

# Annual Report

## 2010-2011



Centre for Health and  
Social Justice

# **Centre for Health and Social Justice**

**Sixth Annual Report**

**2010 – 2011**



Annual Report adopted by CHSJ at the 12th Governing Body Meeting held on 12th August, 2011.

**Centre for Health and Social Justice**

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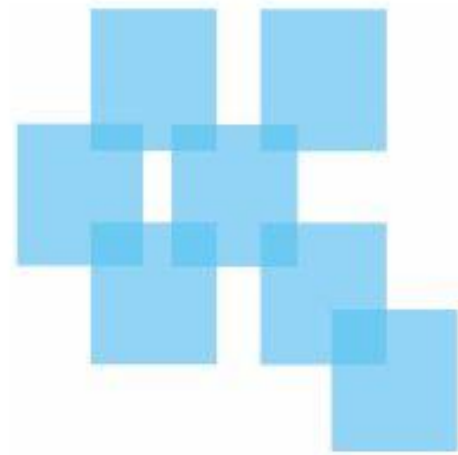
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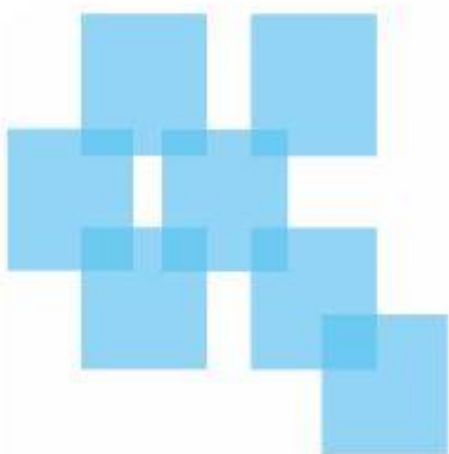
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## EXECUTIVE SUMMARY

It is my pleasure to present the Annual Report of CHSJ for the year 2010-11.

This year we had a few successes at the policy level which derived from our successful advocacy in the past. We were also able to expand our work in some areas especially our work with men on issues of gender equality. We also faced some challenges. CHSJ was set up as a national organisation five years ago, and as we moved ahead in our journey we realised that the actual arena of health rights fulfilment is at the state level.

We strengthened our work in research by developing a separate research division within the organisation. In this report we have tried to capture the summary of our activities and experiences in the course of the last year and synthesise our learnings.

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

## ACKNOWLEDGEMENTS

The growth and success that CHSJ has enjoyed in the few years of its existence is substantially due to the immense support and encouragement that it has received from various quarters- individuals and institutions. We wish to thank all our friends, funders, partners, advisors, service providers and all those who have been unstinting in their support.



## 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 reviewed its operational mission and strategies as a part of an ongoing process of building organizational effectiveness and developed the following as its revised approach.

#### MISSION

To support creation of equitable, gender just and accountable health systems in India where citizens/citizen groups, especially the marginalized are part of planning and feedback mechanisms (i.e., they claim rights and address rights violations and denial of quality services) within the public health programs at all levels. state/public and social accountability mechanisms and processes, for respecting, protecting and fulfilling of health rights are developed and are in use. mechanisms are established for identifying rights violations – including gender injustice - and denial of quality services at all levels.

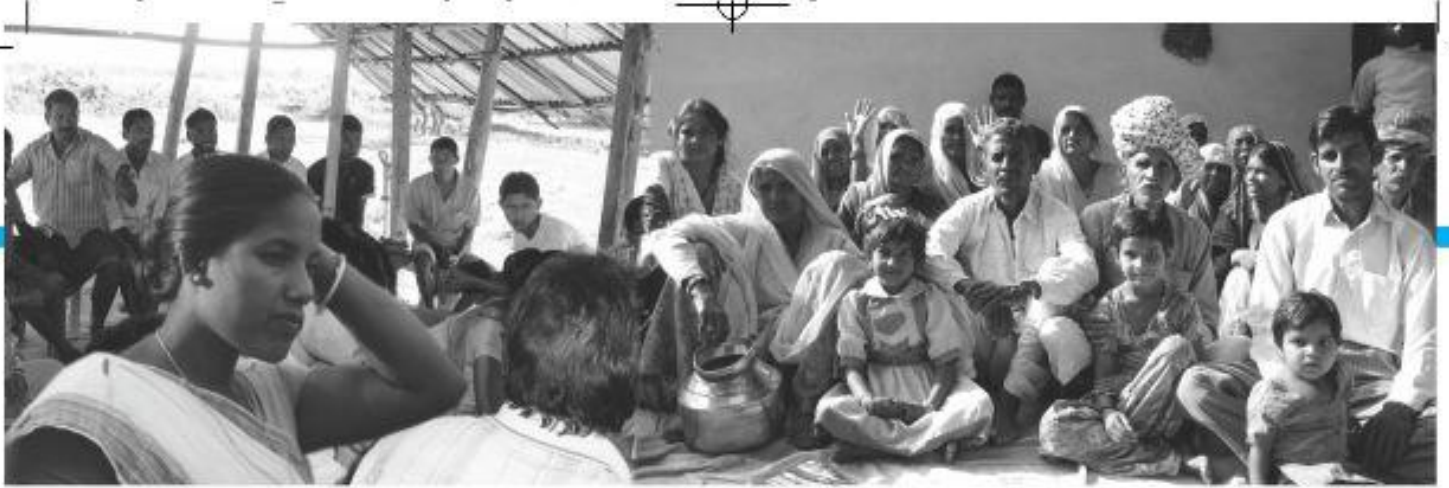
#### OBJECTIVES

- 0 Create a shared understanding with concerned stakeholders (the affected; citizens' groups) on critical issues that are backed by rigorous evidence.
- 0 Empower citizens' groups to engage with the state and among themselves to strengthen a rights approach and improve accountability.
- 0 Support the process of developing mechanisms and capacities within the public system to engage with the community for effective and accountable service delivery.

#### Overview of Our Work During the Year

The momentum generated across the country by the National Secretariat of the ICPD +15 review process, which we had hosted throughout the last year, slowly settled down with the processes coming to a close. Hopefully the many new relationships that the process was able to engender across movements and development related themes and disciplines will develop and mature in coming years. Our advocacy thrust to secure better maternal health services continued with some success as we were invited to share our views at the global PMNCH meeting co-hosted by the Government of India. We continued to challenge the inappropriateness of a 'institutional delivery only' strategy that seems to have been adopted by the Government of India, despite the widespread lack of institutional preparedness in many states to provide emergency obstetric care services.

In addition to getting two co-authored papers being published in two internationally reputed peer reviewed journals, we also published a book 'Reaching the Unreached: Rapid Assessment Studies of Health Programmes Implementation in India', based on 12 studies we had either conducted or guided. The studies of CHSJ were acknowledged both in the 11th Five Year Plan mid-term review as well as the five year report of NRHM prepared by Government of India as sources of independent



feedback. UNFPA continued its support of the process of building research capacity through a second more expanded version of the Rapid Assessment of Health Programmes and we entered into a partnership with an Indian University.

Our partnership with the Advisory Group on Community Action of NRHM, bore some fruits as we were able to facilitate communitisation processes in the states of Assam, Bihar and Punjab. The health expenditure tracking project started last year yielded community generated data on health expenditure. Our expertise in developing community based accountability mechanisms was noted by Open Society Institute's Public Health Programme and we were invited to provide support to their grantees in Europe and Africa.

During the year, we also collaborated with UNFPA for venturing into a project which is ambitious both in scope and scale. This project aimed at enhancing male participation in reducing violence against women and improving reproductive health outcomes within a gender equality paradigm was initiated in 125 villages across 3 districts of Maharashtra.

However all these achievements were tempered in equal measure by disappointments and challenges. CHSJ's position in the field of reproductive health related advocacy had been consolidated through its hosting of the National Secretariat of the 15th year ICPD review. However with the review process drawing to a close, CHSJ's own work portfolio on reproductive health has also reduced and may take some time and effort to re-establish itself.

The work on community monitoring within NRHM which we had successfully coordinated

through Government of India support, did not gather adequate support at the state level. Though we were able to do some work with some state NRHM directorates, these required inordinate levels of energy and persuasion and did not really secure the strengthening of communitisation processes that we desired.

The work with men on gender equality continues to remain a touchstone for the social change dimension of our work. It has given both satisfying results and deep frustration as we continually learn that social change is practically difficult and frustrating even though desire continues to be conceptually attractive and imperative.

Partnerships are a central part of our work strategy and we developed many fruitful partnerships. But we also realised the importance of and the difficulty in creating common vision, shared procedures and mutual accountability.

At an organizational level, this was a year of considerable review, reflection and some new beginnings. The process of organizational review and reorganisation continued with processes being set in place for improving institutional functioning. These processes also had their teething problems. We also realised that funding for the autonomous work on health rights and social justice is not easy to secure, either from government agencies or from funding organisations which are increasingly defining the parameters of their support in very specific terms. However as an added input to the institutional strengthening process we were able to secure a permanent registration for receiving foreign grants under the FCRA. □

## THEME 1

### Reproductive and Sexual Health and Rights

Reproductive and Sexual Health and Rights is one of the primary areas of work in CHSJ. Our work in this thematic area was as follows:

#### Securing Maternal Health and Rights

##### **Supporting Women's Right to 'Safe Delivery'**

We participated and were invited to many international events (like the Women Deliver Conference, Global Maternal Health Conference and PMNCH Conference) where we raised the issue of compulsory institutional delivery without adequate emergency obstetric care service delivery through the Janani Suraksha Yojana. A paper was also published on this issue in *The Lancet*, one of the most reputed international journals on health.

##### **Supporting National Alliance for Maternal Health and Human Rights (NAMHHR)**

CHSJ is a member of Alliance on Maternal Health NAMHHR and we prepared an analysis of National Maternity Benefit Scheme (NMBS) & Janani Suraksha Yojana (JSY) in state Programme Implementation Plans (PIP) – Bihar, UP, Rajasthan, Orissa, Chattisgarh, Jharkhand, MP, Assam, and shared with members of NAMHHR. CHSJ partnered with NAMHHR to host a session in the Global Maternal Health Conference in New Delhi (August 2010).

##### **Exploring Linkage and Advocating for Change: Nutritional Anaemias and Women's Health**

CHSJ conducted a qualitative study with support from ARROW to look at the policy and programmatic linkages and gaps around anaemia and nutrition. In the context of maternal health, the study process included literature review, interviews and a multi-stakeholder consultation.

#### Advocacy on Population and Development

CHSJ continued to host the secretariat of Gains & Gaps – ICPD+15: A Civil Society Review in India, a process that was initiated in 2009-2010, the 15th year since ICPD in 1994. The following meetings were held:

- o Consultation on Declining Sex Ratio was jointly organized with Women Power Connect, SUTRA & Voluntary Health Association of Punjab. More than 40 participants from women's and health groups, media organizations and other CSO's from Punjab, Haryana, Uttarakhand, Rajasthan, Delhi and Himachal Pradesh were present. The consultation provided a platform to address the issue within the context of gender discrimination and for raising concerns about the systemic gaps in the states' enforcement of the PCPNDT Act.
- o National Consultation on Addressing the Concerns of the Youth was held in collaboration with CHETNA, Gujarat during August. It was attended by 64 participants including grass root level activists, NGO workers and students working on issues of youth. The objective was to place concrete recommendations before the government on the needs, aspirations and rights of the youth.





- o HIV & AIDS – A meeting of 16 participants working on HIV & AIDS, sexual minorities, public health, women's issues and human rights was co-organized with NAZ Foundation (India) in New Delhi, to discuss ways of integrating and building bridges between HIV & AIDS activism and broader health rights issues and ways to move forward.

Support to National Coalition on Population Stabilisation, Family Planning and Reproductive Rights

- o The Indian Parliament ( Lok Sabha) discussed population issues for the first time in 33 years in August this year. In this context, it was felt necessary to develop a strategy to ensure that the policy interest in family planning does not become a coercive force but an opportunity for young people to enjoy their reproductive rights with access to information and services. As a member of the National Coalition on Population and Development, CHSJ conducted a set of activities for generating awareness and developing a campaign to mobilise public opinion across different constituencies and stakeholder groups. These activities included:
  1. A set of eight briefing sheets on Population and Development prepared in Hindi and English and disseminated among concerned stakeholders.
  2. A paper titled Family Planning and Contraceptive Use in India: New Priorities, New Approaches.
  3. A review of key arguments made for and against Population Stabilization

during Parliament debate held on August 5, 2010. Also prepared documents on questions raised in Rajyasabha & Loksabha during 15th Parliamentary session.

4. A Roundtable on Contemporary Challenges & Opportunities was co-organized with Population Foundation of India (PFI). This was attended by participants from Bihar, Orissa, Maharashtra, Uttar Pradesh and Madhya Pradesh.

#### **Sex Selective Abortion in the Context of Public Policy**

CHSJ prepared a review paper titled 'In the Interests of Equality: An examination of the human rights and ethical dimensions of sex selective abortion in the context of public policy addressing skewed sex ratios' for International Development Research Centre (IDRC) that traces both the developments on the issue of sex ratio changes and sex selective abortion in different countries as well as the rights discourse around it.

#### **Improving Informed Choice and Quality of Care (QoC) in Family Planning**

The paper on QoC Sterilization Camps conducted last year was published in the book 'Reaching the Unreached'. As part of its follow-up study to understand the gaps in implementing the Family Planning Insurance Scheme of the Government of India, CHSJ had filed an RTI and procured the list of claimants under the Family Planning Insurance Scheme. The cases were analysed and a short summary submitted to a Query on Solutions Exchange an internet based information exchange platform coordinated through the UN system. □

## THEME 2

### Health Rights and Marginalized Communities

CHSJ continued its work on Health Rights & Marginalised Communities where the thrust has been on examining the relationship of social exclusion and health rights in the Indian context.

The Centre built linkages with National Campaign on Dalit Human Rights (NCDHR)- a civil society alliance working specifically with marginalised and excluded communities and jointly developed a proposal on Health Rights and Entitlements of the Socially Excluded Communities and Women under NRHM. This proposal has been accepted as part of the PACS 2 projects and is awaiting formal sanction.

#### Papers on Health and Social Exclusion

CHSJ prepared a set of four draft papers on Social Exclusion and Health Policy focusing on Maternal Health, T.B, health care for women living with HIV/AIDS and Family Planning. It is expected that these papers will be used subsequently for advocacy.

#### Study on National Health Programmes and Social Exclusion

CHSJ had conducted a study in partnership with Mahila Jan Adhikar Samiti (MJAS) to understand the health care needs of the communities, factors affecting choices of health care systems, experiences of accessing public health care in context of maternal health, TB and general health needs. The data analysis process is ongoing. □



## THEME 3

### Community Action for Health Rights

CHSJ has been involved in pioneering the approach of community monitoring of NRHM in the last few years with the aim to support decentralized governance in healthcare by empowering citizens/ citizens groups and building effective community leadership. Citizens' groups are strengthened for evidence based advocacy through capacity building, networking, action research, documentation and information sharing in order to increase state and social accountability and influence effective policy implementation. This work included the following:

#### Health Expenditure Monitoring under NRHM

CHSJ is working on this project with its partners The Ant and The Humanity in the districts of Chirang in Assam and Bolangir in Orissa respectively. The objective is tracking out-of-pocket spending on healthcare and increase communities' involvement and interest in budget and expenditure tracking and to build their capacity to do monitoring of health expenditure at the village level. Through this process we also intend to increase transparency and accountability among health providers and government health departments regarding health expenditure. Activities during the year included:

**Mobilisation** - Meetings were conducted with Gaon Kalyan Samiti (GKS) and Rogi Kalyan Samiti (RKS), on NRHM related financial entitlements and secondary data was gathered from frontline workers and PRI members. Wall writing,

translating posters into local languages were other activities to increase awareness related to health expenditure and entitlements.

**Community Enquiry** - A community enquiry was conducted that included community mobilization meeting, village health mapping and free listing exercises, group discussions with women and capturing case studies on history of illnesses. Health facilities like Sub Centres, Primary Health Centres and Sub Divisional Hospital were also observed under this activity.

The process revealed people's low awareness about health and financial entitlements and referral transport support. Women are not aware about the transportation cost provided under Janani Suraksha Yojana (JSY). People had little knowledge about expenditure of the flexi funds like Untied Funds or the Annual Maintenance Grants.

#### Supporting Community Monitoring processes within NRHM

**National Dissemination Meeting of Community Monitoring under National Rural Health Mission (NRHM)** - CHSJ organized a dissemination meeting in June in collaboration with Population Foundation of India (PFI) to share the results and process of the first phase of community monitoring among all stakeholders, especially in those states where this process has not been implemented yet and who are responsible for the expanded roll-out and implementation. The final report on Community monitoring



'Reviving Hopes, Realizing Rights' was disseminated along with a short film depicting the outcome of the process.

**Leadership Development Programme –** CHSJ conducted a Leadership Development Programme (LDP) for all District Programme Managers (DPM) under NRHM in Assam during August 2010. The objective of the training was threefold - creating awareness around social determinants of health and how they impact poor people's health; strengthen leadership capacity and lastly to help participants develop effective plans for the communitisation components of NRHM, through application of their leadership skills. As an outcome of the training, the trained DPMs and staff of Regional Resource Centre developed personal plans of action and also set up an e-group "Yes We Can" to share their work and challenges from different districts.

**Training of Trainers, Resource Group Training** - The state of Punjab is in process of launching the Community Monitoring project. In this relation CHSJ provided technical support to them. A three day training for the state resource group members was conducted in January 2011 in Chandigarh, Punjab. The objective of this training was to build capacity of the state resource group in all aspects of Community Monitoring and to help them



draw the road map to carry out the Community Monitoring exercise in their respective state. The outcome of this training was that a resource group has been set up in the state which will oversee and handhold the entire Community Monitoring process.

#### Technical Support to Open Society Institute (OSI)

CHSJ has been requested by Public Health Program of Open Society Institute (OSI), New York, USA, to build capacity among their grantees in using Community Monitoring approaches. ▢



## THEME 4

### Men and Gender Equality

CHSJ believes that to move towards gender equality requires working with men to understand their privileges as well as the compulsions that they face within a patriarchal system.

#### Support of Actions to Eliminate Violence Against Women in Uttar Pradesh

This action research project was initiated in April 2009 in 3 districts of Uttar Pradesh in collaboration with SAHAYOG and International Centre for Research on Women (ICRW), New Delhi. The goal of the project is to promote increased involvement of men and boys in promotion of gender equity and the reduction of violence against women and girls. Following activities were conducted:

Three rounds of trainings were held with youth and adults in the districts of Pratapgarh and Jaunpur in collaboration with Tarun Chetna and Azad Shiksha Kendra on the issue of Sexual/Gender based discrimination and violence, Masculinity, Human Rights, and Sexuality in the family and community. A three day leadership development workshop was organized in Pratapgarh to increase the capacity in youth. Monthly meetings were conducted with youth groups to increase understanding and action around the issues of single women, equal opportunity, masculinity and PWDVA.

On the occasion of the local Panchayat election, the youth group organised campaigns to highlight the issue of Violence Against Women (VAW) and the need for advocating it through local government platform.

#### Changes:

Denial of violence has decreased in the region. Reporting on the VAW cases has increased in the area.

Gender Mela held on the occasion of Women's Day in Jaunpur, attracted various stakeholders i.e. women's organizations, PRI members, social activist, lawyers.

#### Enhancing Male Participation for Improving Gender Equality in Maharashtra

CHSJ was successful in getting the support of UNFPA, India, in starting this project in 125 villages in 3 districts of Maharashtra. The project was initiated in 5 clusters of 25 villages each in partnership with Halo Medical Foundation, Astitva Samajvikas and Sanshodhan Sansthan, Nari Samta Manch, Savitri Bai Phule Mahila Mandal, Yuva Gram Vikas Mandal in the districts of Beed, Solapur and Pune. Several activities were conducted during the year:

A baseline enquiry was conducted to document the knowledge, attitudes and behaviour of men on gender equality and violence. The findings have been incorporated in the programme design.

A curriculum for community level animators and a resource kit for community awareness was developed.

Animators and facilitators were trained on gender, masculinity, sexuality, health and violence against women.

A campaign was organized in November-December on occasion of 16 days of activism against violence against women and was launched from Beed district. Local Newspapers had widely covered the campaign and articles as well as case stories were also published in the newspapers highlighting the importance of engaging with this issue.

Though it is early days some changes are visible at the community level:

Around 240 groups have also been created at the community level, which provide a platform to their members to share their concerns, and take up issues of gender justice.

Men have started sharing household work, taking care of children and demonstrating more affection.

Animators have started analyzing their role in domestic violence and started intervening. Men have tried to stop early marriage of daughters and are supporting higher education of girls and even refusing to give dowry. A referral mechanism has started for men's sexual and reproductive health services.

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

The goal of this project was to develop male leadership to challenge some of the more common forms of violence against women in institutional settings for example in the workplace, on campus and on shop-floor. It focuses on male activists/leaders within labour unions, student groups and human rights organizations.

A two-phase programme was organised for 18 participants from Uttar Pradesh, Maharashtra, Uttarakhand, West Bengal and Delhi, working with institutions like PRIs, trade unions and youth wing of political parties. It aimed at developing a leadership potential in the activists as a key point to challenge violence against women as well as to create a culture of collaborations between individuals working in different settings to achieve common goals. The case studies and stories of change were collected and are available on our website. This programme was done in collaboration with SAHAYOG, UP and Institute of Development Studies, Sussex, UK.

### Networking

CHSJ continued networking on the issue of masculinity and gender equality at the national, South Asian and global level.

**Participation at National Level** - CHSJ continued to host the secretariat for Forum to Engage Men (FEM). In June, FEM collaborated with SWAYAM, West Bengal to organize a workshop for its state members on the theme of gender and masculinity. A national meeting was organized in Delhi during November to review the FEM process and plan for strengthening the network as well as to review its linkages with regional and global alliances.

**Participation at South Asian Level** - CHSJ is a member of South Asian Network to Address

Masculinities (SANAM) - a network of NGOs, academicians and activists and participated in its training activities in February. CHSJ has also been strengthening the MenEngage Alliance, South Asia Region and this year we participated at MenEngage regional meeting organised in Delhi during May and also participated and facilitated the South Asia Regional strategic planning meeting with the secretariat coordinator in Dhaka in December.

**Participation at Global Level** - CHSJ has been a founder member of the steering committee of Men Engage Global Alliance (MEA) and this year we were invited to make a presentation in a conference on Men and Masculinity in October as well as facilitated a workshop on mobilising men to change men organised by FORUT in Oslo, Norway. We made a presentation on our work on Men and Masculinities in a conference organised by Masculinity and Society, Laval University in Quebec, Canada. We facilitated the exchange visit of two FEM members to South Africa and also hosted MEA members from Brazil, South Africa for an exchange visit in India during September. CHSJ also participated in a series of events namely the executive committee meeting held in Washington DC, the Planning Meeting for a Global Campaign on Men, Care-giving and Fatherhood organised by Promundo and MenEngage during March.

### Capacity Building Initiatives

CHSJ joined JAGORI for capacity building of the Delhi Transport Corporation (DTC) staff to enhance safety of women in Delhi.

CHSJ was part of the advisory team for the youth led campaign against gender based violence facilitated by "Community Youth Collective" and provided technical support in designing the campaign and facilitating the capacity building workshop.

CHSJ along with AAKAR was invited by International Labour Organization, South Asia and Country Office for India to develop a manual for training of trade union officials and members and facilitate the two day workshop of office bearers of trade union to create violence free and gender equitable environment at work place. □



## STRATEGIC INTERVENTIONS

### Research and Information Management

Evidence based advocacy is a key strategy in CHSJ's work towards making health policy and programming responsive to the needs and rights of the poor and marginalised. Keeping this strategic thrust in view we developed a separate operational section within the organization dealing with Research and Information Management.

#### Research

The focus of the work on research was to help NGOs develop their capacity to study the implementation of public health programmes in their operational areas so that they were in a better position to provide feedback to improve programme implementation. The research section also provided robust research related support to CHSJ's ongoing field intervention project and also extended this support to some partners as well. Dr Sridharan of the University of Toronto, a leading practitioner of Realist Evaluation visited CHSJ and delivered a lecture on the use of a ten step methodology for its application. Subsequently CHSJ developed a partnership with him and is adopting the Realist Evaluation methodology in its work.

#### Developing Capacity Among NGOs to do Research for Accountability

CHSJ had conceptualised Rapid Assessment of Health Programme (RAHP) in 2008-2009 to build capacity in the civil society sector in India so that they are better equipped to conduct rapid assessment of the implementation of different components of NRHM and RCH2 in different parts of the country. The results from the decentralised studies had been appreciated by the Planning Commission as well as acknowledged by the Ministry of Health and Family Welfare as an important source of feedback. One paper emerging from the last process was also published this year in the journal Health Policy and Planning, a respected international journal. We continued this process through RAHP II in partnership with SRM University, School of Public Health, Chennai and with the support of UNEPA, India. An 18-month programme was envisaged and implemented in

three phases. The first phase focused on research methodology, the second on data analysis and report writing and the third will be on presentation of findings. A total of 18 civil society organizations from the states of Rajasthan, Uttar Pradesh, Jharkhand, Bihar, West Bengal, Madhya Pradesh, Andhra Pradesh and Tamil Nadu were selected and two researchers from each organization were trained in Rapid Assessment methodology. Faculty from SRM University School of Public Health and senior staff/ advisors from CHSJ, were the trainers for the programme and they also provided mentorship to the participants.

#### Research Related Support to CHSJ Projects

##### Enhancing men's participation for improving gender equality in Maharashtra

The research wing designed a baseline study to understand the gender roles and perception of gender equality among men and women in the project area. The baseline study was conducted in 125 villages where a total of 1129 men and 590 women all currently married and under the age of 35 years were interviewed. A qualitative study comprising of interviews and focus group discussions was also conducted. The issues covered in the study were a) gender roles and responsibilities of men and women b) attitude, knowledge and behaviour about reproductive and sexual health c) behaviour of men with female members of their respective families during health emergencies d) action on violence against women e) contraceptive behaviours f) community level participation of men and youth in gender related discussion. Some of the key findings have been incorporated into the curriculum and

programme design. The programme will also be evaluated by comparing this data with an endline enquiry which is planned towards the end of the third year of the project.

**Men, Masculinity, and Violence Against Women: Analysis of an Intervention** - This study was conducted in Uttar Pradesh with 375 men, to understand the impact of MASVAW (Men's Action for Stopping Violence Against Women) a network with which CHSJ is closely associated. This quantitative evaluation of MASVAW was conducted to substantiate the changes in men that were earlier investigated through a qualitative study. It also aimed to understand the effect on men through their participation in MASVAW activities. A comparative cross sectional study was conducted among Core MASVAW activists, the men influenced by MASVAW activism, and a controlled sample of men who have not been exposed to MASVAW activities. The results indicated that MASVAW activists were engaged in a range of domestic activities and who have been exposed to MASVAW activities also show higher involvement as compared to the control group. The results of the study is now going to be disseminated both among the MASVAW members as well as at other national and international fora.

#### Research Support to Partners' Projects

##### Research Support to SAHAYOGs' (UP) Project - Youth for Change

- CHSJ was requested by SAHAYOG to assist in the evaluation process of its project Youth for Change which was being implemented in nine districts of Uttar Pradesh viz. Azamgarh, Banda, Bareilly, Chandoli, Gorakhpur, Jhansi, Muzaffarnagar, Mirzapur and Saharanpur. We designed the evaluation study based on a programme theory approach incorporating the indicators and outputs indicated in the project document. The objectives of the study were

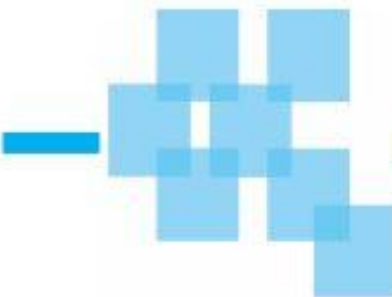
- to assess the achievements of the project indicators and verify the project outputs
- to understand the differences, if any, made in the lives of youth as a result of the programme intervention and lastly
- to identify promising practices that led to the above changes.

A mix of qualitative and quantitative methods was used. The report preparation process is underway.

**Research support to AAROHI (Uttarakhand) project 'Strengthening Self-sustaining Management Systems for Primary Health Care in Rural Uttarakhand, Phase II'** - AAROHI an NGO based in Nainital district of Uttarakhand state requested CHSJ to conduct a baseline study for its project. The study was conducted







in Ramgarh and Okhalkanda blocks of Nainital district in Uttarakhand using a combination of both quantitative and qualitative methods. It intended to understand the prevailing practices which have impact on health like - breast feeding, delivery, food, menstrual practices and care during pregnancy, availability of formal and informal health services, health problems especially of women and children, health service utilization, contraceptive behaviour, decision making process, attitude and knowledge of village health workers, functioning of village level institutions like GP, VHSC and PHCs.

#### **Studies by Interns**

CHSJ undertakes Internship programme in collaboration with Universities and other academic institutions with an aim to enable interns to learn more about public health issues in India with a focus on health equity.

**Franchising mechanisms in Uttar Pradesh, India: Working for the poor people? Equity and quality aspects** - Considering the importance that is being given to Public Private Partnership (PPP) this year an intern from Liverpool School of Tropical Medicine conducted a study that aimed to a) describe a reproductive health social franchising mechanism implemented in Uttar Pradesh b) examine the impact on access, utilization and quality of a health franchisee provider compared with other providers (public providers) in Uttar Pradesh and c) suggest policy options to address quality and equity (access and utilization) aspects in a health franchising mechanism. The study reported that the studied franchise network is not increasing utilization of services and is not pro-poor.

In addition to the above, the reports of the following studies were also finalised. All the reports have been shared on CHSJ's website.

**Exploring the health care needs of women who experience violence in Uttar Pradesh, India** - An intern from Liverpool School of Tropical Medicine conducted a study to identify and

understand the health care problems, health care needs, health seeking behaviour of women experiencing violence in Uttar Pradesh and draw some policy recommendations aimed at better meeting their health needs.

**Qualitative Assessment of the Tuberculosis Care System for Migrant Urban-Industrial Workers (MUIW)** - This study, undertaken by an intern from University of Washington, attempted to understand the TB care system among migrant communities living in Kapas Hera, a settlement on the New Delhi - Gurgaon border. A focused ethnography approach was adopted to understand the "Knowledge, Attitudes, and Practices" (KAPs) amongst private providers of TB care, public providers of TB care, and MUIW diagnosed with TB while living in Kapas Hera.

**Meeting the Health Needs of Domestic Violence Victims : Assessing the Utilization of Domestic Violence Law and Health Services Preparedness in Coastal Orissa** - This study was undertaken by an intern from University of Washington to assess and identify the factors that impact victims' utilization of the PWDVA and investigate the preparedness of the health services system to provide necessary health services to such 'victims'.

#### **Information Management**

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

#### **Web Enabled Services**

**Website:** In addition to showcasing our activities and hosting our materials developed over the years, the institutional website also hosts a range of useful resources and links. A section of our website is maintained as a repository of resources comprising reports, articles, and research and policy briefs on public health, human rights, gender and social exclusion. The large number of downloads indicate that the materials are being used extensively. Number of downloads this year for

some of the materials hosted at our website is as follows:

#### Reports & Resource Materials

Reviving Hopes, Realising Rights 283

#### Paper & Reviews

Social Exclusion in the context of 160

India's National Family Planning Programme

Social Exclusion and Inequalities 172

in Maternal Health

Social Exclusion and the Revised 162

National Tuberculosis Control Programme (RNTCP)

**Reprohealth\_India e-group:** CHSJ hosts this listserv with over 500 members and it continues to remain an effective forum for disseminating knowledge and best practices, generating debates around policy measures and their implications on the marginalised. Some significant discussions that were held across the forum during the year were:

**Health News Update:** We continued posting weekly news updates focussing on public health

Posts	Months	Number of Posts from readers
Serial Maternal Deaths in Umaid Hospital and Mahatma Gandhi Hospital Jodhpur	February and March	36
Maternal Deaths in Barwani	January	7
Maternity Benefit related court verdict	October	7
Protest against privatization of health services in UP	May	10

and social justice issues. Thirty updates comprising 311 news clips compiled from reputed news sources were disseminated.

**E-Newsletter:** This year we introduced an e-newsletter "CHAMPIONS OF CHANGE" which

besides assessing and reflecting on our own work, provided the platform to ensure that knowledge reaches and connects a wide spectrum of stakeholders and creates a shared understanding of the gains and gaps in the models adopted to steer the process of social change.

#### Publications

We had three publications to our credit this year.

**Reviving Hopes, Realising Rights** - This report provides a comprehensive overview of the first phase of Community Monitoring carried out in nine states.

**Reaching the Unreached: Rapid Assessment Studies of Health Programmes Implementation in India** - This book is a collection of twelve research reports and a product of our first round capacity building course on Rapid Assessment of Health Programmes held in 2008-2009.

**Briefing Sheets on Population and Family Planning: Contemporary Challenges and Opportunities** - A set of the following 8 briefing sheets were prepared in English and Hindi on the following themes

- A Productive Population is a Nation's Asset
- Raising Age at Marriage
- Contraception is an Essential Tool for Family Planning
- Young People Key Resources
- Women's Empowerment is the best Contraceptive
- Men should be included too
- Population and Development: Facts and Myths
- Why we do not need to learn from China's One Child Policy

#### Library

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

## STRATEGIC INTERVENTIONS

### Partnerships, Networking and Coalitions

CHSJ believes that building and maintaining relationships is essential to improve effectiveness, quality and sustainability of our work and increasing stakeholder ownership building a strong rights based framework for public policy. We institutionalised many partnership relationships and these formed the core of our field interventions. As in previous years, we continued to strengthen our relationship with SAHAYOG, PFI, UNFPA, NCDHR, WNTA, NAMHHR and CommonHealth among others. Our collaborations with international organizations and networks like IBP, ARROW, ICRW, IDS Instituto Promundo created opportunities to build institutional capacities and offered spaces for continued knowledge sharing.

#### 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 Budget Partnership (IBP), USA
- International Centre for Research on Women (ICRW), USA
- Instituto Promundo, Brazil
- Institute for Development Studies, UK
- Liverpool School of Tropical Medicine, UK
- MenEngage Alliance
- Open Society Institute, New York, USA
- Sonke Gender Justice, South Africa

#### National

- Advisory Group on Community Action, a standing committee of NRHM, MoHFW
- AAKAR, Delhi
- Aarohi, Uttarakhand
- Astitva Samajvikas and Sanshodhan Sansthan, Maharashtra
- Azad Shiksha Kendra, Uttar Pradesh
- Halo Medical Foundation, Maharashtra
- JAGORI, Delhi
- Madhya Pradesh Vigyan Sabha (MPVS), Madhya Pradesh
- MANJIRI, Delhi
- Nari Samta Manch, Maharashtra
- National Rural Health Mission, Assam
- National Rural Health Mission, Bihar
- Nation Rural Health Mission, Punjab
- Population Foundation of India (PFI), Delhi
- PRAYAS, Uttarakhand
- SAHAYOG, Lucknow
- Samyak, Maharashtra
- Savitri Bai Phule Mahila Mandal, Maharashtra
- SRM University School of Public Health, Chennai

- SUTRA, Himachal Pradesh
- Tarun Chetna, Uttar Pradesh
- The ANI, Assam
- The Humanity, Orissa
- The Hunger Project
- UNFPA, Delhi
- Yuva Gram Vikas Mandal, Maharashtra

#### Networks

- CommonHealth
- Forum to Engage Men (FEM)
- Healthwatch Forum
- Jan Adhikar Manch, Bihar
- Jan Swasthya Abhiyan
- Mahila Swasthya Adhikar Manch, Uttar Pradesh
- Men's Action for Stopping Violence Against Women (MASVAW), Uttar Pradesh
- MenEngage South Asia
- MenEngage Global Alliance
- National Alliance for Maternal Health and Human Rights (NAMHHR)
- National Campaign on Dalit Human Rights (NCDHR)
- Partners for Prevention
- South Asian Network to Address Masculinity (SANAM)
- Wada Na Todo Abhiyan (WNTA)

And many other state level organizations across India

## OUR OPERATIONAL MECHANISMS

### Organizational Effectiveness

The Organizational Effectiveness process initiated in 2009 continued across 2010-2011. Several institutional processes were introduced this year, which aimed at strengthening our structure and functioning. A Mentorship process was initiated for all staff whereby each individual of the organization started their personal growth journey under a senior experienced mentor. The Core Group continued to function and take up critical issues of the Organization. Appraisals were conducted keeping in mind the Key Performance Areas and Competencies set for each profile. A discussion was held with senior staff members on Roles and Leadership within CHSJ.

A Review Meeting was organised where we invited advisors, GB members and colleagues to advise us on what should be CHSJ's direction after the initial five years. Several important questions were raised through this meeting regarding our scope of work, presence in states and challenges in health sector for the next few years. This meeting drew attention on the possible USP of our work in health and rights related policy scenario currently and for the next few years. The meeting also discussed what kind of institutional structure would be necessary for CHSJ to work in the future. It was during the course of this meeting that a suggestion was given to CHSJ to hold a Strategic

Planning Workshop with its senior staff members. This workshop is planned for April 2011.

### Capacity Building

Staff members attended the Medico Friend Circle (MFC) Annual Meet, January 2011, Nagpur. MFC is an important public health and rights learning platform. In this meet, concerns were raised related to universal health care system.

Staff members were sent for various ISABS (Indian Society for Advanced Behaviour Science) events throughout the year. These labs are designed on experiential learning methodologies and aim at helping us understand ourselves better and discovering more creative and satisfying ways of working and relating with others.

Staff members attended a workshop in February 2011 on Confrontation Skills: Understanding what 'confrontation' is and how to use it effectively.

Staff members attended a workshop in December 2010 on Difficult Conversations in work place and family life.

CHSJ continued to organize in house capacity building events mostly for perspective building and upgrading technical skills. Weekly Tuesday meetings remained a good forum for discussion where all members were encouraged to speak on different issues. [i](#)





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

<b>Andhra Pradesh</b>	RAHP II study partnership
<b>Assam</b>	Health Expenditure Tracking Leadership Development Programme for District Programme Managers under NRHM
<b>Bihar</b>	Support to Jan Adhikar Manch for advocacy on Population Policies RAHP II study partnership
<b>Jharkhand</b>	RAHP II study partnership
<b>Karnataka</b>	RAHP II study partnership
<b>Madhya Pradesh</b>	RAHP II study partnership Proposal on Participation of Socially Excluded Communities within NRHM in partnership with NCDHR has been approved under PACS 2 and awaiting sanction
<b>Maharashtra</b>	Networking on Men and Gender Equality Enhancing Male Participation for improving gender equality
<b>Orissa</b>	Two child norm related advocacy Health Expenditure Tracking Networking on Men and Gender Equality
<b>Punjab</b>	Technical Support for Community Monitoring within NRHM
<b>Rajasthan</b>	RAHP II study partnership Networking on Men and Gender Equality
<b>Tamil Nadu</b>	Networking on Men and Gender Equality RAHP II study partnership
<b>Uttar Pradesh</b>	RAHP II study partnership Networking on Men and Gender Equality Evaluation study for SAHAYOG
<b>Uttarakhand</b>	Baseline study for Reproductive health project for AAROH Partnerships related to work on Men and Gender Equality
<b>West Bengal</b>	Networking on Men and Gender Equality RAHP II study partnership

## Annexure 1

## CHSJ Staff (as on 31st March, 2011)

Abhijit Das, Director  
Ajay Kumar, Finance Officer  
Anita Gulati, Administrative Officer  
Deepti Morang, Programme Associate  
Lavanya Mehra, HR Officer  
Mahendra Kumar, Programme Officer  
Moumita Ghosh, Programme Officer  
Nibedita Phukan, Programme Officer  
Pratibha D'mello, Programme Officer  
Ruhul Amin Barbhuiya, Research Associate  
Sangeeta Singh, Accounts Assistant  
Satish Kumar Singh, Deputy Director  
Shakti Jamdade, Programme Officer  
Shelley Saha Sinha, Programme Manager  
Shreeti Shakya, Programme Assistant  
Sunita Singh, Programme Manager  
Tulsi Manimuthu, Administrative Assistant

*Office Assistants*

Ishu Das  
Mahfuz Alam

## 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**

Advisor, Community Processes, National Health Systems Resource Centre.

### **Renu Khanna**

Founder Member, SAHAJ, Society for Health Alternatives, Baroda.

### **Setish Kumar Singh**

Deputy Director, CHSJ and Convenor MASVAW.

### **Subhash Mendhapurkar**

Director, SUTRA, Himachal Pradesh.

### **Suneeta Dhar**

Director, JAGORI - Women's Training & Resource Centre.

### **Usha Rai**

Senior Journalist and Communication Consultant.

## CHSJ Advisors

In addition to our board members we benefitted from the advice provided to us by our advisors:

**A K Shiva Kumar** - Advisor UNICEF, 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 an organization working on gender equality and health rights. 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 on drugs and trade related agreements.

**Nandinee Bandopadhyay** - Independent consultant on community engagement for marginalized populations.

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

**Paul Divakar** - Dalit Rights activist, currently 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.

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

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

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

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

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

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

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

## Annexure 3

## Financial Summary 2010-2011

## Balance sheet as on 31st March 2010-2011

Liabilities		Fixed Assets	
Corpus Fund	5,000.00	Fixed Asset (Trust)	8,99,191.00
Fixed Assets replacement Fund-Vehicle	1,93,229.00	Fixed Asset(PCRA)	74,015.00
General fund	9,51,427.70		

Restricted fund		Current Assets	
Foreign Grants unutilised	13,65,774.68	Security deposit	1,55,000.00
Indian Grants unutilised	(22,397.00)	Loans and Advances	4,65,524.00
committed liabilities	9,06,941.26	Cash & Bank balances	18,06,315.64
<b>Total:</b>	<b>34,00,045.64</b>	<b>Total:</b>	<b>34,00,045.64</b>

INCOME & EXPENDITURE		2010-2011		2010-2011	
Expenses				Income	
UNFPA-RAHP	21,79,090.00			Project Funds	1,02,85,798.00
UNFPA ICPD+15	1,81,147.00			Sahayog Consultancy	2,25,000.00
UNFPA Maharashtra project	79,25,561.00			Consultancy & Training fee	6,27,628.92
Sahayog Consultancy Project	2,25,000.00			Staff contribution	4,53,586.00
Trust expenses	11,78,902.83			Other Income & Bank Interest	1,46,145.31
Excess of Income over Expenditure	48,457.00				
<b>Total:</b>	<b>1,17,38,158.23</b>	<b>Total:</b>	<b>1,17,38,158.23</b>		

## RECEIPTS AND PAYMENTS as on 31st March 2011

RECEIPTS		PAYMENTS	
<b>Opening balance:</b>		<b>Foreign Grants utilised:</b>	
Foreign Contribution A/c.	13,35,130.75	ARROW	5,842.00
General A/c.	33,259.58	International Budget partnership	22,17,320.00
Advances and imprest (Net)	(1,97,880.28)		
Fixed asset replacement fund-Vehicle	1,21,740.00		

Foreign Grant received:		Indian Grants utilised:	
International Budget partnership	22,53,805.93	UNFPA- Maharashtra Project	79,25,561.00
ARROW		UNFPA- ICPD	1,81,147.00
		UNFPA- RAHP	21,79,090.00

Indian Grant received:		Other Expenses:	
UNFPA- ICPD	1,81,147.00	SAHAYOG consultancy	2,25,000.00
UNFPA Maharashtra Project	79,15,353.00	Office expenses	2,23,284.83
		CHSJ Travel	2,178.00



		CHSJ - Salary	6,85,727.00
UNFPA - RAHP	21,66,901.00	Office rent	1,05,375.00
		Fixed Assets	2,65,847.00

**Other Income:**

Consultancy	5,85,960.00
Sahayog consultancy	2,25,000.00
Other Income	1,22,422.31
Leadership Training Fees	41,668.92
Bank Interest	23,723.00
Staff Contribution	4,53,586.00
UNFPA ICPD +15 Receivable	1,01,453.00
Security refund	98,000.00

**Loan & Advances:**

Security deposit	80,000.00
Advance imprest General	(2,02,726.26)
Advance imprest FC	(2,38,691.00)

**Closing balance:**

		Cash & Bank FC A/c	16,04,465.68
		Cash & Bank General A/c	2,01,849.96
<b>Total:</b>	<b>1,54,61,270.21</b>	<b>Total:</b>	<b>1,54,61,270.21</b>



**Centre for Health and Social Justice**

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