
Other Income	21,654.61	Traveling expenses	23,247.00
Training Fees	135,000.00	Action Research on Male migration	–
Bank Interest	51,879.00	Office equipment	–
Admin Support	–	Cycle	3,125.00
		Projector	–
		Bank Charges	1,028.00
Total:	13,424,730.36	Total:	13,424,730.36

Head Office

Centre for Health and Social Justice
Flat 3C, H Block, First Floor, Saket, New Delhi – 110 017
Phone: 91-11-40517478, 26511425 Telefax : 91-11-26536041
Email: chsj@chsj.org
Website: www.chsj.org

Satellite Office

D-63, Saket, New Delhi - 110017
Phone: 91-11-46150604, 26536163, 26535203