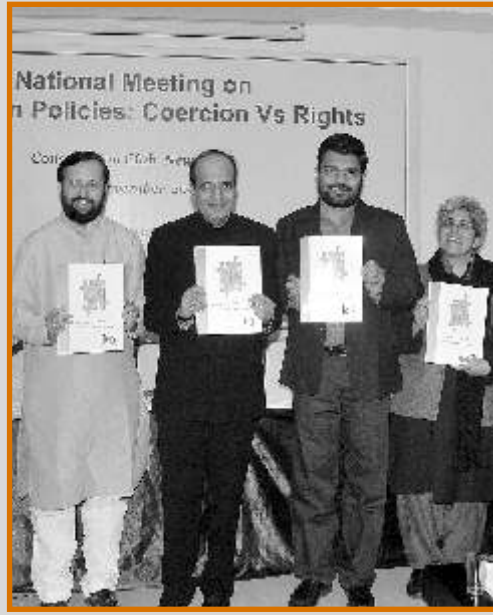


Annual Report
2009-2010



**Centre for Health and
Social Justice**

Centre for Health and Social Justice

Fifth Annual Report

2009 – 2010



Annual Report adopted by CHSJ at the 10th Governing Body Meeting held on 27th July 2010.

Centre for Health and Social Justice

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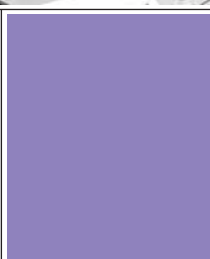
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EXECUTIVE SUMMARY

It gives me immense pleasure to present the 5th Annual Report of the Centre for Health and Social Justice. As the Centre moves ahead in its journey towards fulfilling its mission it also needs time to retrospect, and this year provided us with the first formal opportunity to do so. We underwent an Organizational Effectiveness process to evaluate the Centre's performance against its long term goals, and to chart the way ahead. Through this process we were able to see ourselves inside out, understood how we are perceived externally, learnt about our strengths and weaknesses, and also devised measures to improve our overall performance and effectivity. We also had the first formal evaluation of a completed project, and both these processes have been tremendous learning opportunities.

On the work front we continued to consolidate old gains and explore new avenues. We started a process of health expenditure tracking in two states - a follow up to our earlier work on community monitoring, but in the totally new domain of finances and economics. Similarly our hosting of the Gains and Gaps : ICPD + 15 Civil Society review process helped us build new partnerships across the country and also exposed us to new ideas and issues. We were able to consolidate our relationships with groups working on social marginalisation. Working with men and boys on the issue of gender justice had been moving slowly but during the year we started discussions with UNFPA to start an action research project covering 125 villages which will hopefully help us to put this idea on the policy stage. We also conceived and conducted the Leadership Development Programme this year to train and motivate District Programme Managers and civil society representatives in collaboration with University of Washington and the National Institute of Health and Family Welfare. This experience of partnering with a National level organisation emboldens us to seek similar collaborations in the future.

In our journey we have worked hand-in-hand with a large number of organizations and individuals. We value and cherish the trust and respect we have received and without which our work would have been incomplete. I would like to thank our partners, colleagues and well wishers for having provided all the necessary support. We consider ourselves privileged.

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 of 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 and accessible health care services.

Overview of Our Work During the Year

CHSJ completed four years of working on a variety of issues. This year we continued to work

on some of our earlier interventions along with some new initiatives. We also completed some projects this year with concrete advocacy outcomes. In these four years, CHSJ has explored various opportunities to strengthen accountability of public health systems, widened its domain to capture the nuances of social exclusion and health rights through in-depth analysis of existing literature, built capacities as a health resource support centre and undertook fresh initiatives engaging men to address contentious issues of violence against women. It has been an interesting year for the organization in light of the various review processes that were initiated to appraise the organizational objectives in lieu of its performance and effectiveness. It was in this year that the centre undertook its Organizational Effectiveness process in order to assess, understand and acknowledge the opportunities available externally and carve a discrete road map to orient the centre into creating a unique space for itself. Extensive thought was put into this process by staff members who assessed various projects and



processes. The internal review process allowed CHSJ team to reflect about the relevance of its work and achievements in the different thematic areas. This was followed by external reviews done by key stakeholders and resource people from the development sector who were asked to give

specific feedback about the strengths and challenges in front of the organization. We also realised the need for putting in place organizational mechanisms for delivering quality results within our resource limitations. ■



KEY ACHIEVEMENTS AND SOME CHALLENGES

- The Community Monitoring programme was incorporated in the state Programme Implementation Plans (PIP) in many states. Advocacy with the Ministry of Health and Family Welfare through the Advisory Group on Community Action created opportunities for civil society to actively contribute to the Common Review Mission of NRHM and the PIP formulation process.
- The Leadership Development Programme had participants from six state governments who found the training useful for understanding and dealing with community expectations.
- CHSJ worked in partnership with SAHAYOG to support the formation of National Alliance for Maternal Health and Human Rights.
- The review process under Gains & Gaps - ICPD+15 enabled us to establish strong linkages among diverse organizations and networks. This included women's health comprising nutrition, maternal health, primary health, women's rights, human rights, dalit rights, young people's health and development, issues of sexuality, transgender and sexual minorities as well as population issues. It helped us to develop relations with the Minister of Health, Parliamentarians and senior bureaucrats.
- The reports prepared by CHSJ and its partners as a part of the Rapid Assessment of Health Programmes were requested by the Planning Commission for incorporating into the mid-term review process of the 11th Five Year Plan.
- We strengthened our relationship with organizations, networks and movements working on social exclusion at national level as

well as in some states. Our work with National Campaign on Dalit Human Rights has been consolidated into a partnership.

- CHSJ was successful in supporting the development of networks around work with men and boys on gender equality and addressing violence against women both at the Indian and the South Asian level.
- As a result of the Organizational Effectiveness(OE) process and the review of Sexual Health and Rights Advocacy project we were able to get an internal and external review of our strengths and limitations. The OE process has enabled us to also develop a plan for institutional strengthening.

Challenges

- Working in partnership with organizations has been an important challenge. While collective action gave us energy and inspired us, it also posed challenges in coordination.
- The work on health and social exclusion was affected by some financial uncertainties during the year and we have not been able to complete the work and establish the linkages as we had expected.
- An important challenge in our work with men is to move beyond gender and associate with other social justice movements. We have made some linkages but there is still much more work to be done.
- The OE process was very useful, but it was very resource intensive in terms of staff time, who had to contribute to the OE process as well as complete their assignments. ■

THEME 1

Reproductive and Sexual Health and Rights

Reproductive health and rights issues in India are not only related to pregnancy, childbirth, abortion, reproductive tract infections or HIV and AIDS, but are also related to social issues like early marriage, early, frequent and repeated pregnancies as well as the freedom women have, to decide upon the number and spacing of children. Women's access to quality services for maternal health, contraceptives or abortions also fall under this broad category, and the Reproductive and Child Health (RCH-II) framework within the National Rural Health Mission and the International Conference on Population and Development, Programme of Action (ICPD PoA 1994) have constituted the point of reference for most of our activities. While much of our work this year included continuing and completing earlier activities, CHSJ also hosted the National Secretariat of Gains and Gaps- ICPD+15: A Civil Society Review in India.

Study on Quality of Care at the Sterilization Camps

CHSJ in association with HealthWatch Forum completed this study in which the implementation of the Family Planning Insurance Scheme and Quality Assurance Plan were assessed in five states. The report was shared publicly in Delhi and during the 5th Asia Pacific Reproductive and Sexual Health Conference in Beijing. A follow up study was also designed, in which the experience of those who have filed for compensation under the Family Planning Insurance Scheme is to be understood and analysed.

Securing Maternal Health and Rights

CHSJ worked together with a group of organizations across Bihar to study women's experience of institutional delivery. In April, 2009 the report of the collaborative study was shared in a national dissemination meeting culminating in formal constitution of the National Alliance for Maternal Health and Human Rights (NAMHHR). CHSJ was also involved in facilitating the formation of state level partnerships for this alliance among states like Bihar and Orissa.

Nutritional Anaemia in women and girls

Building Synergies Anaemia continues to be a major public health problem in India, particularly among women and girls, mirroring overall high rates of malnutrition due to both poverty and gender discrimination. CHSJ conducted a short study to understand the perceptions of different stakeholders to this seemingly intractable problem and also co-organized a one day roundtable along with Chetna, ARROW and Academy of Nursing Studies, in New Delhi. The main objective of the consultation was to contribute to the process of building synergies among various movements like women's movement, health

movement and Right to Food movement. It underlined the fact that people can truly enjoy reproductive health and rights only when their overall health improves.

Safe Abortion Advocacy

CHSJ has been collaborating with CommonHealth, a national network working on maternal and neonatal health on the issue of safe abortion. During the year, CHSJ provided support to host the Secretariat of the network, which later moved on to Mumbai. CHSJ supported CommonHealth partners to initiate an advocacy campaign on safe abortion in three districts of Bihar (Muzaffarpur, Nawada and Patna) to understand women's need for abortion and their perceptions about abortion services. CHSJ also collaborated with CommonHealth to organise a workshop for media persons 'Safe & Legal Abortion in India: Every Woman's Right', and to publish a set of four fact sheets on abortion rights in India.

Advocacy on Population and Development

CHSJ continued to host the National Secretariat of Gains & Gaps - ICPD+15: A Civil Society Review in India. The review has been a year long process of building consensus among various stakeholders on issues around population and development and to review the progress on different indicators of the ICPD PoA. The year-long process included the following key activities:

1. **Regional conference/meetings:** A series of state level and regional meetings, as well as national thematic consultations and roundtables were held across the country bringing together civil society and government representatives to dialogue on laws, policies and programmes in the context of population, development and reproductive health and rights issues. Some of the



issues covered included maternal health, sexual health and rights, safe abortion, coercive population policies, working with men, etc.

2. **Preparation of Briefing sheets:** A set of 12 Fact Sheets were prepared in English and Hindi (underway) on the various themes related to the ICPD PoA. These fact sheets served the purpose of informing various stakeholders on the key concerns related to the themes for advocacy purposes. A specific briefing sheet was prepared and disseminated to Parliamentarians.
3. **Preparation of a Report:** An edited volume examining different policy dimensions of issues related to ICPD PoA like maternal mortality and health rights, new reproductive technologies, reproductive health and the law, climate change and population is being prepared for publication.

Some of the key stakeholders who have been associated with this process include the following:

- Community based organizations and federations.
- Civil Society: Organizations and Networks working on related themes e.g. Women's groups, Health groups, Youth groups, Dalit groups, Networks working on Maternal Health, Family Planning, Abortion rights, Sexual health and rights, Sex workers and sexual minorities, HIV/AIDS, etc, working both at the National and State levels.
- International Organizations - UN agencies, Bilateral Organizations.
- Donors.
- Government : At the National and State levels.
- Academicians from reputed institutes across India.

A Steering Committee comprising of representatives from diverse set of organizations, including CHSJ, has planned and conducted the review process. A web site (www.icpd15india.org) devoted to the review process was created and run by the Secretariat.

Supporting state level advocacy

CHSJ has provided intensive support to state level advocacy on reproductive and sexual health in a number of states like Bihar, Orissa, Jharkhand, Maharashtra, etc. This being the last year of programmatic support for a project entitled

Advocacy on the Two Child Norm(2CN)

A national meeting on Population Policies: Coercion Vs Rights with specific emphasis on 2CN was held in New Delhi on 24-25 November 2009, to coincide with the ongoing Parliament session. A special session "Voices from People's movements" was incorporated in the two day programme where representatives from Dalit, Adivasis, minorities, child rights, women's rights and PRIs from states presented field level experiences vis-à-vis population policies in different states. They shared how the 2CN was affecting these sections of the population. Hon. Minister Dinesh Trivedi was also present during the dialogue. A study report on perspectives about and implementation of 2CN was released on this occasion.

"Advocating for Reproductive and Sexual Health and Rights", CHSJ commissioned an external consultant to conduct a review of the project to identify not only whether the project outputs and outcomes were met, but to understand the nature of CHSJ's partnership support at the state level and ways to strengthen the same. This project was jointly supported by Ford Foundation, Packard Foundation and Population Foundation of India and ended on March 31, 2010. Some of the strengths that partners noted were :

- Although CHSJ enjoys a good reputation with the government it doesn't hesitate to voice questions and concerns about government policy and practice.
- CHSJ emphasizes the need for strong evidence to build arguments. It collects evidence from the ground and analyses the evidence rigorously with its partners. Advocacy efforts are built on strong research, rigorous analysis and cogent arguments.
- The learning material and publications of CHSJ are necessary, timely and useful. They have the relevant information, lay out the issue(s) well, present different sides / aspects of the argument, are detailed but simple and precise.
- Organizations working at the grassroots in different states feel that CHSJ's focus on working at the policy level has provided them the opportunity to enter and intervene in the policy space. ■

THEME 2

Health Rights and Marginalized Communities

In keeping with our concerns about Social Justice, CHSJ continued its work on Health Rights & Marginalized Communities. The thrust has been on examining the relationship of social exclusion and health rights in the Indian context. The Centre also built linkages with networks and groups working specifically with marginalized and excluded communities to develop methodologies for evidence building and furthering the claim to health related rights.

Study on National Health Programmes and Social Exclusion (NHSE)

The study was conceptualized to understand the different factors that facilitate or hinder the access and quality of health care services for the marginalized communities. The issues covered in the study were health care needs of the communities, factors affecting choices of health care systems and experiences of accessing public health care in context of maternal health, TB and general health needs. The study also looked at problems and expectations of different communities from public health system. Mahila Jan Adhikar Samiti (MJAS), Ajmer, Rajasthan was a partner in this study and a joint team was constituted for collecting data. The data gathered in three phases is now completely coded and is ready for further analysis and report writing.

Literature Review on Health and Social Exclusion

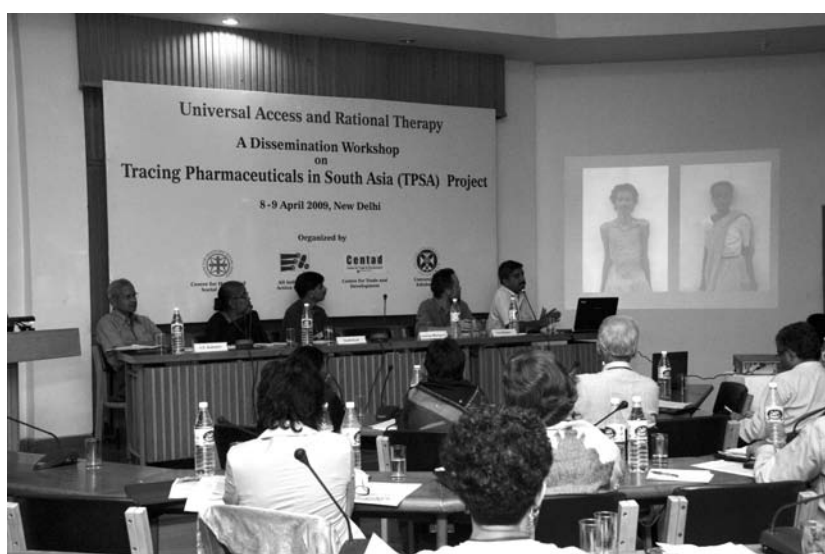
In order to understand the complexities of the social exclusion phenomenon and its relationship with health, especially access to health services and health outcomes, an extensive and thorough literature review was undertaken on the following broad issues:

- Social Exclusion and Maternal Health.
- Social Exclusion and T.B.
- Maternal Health Care for Women living with HIV/AIDS.
- Family Planning and Social Exclusion.

The draft papers prepared have been shared with advisors and their feedback has been incorporated. Two of these papers have been uploaded on the website for public use. Soon the other papers will also be uploaded for wider dissemination.

Campaign on Maternal Health and Social Exclusion

The campaign had been initiated by Wada Na Todo Abhiyan (WNTA - UN Millenium Campaign in India) along with CHSJ and National Campaign for Dalit Human Rights (NCDHR) to generate awareness and build perspective on health rights of marginalized communities across different states. CHSJ worked with NCDHR to orient these organizations to different dimensions of human rights related to health rights, with a focus on maternal health related entitlements under the National Rural Health Mission (NRHM). State level partners were trained last year to identify and document case studies of maternal health rights violations. This year these case studies were compiled and analyzed in light of the service guarantees and NRHM norms and on the basis of which, public sharing meetings were organised in states where the local organizations were ready to take the process forward. The purpose was to create an opportunity in the respective states, so that the





issue of maternal health and social exclusion receives attention from NGOs and policy makers alike. Public sharing meetings took place in three states namely - Bihar, Orissa and Andhra Pradesh. A compiled report has also been prepared for dissemination.

Facilitating Independent Review of National Health Programmes(Rapid Assessment of Health Programmes)

CHSJ has been facilitating the independent review of the implementation of different health programmes at the grassroots level from its first year. These independent reviews have been acknowledged as important sources of information by the Government of India in its own review processes. This year the emphasis was on completing the studies that had been initiated in the last year under the Rapid Assessment of Health Programmes(RAHP) process. During this year, partner organizations were supported to complete analysing the data and the writing of different reports. These reports were shared at a national sharing workshop in July 2009 and Dr Syeda Hameed, Member, Planning Commission, Government of India, who was present at the meeting requested for all these research reports with the intent of including them within the 11th Five Year Plan review process. The RAHP process was completed with the technical support from the Global Health Leadership Programme of the University of Washington and UNFPA India.

Exploring Universal Access to Medicines

CHSJ has been collaborating with SAHAYOG and

the University of Edinburgh on a research project exploring the reasons behind the misuse of drugs like oxytocin (inducing labour), rifampicin (treating TB) and fluoxetine (depression) that are vitally important from a public health perspective by tracing their journey from production to consumption. A series of working papers have been produced by the research team and circulated widely for feedback and comments from various stakeholders. A two day dissemination workshop was also organised in the month of April 2009 in Delhi to share the findings of the study and to provide a platform to the stakeholders to share crucial perspectives on the issues of Universal Access and Rational Therapy of Drugs. The papers have been published as a special edition of Journal of Health Studies.

Studies Conducted by interns

CHSJ encourages university students to take up research subjects which are of concern to us and can be done in a short span of time. These quick studies help in generating evidence on policy relevant issues. This year CHSJ hosted three interns from different universities who conducted the following studies

- Exploring the health care needs of women who experience violence in Uttar Pradesh, India.
- Qualitative Assessment of the Tuberculosis Care System for Migrant Urban-Industrial Workers (MUIW) living in Kapas Hera, New Delhi.
- Meeting the Health Needs of Domestic Violence Victims: Assessing the Utilization of Domestic Violence Law and Health Services Preparedness in Coastal Orissa. ■

THEME 3

Community Action for Health Rights

CHSJ has been involved in pioneering the approach of community monitoring of NRHM in the last three years. It was part of the national secretariat and developed a methodology to empower local communities to increase their own engagement with the public health system and thereby improve decentralised governance and utilisation of services. CHSJ strengthened this independent thematic area during the year. Work undertaken under this thematic area is described below.

Community Level Monitoring of Health Expenditure

CHSJ initiated this project in one district each in the two states of Orissa and Assam. This project is seen as a follow up of the earlier community monitoring process in which Village Health and Sanitation Committees and PHC Planning and Monitoring Committees were trained to undertake community monitoring of mandated services under NRHM using simple community score cards. The main objective(s) of the project is to facilitate communities to become aware of their health



related entitlements (including financial entitlements) and to track out-of-pocket expenditure incurred during their treatment. The project also aims to empower community groups to monitor budgetary allocation and expenditure patterns especially of funds that are to be managed at the local level e.g. untied funds, annual maintenance grants and corpus grants. The project has been designed keeping these assumption(s) in mind:

- There is high out-of-pocket expenditure and low public expenditure on health.
- There is low utilization of public health facilities.
- People's awareness of health entitlements and their own out-of-pocket expenditures will lead to their involvement in health related planning and monitoring and increased use of public health facilities.

The project, which is being funded through a partnership with International Budget Partnership, was initiated in August after receiving prior permission under the relevant laws. Up until March 2010, the project has completed selection of partners, project villages and a five day training programme was conducted around "Community Expenditure Tracking" using participatory methods. A short financial entitlement booklet has also been prepared, and has been provided to partners for translation and use with the community. The project is being implemented in 24 villages under 6 PHC areas in these two districts. At the same time desk research to review state level and district level planning and budgeting processes has also been initiated.





Leadership Development Programme

The Leadership Development Programme to improve Effectivity, Accountability, and Communitisation of health systems, was designed by CHSJ in collaboration with the Global Health Leadership Program at the University of Washington, and the National Institute of Health and Family Welfare (NIHFW). The training was attended by 32 senior or mid level managers from all over India, representing Government, International Organizations, NGOs and people's movements. Some of the participants' responses after attending this training is summarised below:

"Previously I was having a single strategy for every team, but now I try to analyse the dynamics, the context of every team, the actions of every individual within these teams, the activities that guide these actions and work out different strategies for different teams"

"The training helped me to understand that a true leader is one who creates other leaders by taking a backseat and inspires others to take over. My attitude changed and I am accepted in a better way".

Community Monitoring of NRHM

The community monitoring project officially ended in March 2009 but a few states continued the process throughout the year and had it included in their state Programme Implementation Plans (PIP). Efforts were also undertaken to introduce community monitoring in all state PIPs by the Advisory Group on Community Action (AGCA). The Director of the organization was also invited to participate in the Common Review Mission of NRHM in Uttarakhand and the PIP formulation process in Bihar. ■



Leadership Development Programme
 'To Improve Effectivity, Accountability, and Communitisation of Health System',
 17-21st July 2009 - NIHFW, New Delhi
 Presented by: CHSJ, University of Washington & NIHFW



THEME 4

Men and Gender Equality

CHSJ believes that working with men is an indispensable component in our efforts towards developing a gender just society. Through its various interventions, CHSJ helps men to understand their privileged positions as well as the compulsions and vulnerabilities that men face within patriarchy. This understanding is essential to promote equality at the level of individual, community relationships and also within the governance mechanisms.

Working with Men to address Violence against Women in Uttar Pradesh

CHSJ initiated an action research project to mobilise and engage men and boys to address the issue of violence against women in 30 villages in three districts of Uttar Pradesh. This is part of a multi country project being supported through the UNIFEM Trust Fund and is being implemented in India in collaboration with SAHAYOG and the International Centre for Research on Women (ICRW), New Delhi and Instituto Promundo, Brazil. The goal of the project is to facilitate increased involvement of men and boys in promotion of gender equity and the reduction of violence against women and girls and to demonstrate that this change is possible through a combined process of mobilisation, capacity building, campaign and community action.

The project envisages doing intensive engagements with men and boys in Pratapgarh and Jaunpur districts of UP. The key activities undertaken during this year involved curriculum development and training with the selected youth and adults. The themes included for the training



were social relationships and power, masculinities, gender and violence in the first phase. Post training the participants made an action plan based on the individual changes in their family lives as well as what they would do as a collective in the village to stop violence against women and to educate their peers on these issues.

Men and Gender Equality Policy Project

Over the years, CHSJ has been involved in analyzing the extent to which men and masculinities are contemplated in existing public policies related to gender equality. From India, CHSJ and SAHAYOG have been participating in this multi-country project jointly coordinated by Instituto Promundo, Brazil and International Centre for Research on Women, Washington D.C. As a part of the continuing enquiry process, CHSJ was involved in conducting a study "Men who care" which aimed to examine the possible impact/ role the policies may have had on men who are involved in (alternative) roles of care giving or in care giving professions. Nineteen respondents from Delhi, Pune and Lucknow were included in the study and the analysis is ongoing.

Mobilising Men to challenge Sexual and Gender based Violence in Institutions

CHSJ in collaboration with SAHAYOG started a project titled, "Mobilizing Men to challenge violence against women in Institutional Settings" supported by Institute of Development Studies, Sussex, UK. The programme aims to provide support to the activists/ leaders to facilitate the implementation of campaigns against violence against women in specific institutional settings.

Supporting Men's Action for Stopping Violence Against Women (MASVAW)

Men's Action for Stopping Violence Against Women (MASVAW) is a campaign on working with men



and boys in Uttar Pradesh to provide men with a supportive peer environment to practice gender equitable behaviour and challenge gender based violence. CHSJ provided technical support to MASVAW for its Organizational Development, capacity building for its districts forum members and secretariat staff, conducting assessment study with its district forum members and youth and their influence for gender equality in the community.

Networking

As part of its networking processes, CHSJ has been consistently involved in addressing the issues of masculinity and gender equality at the National, South Asian and Global levels.

Participation at the National Level

CHSJ currently holds the secretariat for Forum to Engage Men (FEM), which is a national network involving diverse group of activists, academicians and organizations that share a vision of working with boys and men on issues of gender equality and violence against women. FEM had a series of meetings beginning with a two day state level meeting at Lucknow in March 2009 followed by, a two-day Study Group meeting at Nagpur (Maharashtra) in May 2009 where issues of social transformation in the context of gender equality, masculinity and non-violence were discussed. In February 2010, FEM in association with ICPD+15 secretariat, IPPF and ICRW organised a National Consultation on "Where are we on Men, Masculinities & Gender Equality" in New Delhi. It was followed by a national meeting to discuss strengthening of the network, ensuring its outreach and developing resource materials for use within the network. FEM members also participated in a national review meeting of work with men on violence against women, conducted by UNFPA, India.

CHSJ facilitated a) the development of case studies around the work of different FEM partners and b) the preparation of a report titled, "Review of Programmes, Projects and Interventions to Engage Men and Boys in the Fight Against Gender Based

Violence" by Alessandra Orifinopouel, an intern from Brazil. CHSJ also prepared the briefing sheet on 'Men as Responsible Partners' for a set of briefing sheets prepared by Gains and Gaps- ICPD+15: A Civil Society Review in India.

Participation at the South Asian Level

CHSJ is also involved in South Asian regional processes which share similar objectives. CHSJ members played a key role in 'Working Together Regionally', a South Asia Regional Consultation in Dhaka, Bangladesh in June on working with boys and men for gender equality and gender-based violence prevention. A working meeting on "Shaping a Regional Approach to Capacity Building: Working with Men and Boys for Gender Equality" held in Bangkok, Thailand in October 2009 was jointly hosted by CHSJ and Partners for Prevention, UNDP, UNFPA, UNIFEM & UNV Regional Joint Programme for Gender-based Violence Prevention in Asia and the Pacific and UNFPA Bangladesh. Along with Partners for Prevention and MenEngage Alliance, CHSJ organised a South Asia Curriculum Development meeting in Bangkok, Thailand in January 2010.

Participation at the Global Level

CHSJ is a member of the steering committee of MenEngage, a global alliance of NGOs and UN agencies that seek to engage boys and men to achieve gender equality. CHSJ had a crucial role in coordinating and facilitating the arrangements for selecting participants and making necessary arrangements for them in Global Symposium on Engaging Men and Boys in Gender Equality, held in Rio de Janeiro in April 2009. CHSJ also participated in MenEngage South Africa Symposium held at Johannesburg, South Africa in October 2009. CHSJ participated in a side event panel "Principle of partnership and accountability between organizations working with women and with men on Gender Equality" at the occasion of UN Commission on the Status of Women in New York, USA in March 2010. CHSJ also took part in Asia Pacific Regional Conference on primary prevention of VAW held at Cambodia in November 2009. ■

STRATEGIC INTERVENTIONS

Information Management

Collecting, collating and sharing information is central to supporting advocacy action at all levels. Keeping this in view CHSJ has been proactively involved in information processing and sharing both through printed and electronic medium. We share all our publications on line and analysis of download trends indicate that most of these materials are being used and downloaded actively. Some of the information sharing activities undertaken during the year are as follows:

Web based Activities :

❖ **Website-** The institutional website was redesigned into a bilingual one with the objective of greater outreach. The core website is in English and a skeleton version is being maintained in Hindi. The website is regularly updated with important activities, events and maintained as an important resource in the area of health rights. Documents uploaded on the website are used extensively and the list below highlights this.

Reports, Resource Materials uploaded on website	Downloads
Safe & Legal Abortion in India: Every Woman's Right - A Report on Media Workshop held on 5 & 6 November 2009	90
Monitoring Manual for Community Based Monitoring of Health Services under NRHM	173
Manual For Trainings And Workshops for Community Based Monitoring of Health Services under NRHM	199
Manual For Managers for Community Based Monitoring of Health Services under NRHM	155
Review of interventions with men and boys	89
Working with Boys and Men for Gender Equality	574
Men, Gender Equality And Policy Response In India	265
Pulse Polio Programme: Global Priorities and Local Realities	43
Responding to the Two Child Norm	35

❖ **Listserv Reprohealth_India-** This discussion forum, moderated by CHSJ continues to function effectively and raise concerns around issues pertaining to maternal health and social justice related concerns. Presently the membership count is 468 comprising of members ranging from civil society organizations, academia, and international organizations to the government. The listserv also provides the basis for building consensus on reproductive health and rights issues and at times may even lead to advocacy action plans.

In this year, the listserv generated a string of animated discussions some of which are the following:

- Public Dialogue on the Right to Maternal Health in UP: 28 May 2009.
- There is no way out but struggle: Dr Binayak Sen.
- UNHRC passes a resolution on Maternal Mortality & Human Rights.
- Understanding Rural Women's Morbidity and Mortality in Rajasthan.
- Indian Express - Bhopal report on Maternal Deaths.
- Delhi High Court reads down Section 377 of IPC
- Virginity Trial for Women in MP.
- Briefing of new MPs on maternal health in India
- Karnataka plans to introduce 2CN.
- Govt spending on healthcare inadequate: Minister.
- India's Malnutrition dilemma.
- Only Rs.37 a month for an Indian citizen's healthcare.
- Illegal sex-selective abortion industry makes about \$250 million a year.
- Bhopal Statement of women against sexual violence and state repression.

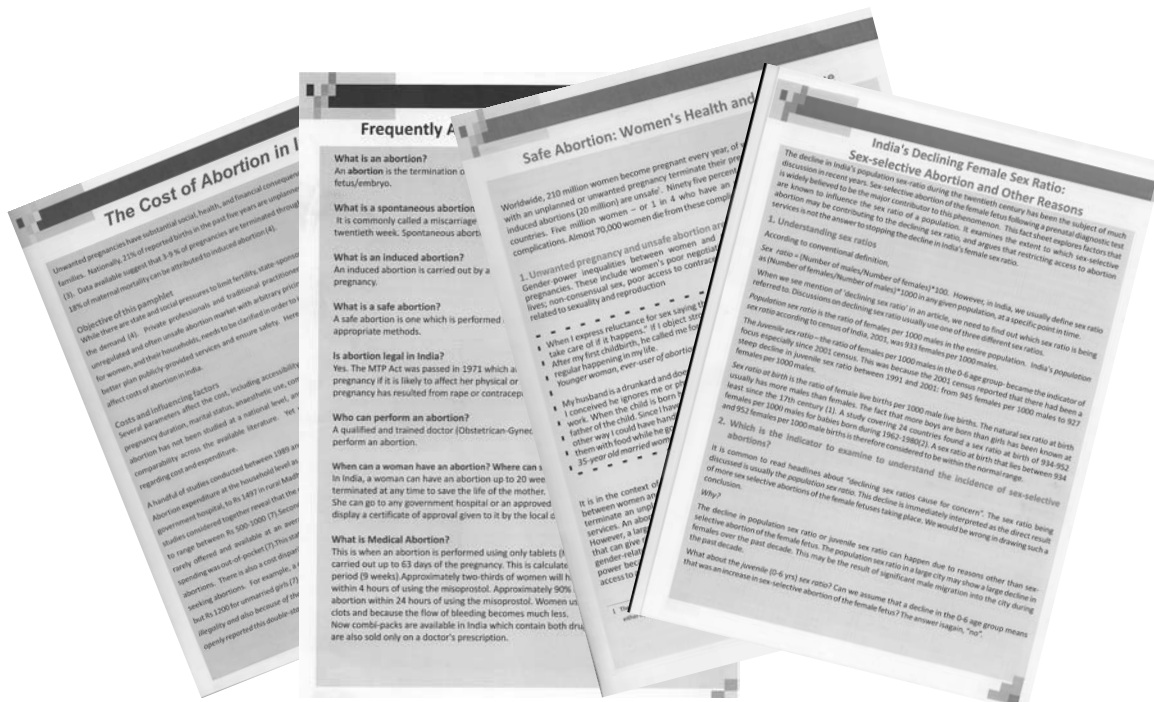


- Shortage of human resources hitting NRHM.
 - Costly healthcare pushes 39m into poverty.
 - NRHM paints a poor picture of health facilities.
 - Back to targets, awards and punishments for sterilisations- JSK plans.
 - Sterilisation Camp at Azamgarh.
 - In a first, Assam to guarantee right to health.
- ❖ **Health News Update-** CHSJ continued collating news on laws, policies and programmes related to public health from key news sources and

circulated them in the above discussion group as well as on the institutional website. Over 330 news items were posted during the year through 36 updates.

Books, Journals and Resource Materials

The institutional library now has more than 1000 books under different categories. The library is maintained through a computerized cataloguing system. ■



STRATEGIC INTERVENTIONS

Partnerships, Networking and Coalitions

Building partnerships, networks and coalitions remains an essential strategic component of CHSJ. We consolidated our partnerships and expanded the networking activities during last year. We were able to deepen our work in the states and work around issues of health rights of marginalized communities. We also had meaningful partnership with RAHP partners where we supported them in planning their strategies and thereafter, most of the organizations initiated efforts to advocate around health issues. We continued our relationship with large networks like WNTA and NCDHR and have plans to work concretely towards bringing the health rights issues into the arena of Dalit rights. Apart from this we have also been a major partner in the formation of NAMHHR, a coalition for maternal health and human rights. Another valuable partner is SAHAYOG with whom CHSJ collaborated for various research studies, advocacy events and developing various networks and coalitions. Population Foundation of India (PFI) continued to be one of our strong supporters by enabling us to conduct our Organizational Effectiveness work as well as a host of other crucial activities.

A major factor that has stimulated our growth has been our long lived association with a wide range of partner organizations at the state, national and

international level. Following were some of the key partners of CHSJ this year:

International	National	Networks
<ul style="list-style-type: none"> ■ 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 Budget Partnership (IBP), USA ■ International Centre for Research on Women, USA ■ International Centre for Research on Women (ICRW), Delhi ■ International Planned Parenthood Federation (IPPF-SARO), Delhi ■ INSTITUTO PROMUNDO, Brazil ■ Liverpool School of Tropical Medicine, UK ■ Queen Margaret University, UK ■ Sonke Gender Justice, South Africa ■ University of Edinburgh, UK 	<ul style="list-style-type: none"> ■ 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 ■ JAGORI, 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 ■ SATHI Pune ■ SRM University, Chennai ■ SUTRA, Himachal Pradesh ■ The Hunger Project 	<ul style="list-style-type: none"> ■ 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 ■ 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

Organizational Effectiveness

The Organizational Effectiveness (OE) process was initiated in CHSJ at a very appropriate time. It was appropriate because CHSJ had completed its first four years and it was time for stocktaking and conducting a review about its objectives and performance. Its objectives needed to be reviewed in terms of their addressing an explicit or implied need and its performance in terms of effectiveness and achieving any tangible outcomes. The OE process was expected to provide a clearer idea for strategic planning for the future. The OE process was undertaken with the support of an external consultant Mr. Tejinder Bhogal (Innobridge Consulting Pvt. Ltd.) whose insightful facilitation has helped the team to mature and come to grips with innate realities of institutional mandate and operational mechanisms.

The OE process included six components:

- Assessment of CHSJ by key external stakeholders.
- Assessment of CHSJ internally by its present and former staff.
- Revisit and finalize the Mission, Vision, Values & Strategy of the organization.
- Rework the structure of the organization.
- Provide an overview of the processes that need to be invested in within CHSJ.

- Develop and institutionalize internal processes such as:
 - Performance Appraisal & Competency Development.
 - Exit Interviews.
 - Internship Policies.
 - Core Group Development.
 - Mentorship Nomination.

A detailed report with mechanisms for moving forward has been prepared and many of the steps that were recommended have already been put into action.

What has changed within the organization as a result of the OE process?

Reference has already been made to some of the challenges faced by the organization in implementing some of the recommendations emerging from the OE process. However at the same time many small and significant changes are also being observed both in staff perceptions and behaviours and institutional mechanisms. A summary of changes is given below:

- Institutional systems have been strengthened and new ones set up. Recruitment and orientation processes, exit interviews, supervision, monitoring and appraisal processes have also become more thorough.
- Organization is also keen to promote people and do capacity building. Staff have already been sent to relevant workshops and training events.
- Staff meetings have also changed- earlier the focus was on sharing work report now there is a general sharing of ideas and opinions.
- Interpersonal relationship and dynamics have changed. Staff relationships have improved. Feedback is evidence based.
- There has been an appointment of HR person who serves also as a link between the leadership of the organization and the individual team members. It gives space to people to talk about problems.



OUR OPERATIONAL MECHANISMS

Capacity Building

- Meeting on "Accountability in Non Profit" - a Donor's Perspective was attended by CHSJ staff. This meeting facilitated the understanding of the donor's perspective towards accountability in the development sector.
- Jagori Basic Gender Course- In order to build perspective towards gender, gender based violence, poverty and livelihood, women and health, sexuality and framework of national and international human rights affecting women's life, two staff members from CHSJ attended the 6 day Gender Basic Course organised by Jagori.
- A talk on "Controversies in Contraception" was organised in New Delhi and was attended by CHSJ staff members. Dr Shree Mulay, a well known scientist and researcher based in Canada spoke on reproductive health issues in the context of the Western world. Her presentation took a broader approach in addressing current women's health issues, and contextualized these issues within a holistic framework, rather than focusing strictly on the topic of contraception.
- International workshop on Gender and Volunteerism was attended by one of the staff members. The workshop organized by the UNV Headquarters in May, 2009 in Bonn, Germany emphasized on various facets of gender and volunteerism. It called upon volunteers and other national and international agencies to integrate gender as an inevitable part of volunteerism.
- Health and Budgets Workshop was organized by International Budget Partnership project, Fundar and CEGAA in Kerala during July 2009. The training was designed to build the capacity of civil society organizations in terms of research, analysis and advocacy to improve health allocations and expenditure. Two members of CHSJ participated in the training. Currently CHSJ is using the learnings in their budget work around NRHM.
- CHSJ also organises in house capacity building events mostly for perspective building and also for upgrading technical skills on research. Weekly Tuesday Meetings are a good forum for perspective building where all members are encouraged to speak up on different issues. Mostly these discussions help staff members to have a clear understanding of contemporary issues. The issues for discussion are wide ranging and cover topics like Sexual Harassment at Work Place, Global Warming, etc. ■





Reports, Papers and Publications

Reports and Papers

1. Social Exclusion and Inequalities in Maternal Health- WNTA report on Maternal Health and Social Exclusion.
2. Nutritional Anaemia and Maternal Health - Exploring Linkages.
3. Tubectomy: A case of poor Quality of Care, Medical negligence and Human Rights violation- A report on QoC in Sterilisation Operations.
4. Gender, Sex Selection and Safe Abortion: creating common ground - A media workshop report on Abortion.
5. Reports of ICPD +15 events.
6. Process documentation of Bihar Jan Adhikar work.
7. Maternal Health study in Bihar - Study of Women's Experiences of Institutional Delivery in Block Danapur and Bihita, district Patna.
8. Literature Review on Social Exclusion.
9. Family Planning Quality of Care study.
10. Review of Programmes, Projects and Interventions To Engage Men and Boys in the fight against Gender Based Violence.
11. FEM Members Case studies - Working with Boys and Men for Gender Equality.

Publications

1. Co-Publications with Commonhealth - Abortion related Factsheets were produced around safe abortion as a women's health and rights issue in India.
 - FAQs about Safe Abortion.
 - India's Declining Female Sex Ratio: Sex Selective Abortion and other reasons.

- Safe Abortion: Women's Health and Rights issue.
 - The Cost of Abortion in India.
2. Review of Two Child Norm in India - A booklet named "Responding to the Two Child Norm: Barriers and Opportunities in the campaign to combat target-oriented population policies in the post-ICPD India" was published as an outcome of a study titled "The review of the Two Child Norm Policies: State and Civil Society Responses in India" conducted by an intern from University of Washington in two states of India.
 3. ICPD +15 - Briefing sheets - A series of 12 briefing sheets were published during the year. The themes were as follows:
 - ICPD Promises and Reality.
 - Abortion in India.
 - Adolescents and Young People.
 - Contraception- Issues and Concerns.
 - Financial Commitments in ICPD.
 - HIV AIDS in India.
 - Violence against Women and ICPD.
 - Maternal Health in India.
 - Men as Responsible Partners.
 - Population and Development Promises- A Briefing Sheet for Parliamentarians.
 - Population Issues.
 - Sexuality and Sexual and Reproductive Health and Rights in India.
 4. Journal of Health Services - Special issue on Tracing Pharmaceuticals in South Asia.
 5. Rapid Assesment of Health Programmes Report (In press). ■



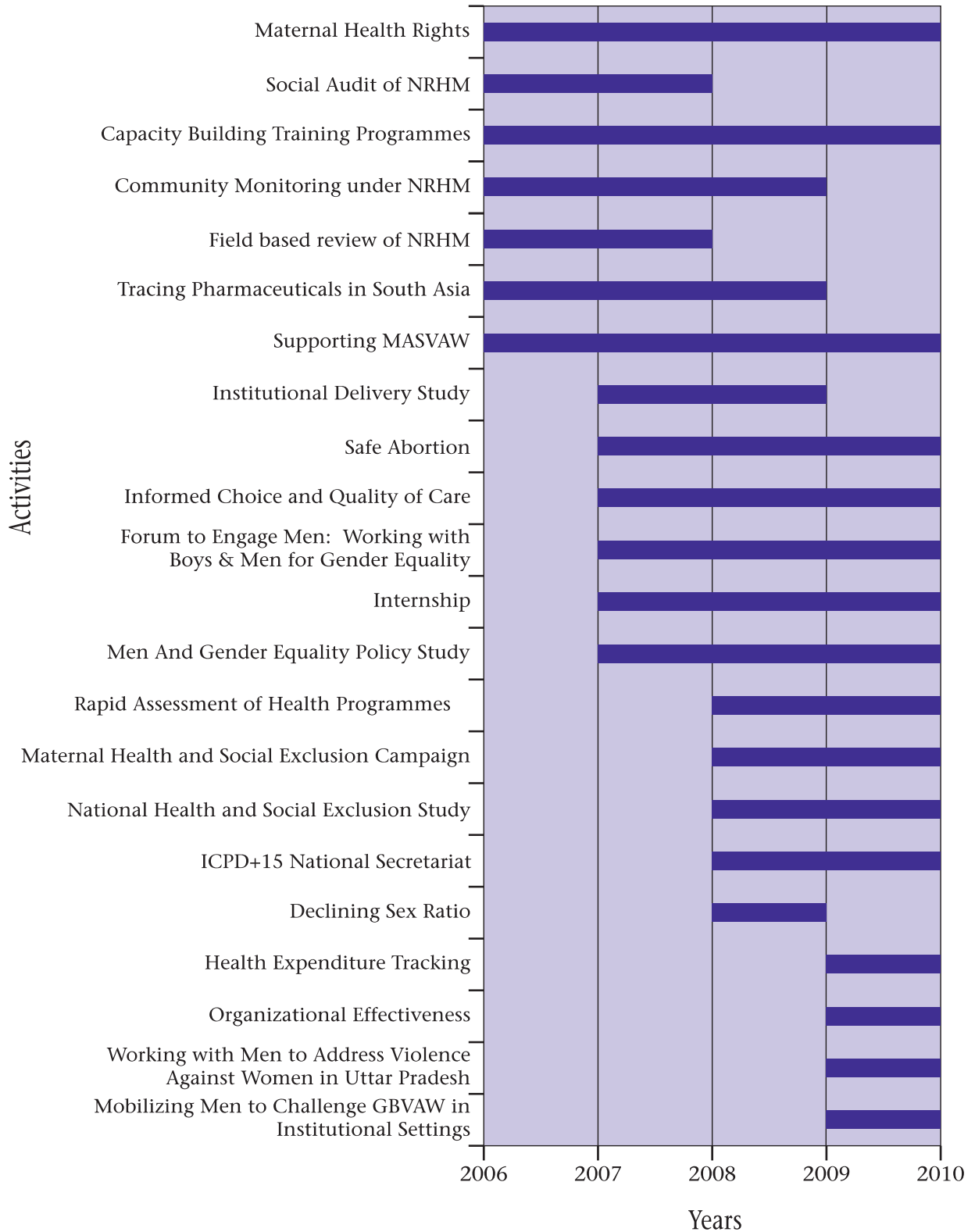


Distribution of CHSJ's work across different states in India

Andhra Pradesh	<ul style="list-style-type: none"> ● Capacity building and Support to WNTA and NCDHR Partners for Maternal Health and Social Exclusion Campaign related documentation.
Assam	<ul style="list-style-type: none"> ● Health Expenditure Tracking - International Budget Partnership Project ● Capacity building of NEN partners on reproductive health and rights. ● Networking on Men and Gender Equality.
Bihar	<ul style="list-style-type: none"> ● Maternal Health study. ● 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 partnership.
Chattisgarh	<ul style="list-style-type: none"> ● Networking on Men and Gender Equality.
Himachal Pradesh	<ul style="list-style-type: none"> ● RAHP study partnership.
Jharkhand	<ul style="list-style-type: none"> ● Advocacy on Maternal Health. ● RAHP study partnership.
Madhya Pradesh	<ul style="list-style-type: none"> ● Family Planning Quality of care study. ● RAHP study partnership.
Maharashtra	<ul style="list-style-type: none"> ● Capacity building and Support to WNTA and NCDHR Partners for Maternal Health and Social Exclusion Campaign related documentation. ● Networking on Men and Gender Equality. ● RAHP study partnership. ● Study on Men who care
Manipur	<ul style="list-style-type: none"> ● RAHP study partnership.
Nagaland	<ul style="list-style-type: none"> ● RAHP study Partnership.
Orissa	<ul style="list-style-type: none"> ● Two child norm related advocacy. ● Advocacy on Maternal health. ● Family Planning quality of care study. ● RAHP study partnership. ● Health Expenditure Tracking - International Budget Partnership Project ● 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	<ul style="list-style-type: none"> ● Family Planning Quality of care study. ● Partnership for research on Social Exclusion and national health Programmes
Tamil Nadu	<ul style="list-style-type: none"> ● Capacity building and Support to WNTA and NCDHR Partners for Maternal Health and Social Exclusion Campaign related documentation. ● Networking on Men and Gender Equality. ● Capacity building on Masculinity, sexuality, gender equality and gender based violence.
Uttar Pradesh	<ul style="list-style-type: none"> ● RAHP study partnership. ● Family Planning Quality of Care Study. ● Networking on Men and Gender Equality. ● Maternal Health and Social Exclusion Campaign documentation sharing by SAHAYOG in partnership with WNTA and CHSJ.
West Bengal	<ul style="list-style-type: none"> ● Networking on Men and Gender Equality.

Annexure 1

Timeline of Activities



Annexure 2

CHSJ Team (as on 31st March, 2010)

Abhijit Das, Director

Anil Tharayath Varghese, Programme Officer

Anita Gulati, Administrative Officer

Archana Dwivedi, Programme Manager

Azra Khan, Research Assistant

Geetika Jaswal, Secretariat Coordinator

Gitanjali Priti Bhatia, Programme Officer

Ishu, Office Assistant

Jayashree Velankar, Consultant

Jayeeta Chowdhury, Programme Manager

Lakshmi E. Prasad, Programme Officer

Lavanya Mehra, HR Officer

Leena Uppal, Consultant

Mahfouz Alam, Office Assistant

Manodeep Guha, Programme Officer

Melissa Lairenlakpam, Programme Assistant

Moumita Ghosh, Programme Officer

Nivedita Datta, Secretariat Coordinator

Pratibha D'Mello, Programme Officer

Rajeev Narayan, UNV Volunteer

Rajesh Arora, Accounts Officer

Ramesh Kumar, Accounts Assistant

Ravi Gupta, Programme Officer

Ruhul Amin Barbhuiya, Research Assistant

Rujuta Deshmukh, Research Associate

Sakshi Khurana, Research Associate

Sangeeta Singh, Accounts Assistant

Satish Kumar Singh, Deputy Director

Shelley Saha Sinha, Programme Manager

Sunita Singh, Programme Manager

Tulsi Manimuthu, Administrative Assistant



Annexure 3

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.

Suneeta Dhar

Director, Jagori

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.

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

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

Ravi Duggal - Senior Trainer and Analyst, International Budget Partnership.

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

S Srinivasan - Founder Trustee, Locost Standard Therapeutics, Baroda, 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.

Annexure 4

Financial Summary 2009-2010

Balance sheet as on 31st March 2009-2010

Liabilities		Fixed Assets	
Corpus Fund	5,000.00	Fixed Asset (Trust)	715,682.00
Fixed Assets replacement Fund-Vehicle	71,559.00	Fixed Asset(FCRA)	120,933.00
General fund	869,888.30		

Restricted fund		Current Assets	
Foreign Grants unutilised	1,335,130.75	Security deposit	173,000.00
Indian Grants unutilised	(101,453.00)	Loans and Advances	442,504.41
committed liabilities	640,384.69	Cash & Bank balances	1,368,390.33
Total:	2,820,509.74		2,820,509.74

INCOME & EXPENDITURE	2009-2010		2009-2010
Expenses		Income	
UNFPA-RAHP	1,231,853.00	Project Funds	3,774,264.00
Prayas consultancy	741.00		
Oxfam consultancy	652,902.00		
UNFPA RAHP	877,315.00	Sahayog Consultancy	955,500.00
UNIFEM- Strengthening South Asian Regional secretariat under P4P	888,750.00	Consultancy & Training fee	576,820.00
INEX Media-Declining sec ratio campaign	122,703.00		
Sahayog Consultancy Project	955,500.00	Other Income & Bank Interest	37,189.47
Trust expenses	818,130.40		
Excess of Income over Expenditure	(204,120.93)		
Total:	5,343,773.47	Total:	5,343,773.47

RECEIPTS AND PAYMENTS as on 31st March 2010

RECEIPTS		PAYMENTS	
Opening balance:		Foreign Grants utilised:	
Foreign Contribution A/c.	710,988.00	Ford Foundation	2,401,751.00
General A/c.	2,074,697.92	ARROW	319,343.00
Advances and imprest (Net)	282,288.31	International Budget partnership	1,030,236.00
Fixed asset replacement fund-Vehicle	71,559.00		
Foreign Grant received:		Indian Grants utilised:	
Ford Foundation	1,857,175.00	Oxfam Consultancy	652,902.00
ARROW	205,163.75	UNFPA- ICPD	1,231,853.00
International Budget partnership	2,313,134.00	Prayas Consultancy	741.00
		UNIFEM	888,856.00

Indian Grant received:

UNFPA- ICPD	1,130,400.00	UNFPA- RAHP	877,315.00
Prayas Consultancy	-	Inex Media for DSR	122,703.00
UNIFEM	107,321.00		
UNFPA- RAHP	369,199.00		

Other Income:

Consultancy	341,820.00
Sahayog Consultancy	955,500.00
Other Income	24,533.47
Leadership Training Fees	235,000.00
Bank Interest	12,656.00
PFI-NRHM Receivable	443,782.00

Other Expenses:

Sahayog consultancy	955,500.00
Office expenses	106,555.00
CHSJ Consultancy	50,700.00
CHSJ- Salary	492,926.00
Leadership Training Exp	23,142.00
Fixed Assets	788,068.00
Bank Charges	22,010.40
Excess expenditure of Unifem	106.00

Closing balance:

		Foreign Contribution A/c.	1,335,130.75
		General A/c.	33,259.58
		Advance imprest	(197,880.28)
Total:	11,135,217.45	Total:	11,135,217.45



Centre for Health and Social Justice

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

Avenue 21, G Block, Saket

New Delhi - 110017

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Fax: 91-11-26536041

Email: chs@chs.org

Website: www.chsj.org