



Annual Report

2012-2013



Centre for Health and Social Justice

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Eighth Annual Report

2012-2013



Annual Report adopted by CHSJ at the 16th Governing Body Meeting held on 27th August, 2013.

Centre for Health and Social Justice

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EXECUTIVE SUMMARY

The year 2012 – 2013 marked a year of consolidation and growth for CHSJ following a year with some challenges and uncertainties. In the field of reproductive and sexual health and rights, CHSJ was successfully able to anchor a collaborative process championing women's rights to voluntary and informed choice in contraceptive services, and also provided research support for a campaign to secure maternal health related rights for women workers in the informal sector. In Delhi, the CHSJ team became an integral part of the city wide mobilisation on the One Billion Rising campaign as well as the protests after the horrific rape on December the 16th. Our work with men on gender in Maharashtra was vindicated through a rigorous mid-term evaluation, which also indicated areas that can be incorporated into public programming. We plan to take these up for advocacy in the near future. CHSJ also established a local office in Bhopal to support our field partners in the state of Madhya Pradesh, and this year we strengthened our relationships with organisations across the state through a state level network of organisations concerned with men and gender equality. We also initiated collaborative work in Jharkhand on men and gender in a systematic way and the reach of our work with men now extends to around 1500 villages in over 50 districts across four states. The communication channel of Forum to Engage Men (FEM), a national network of organisations and individuals working on men and gender issues was energised through a new website and renewed listserv and this facilitated the involvement of groups working with men from different states to participate in and add substance to the One Billion Rising campaign. We continued to bridge the spaces between the local concerns, the national policy and programming and the global thrust and international concerns particularly around accountability of health related programming by strengthening the COPASAH (Community of Practitioners on Accountability and Social Action in Health) platform both in the South Asian region and at the global level.

We continue to draw our strength from our partners, supporters and advisors both at the state level and in Delhi who have continued to enrich our work with their passion, commitment and insights. On behalf of the Trustees and Governing Body, I would like to thank everyone for their unstinting support that has seen us through some uncertain times and helped us to learn, grow and consolidate our work.

Abhijit Das

Managing Trustee and Director

ACKNOWLEDGEMENTS

The consolidation and growth of our work in CHSJ was possible because of the immense support and encouragement that we received from various quarters- individual and institutional. We wish to thank all our friends, funders, partners, advisors, service providers and all those who have been assiduous in their support. We also wish to thank the team which has worked hard to maintain the quality and credibility of our work while generating consensus for collaborative action. Finally, we wish to express our deepest gratitude to the many women and men in the communities from whom we continue to learn and take our inspiration.



Centre for Health and Social Justice

ORGANISATIONAL 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. CHSJ also seeks to develop ways through which men can engage in interventions aimed at gender equality and social justice. It is a registered Charitable Trust and has its headquarters in New Delhi.

MISSION

To support creation of equitable, gender just and accountable health systems in India where:

- Mechanisms are established for identifying rights violations – including gender injustice - and denial of quality services at all levels;
- Citizens/citizens groups, especially the marginalised are part of planning and feedback mechanisms that are operational (i.e., they address rights violations and denial of quality services) for public health programmes at all levels;
- State/public and social accountability mechanisms and processes are developed and are in use.

OUR WORK DURING THE YEAR

Overview

Centre for Health and Social Justice (CHSJ) has long recognised and invested in alliances with different networks, civil society organisations and the media. In the seventh year, there was a significant rise in working through partnership with these different allies. Our work with partners in Bihar on the Kaparfora sterilisation camps saw an increase in the media's interest in taking forward the issue of coercive population policies. The violation of rights of 103 women in the sterilisation camps in Malda, West Bengal, highlighted that Kaparfora was not an isolated incident and poor quality of care in sterilisation was a reality in majority of the states. The Coalition against Two Child Norm and Coercive Population Policies took the lead in bringing together an independent fact finding team comprising of public health experts, women's rights activist who regularly went forward to monitor camps in states like Bihar, West Bengal, Rajasthan and Odisha. The Coalition also took the lead in mobilising the national as well as international media to highlight quality of care in sterilisation camps; and this resulted in Human Rights Law Network in filing a Public Interest Litigation.

The gender divides were sharpened during the December 16 Delhi rape case. The subsequent media and public outpouring of the incident made it important and imperative for CHSJ to address on priority and strengthen its work around men. Involving men and boys and working with them to create safe spaces free from violence and CHSJ's work on masculinity was recognised and acknowledged widely. CHSJ actively participated in the subsequent mobilisation efforts in Delhi and several media reports covered our work and strategies on engaging with men and boys. The mobilisation and solidarity efforts in Delhi also allowed our young team to be a part of the wider social justice movement.

Globally and nationally our commitment to promoting community monitoring to improve services and widening the range of opportunities for the poor and excluded communities has increased. The work and visibility around community monitoring through the Community of Practitioners on Accountability and Social Action in Health (COPASAH) gained prominence. Currently, there are around 190 members who share their insights and knowledge through the web based platform and the quarterly e-newsletter has become a useful resource kit in itself with insights, experiences and case studies being shared by South Asia, Latin America and Africa.

We also made a significant entry into the world of online information sharing and created several new internet based communication platforms, all of which have an ever growing membership. Each of these platforms has its own website and social networking sites which ensure readily accessible information.

As financial uncertainties began to settle, CHSJ had to face up to the challenge of rebuilding its team. CHSJ widened its core management team with the inclusion of a Programme Director. The year ended on a hopeful note, with much of its new team in place and a distinct space and renewed energy around ensuring health rights and social justice for the most marginalised.

STRATEGIC OBJECTIVES

Our strategic objectives and some of our achievements against these objectives during this year have been as follows:

Strategic Actions	Achievements
<p>Strategic Objective 1: Create a shared understanding with concerned stakeholders (the affected; citizens' groups) on critical issues related to health, that are backed by rigorous evidence</p>	
<p>Identifying emerging issues and building recognition of priorities related to marginalised communities, in selected states, in collaboration with local partners and other stakeholders.</p>	<ul style="list-style-type: none"> • Collaborative advocacy on maternal health rights was facilitated within the state of Madhya Pradesh, building upon earlier evidence around poor quality of care of maternal health services from different districts.
<p>Building evidence on the impact of existing policies and programmes on the core health concerns of the poor and marginalised (in selected states) and mobilising local stakeholders (including State parties) through consensus building on issues identified through such evidence building, in order to influence the existing discourse and practices.</p>	<ul style="list-style-type: none"> • Ten rapid assessment studies of health programme implementation in different districts in India were printed and disseminated widely. • CHSJ continued to provide research support for advocacy on maternal health rights and voluntary and informed choice in family planning services. • The Director of CHSJ was invited by the Evaluation Centre at Li Ka Shing Knowledge Institute, Canada, to lead a workshop on policy evaluation.
<p>Strategic Objective 2: Citizens' groups have become capable enough to engage with the state and among themselves to improve accountability.</p>	
<p>Strengthening citizens' groups for evidence based advocacy through capacity building, networking and information sharing in order to increase state and social accountability and influence effective policy implementation.</p>	<ul style="list-style-type: none"> • The National Coalition against Two Child Norm and Coercive Population Policies emerged as a credible platform on issues of reproductive rights violations, especially on family planning issues, both with the media and with the national government. • State level stakeholders came together around common concerns over the two child norm in Rajasthan through facilitation by the National Coalition against Two Child Norm. This helped reenergise this issue among the NGO community in the state. • Community level men's groups started engaging constructively with public health functionaries at the local level to improve health outreach services in two project areas in Maharashtra and Madhya Pradesh.

<p>Strategic Objective 3: Mechanisms have been established and capacities have been developed within the system to engage with the community for effective and accountable service delivery.</p>	
<p>Engaging with health systems to develop leadership, operational capacity and mechanisms for improved design, delivery and monitoring of quality, accessible, health care services, with pro-active people's involvement.</p>	<ul style="list-style-type: none"> • We supported our network partner to file a Public Interest Litigation to improve quality assurance of family planning services. • The community animator of the men and gender project in Maharashtra emerged as a key counterpart of the ASHA and AWW at the community level to promote reproductive and child health services at the community level.
<p>Strategic Objective 4: Methodologies have been developed and shared for involving men as responsible individuals and citizens to ensure gender justice.</p>	
<p>Develop community level methodologies and associated materials for engaging with men to change existing social norms, behaviours and relations which privilege men and perpetuate gender inequality in society towards gender justice.</p>	<ul style="list-style-type: none"> • Under the men and gender project in Maharashtra, the male community animator emerged as an effective gender and health activist/volunteer in the community with a direct impact on women's health and autonomy/ rights, as also evident through the mid-term evaluation report.
<p>Engage with other individuals and groups to further discussion and action on men's roles as responsible and accountable individuals, members of the family and society and as citizens.</p>	<ul style="list-style-type: none"> • CHSJ team worked closely with OBR campaign, raising the need to involve men in gender equality. FEM partners across different states contributed to the OBR highlighting the need to include and address men in violence prevention efforts.

THEMATIC AREAS

The work of CHSJ is operationally divided into four thematic and two strategic areas. The following is a description of our work during the year.

Theme: Reproductive and Sexual Health and Rights

CHSJ played a supporting role to different advocacy efforts on Reproductive and Sexual Health and Rights (RSHR) issues in the country.

Securing Maternal Health and Rights

There has been a synergy between CHSJ and other alliances and coalitions working on reproductive health and rights. Some of the key events in which CHSJ participated were:

- Asharing event on Indira Gandhi Matritva Sahyog Yojana (IGMSY) and the launch of the report 'The Crisis of Maternity' - a compilation of two studies on healthcare and maternity protection for women wage workers in the informal sector in India in September in New Delhi
<http://namhhr.blogspot.in/2012/11/indira-gandhi-matritva-sahyog-yojana.html>
- An advocacy seminar 'Chronicles of Deaths Foretold' organised by NAMHHR during 8-9th October
<http://namhhr.blogspot.in/2012/11/chronicles-of-deaths-foretold.html>
- On Safe Motherhood Day, CHSJ representing NAMHHR attended a meeting organised by White Ribbon Alliance and disseminated the NAMHHR policy brief 'Maternity Entitlements in India: A Question of Women's Health, Nutrition and Rights'

Informed Choice in Family Planning and Population Policies

This year with the support of The Hunger Project, a National Coalition against Two-Child Norm and Coercive Population Policies was established under the aegis of working group members drawn from three state partners in Bihar, Rajasthan and Madhya Pradesh, three national level organisations including The Hunger Project, Advocating Reproductive Choices (a network of Family Planning Association of India) and Centre for Health and Social Justice as well as with other experts. The coalition aims at encouraging diversity, synergy and greater networking between different stakeholders having concerns around issues

of coercive population policies and their impact on socially marginalised citizens. Some of the key activities and achievements of the coalition were:

- a. Compilation of body of evidence on quality of care in sterilisation and the impact of two-child norm from different parts of the country through CHSJ facilitation. One of the major achievements was our enquiry of the female sterilisation camps in Kaparfora in Bihar which raised issues of quality of care of camps and its impact on the health of the poor and marginalised women and subsequently led to Human Rights Law Network (HRLN) filing a Public Interest Litigation.
http://www.2cnpop.net/uploads/1/0/2/1/10215849/kaparfora_incident_-_synthesis_report.pdf
http://www.2cnpop.net/uploads/1/0/2/1/10215849/latest_fact_finding_manikchak_report_may_27.pdf
- b. The coalition together with the National Alliance for Maternal Health and Human Rights (NAMHHR) and Right to Food Campaign initiated a signature campaign in 2013 to demand the withdrawal of the two-child norm from all government schemes and programmes and submitted it to the Ministry of Health and Family Welfare, Government of India. The petition letter was circulated widely for endorsements among organisations, eminent individuals as well as government representatives. The petition letter was shared with Secretary, Ministry of Health and Family Welfare by NAMHHR, Right to Food Campaign and National Coalition against Two Child Norm and Coercive Population Policies and dialogues were initiated to remove conditionalities in the Janani Suraksha Yojana.
- c. The coalition co-organised the National CSO Consultation on Family Planning in partnership with Family Planning Association of India (FPAI)

as a prelude to the London Family Planning Summit 2012. The coalition also undertook the state consultations in Jharkhand along with Advocating Reproductive Choices (ARC) and supported facilitation of the discussions in Rajasthan, Odisha, Uttar Pradesh, and Madhya Pradesh. The particular focus of these consultations was on quality of services, policy issues like targets and incentives, access to contraceptive methods, young people and special groups, etc.

- d. An urgent appeal for 'immediate review of sterilisation procedures in India' was drafted and sent to the UN Special Rapporteurs on Torture, Health and Violence Against Women in collaboration with other groups in India. This initiative was undertaken with support from international campaign on 'Stop Torture in Health Care'.

http://www.2cnpop.net/uploads/1/0/2/1/10215849/advocacy_against_tcn_around_london_fp_summit.pdf

http://www.2cnpop.net/uploads/1/0/2/1/10215849/urgent_appeal_to_mr._manfred-un_sr_on_torture_n_health.pdf

- e. The coalition along with The Hunger Project and Population Foundation of India organised a press briefing on the eve of World Population Day 2012 around coercive population policies and quality of care in sterilisation. The media reported extensively on the fact that rewards and incentives to families for choosing sterilisation is working against the reproductive and sexual



health and right of people to decide the number of children they want to have, highlighting the fact that government's continued emphasis on linking family planning with population stabilisation through the two-child norm is not founded on evidence.

- f. During this year, partnership with the Human Rights Law Network was established to collectively organise a National Consultation 'From Field to the Judges Bench: Developing Litigation Strategies to Improve the Lives of Women' in November 2012. In the consultation a session was designed to deliberate around the issues of family planning in India, challenges and continuing concerns, in which different coalition members from three states (Bihar, Rajasthan and Odisha) presented on the negative implications of coercive population policies including coercive sterilisations and lack of attention to quality of care.

KEY ACHIEVEMENTS

- CHSJ worked with women's rights organisations and networks such as National Alliance for Health and Human Rights (NAMHHR), CommonHealth, Human Rights Watch, The Hunger Project (THP), Human Rights Law Network (HRLN), Family Planning Association of India (FPAI) and others in states of Bihar, Rajasthan and Madhya Pradesh to take forward advocacy related to coercive population policies.
- Advocacy with the Ministry of Health and Family Welfare, Government of India, through the support of members of NRHM steering group, created opportunity for the civil society to remove the two child norm in maternity benefits.
- A positive identity has been associated with the Coalition Against Two-Child Norm and Coercive Population Policies.
- A total of 15 articles, briefs and videos have been published in the media. Some of the key media houses who have reported on coercion in population control issues include: The Hindu, Frontline, P7 News Channel, Dainik Jagran, The Telegraph, The Economist and Down To Earth.

Theme: Men and Gender Equality

This year, CHSJ's work and efforts around working with men and boys for enhancing gender equality saw resonance in the wider public space. The efforts in the community continued as we focussed on streamlining various project interventions. The year provided an opportunity to address the issues of patriarchy, masculinity, role of the state and the power and privileges enjoyed by men at various public fora.

Enhancing Male Participation for Improving Gender Equality (Samajdar-Jodidar)

The project is an important milestone in CHSJ's work and it has enabled us to strengthen the strategy for our future work with men. It is based on the hypothesis that there are men who do not agree to violent patriarchal norms and that participatory training, reflection and group involvement allow these men spaces to examine their own beliefs and behaviours and commit to personal change and social action, enabling them to become community



activists and role models. Implemented in 100 villages in Maharashtra through five field level partners, this project is supported by UNFPA.

During the year, several rounds of trainings were held for capacity building of animators and facilitators. During an external evaluation process, observations, interviews and stories collected indicate a significant positive impact on men, women, families and villages. There are indications that men's groups are having a ripple effect on other men in the community by increasing awareness and dialogue. Demand for similar interventions is coming from nearby villages.

Family Health Campaign: Accountability for Change (SAJHEDAR)

The project aims to engage with men in 30 villages in one block in Sidhi and two blocks in Morena district of Madhya Pradesh and support them to take personal and community initiatives to bring in a change in gender relations at household and community levels, and take proactive roles for improving the health and lives of women. These men will also take steps to activate the community planning and monitoring processes within NRHM in their villages.

The second year focused on an ongoing capacity building initiative for the implementing staff, animators and community members. The trainings were held on health rights; understanding social realities and taking responsibility for change; public accountability of maternal health rights, communication, mobilisation and leadership skills. A baseline study was conducted based on varied indicators that included: behaviour of men as care givers to their wives during pregnancy and in early

KEY ACHIEVEMENTS

1. Around 50-65% of animators from the Samajdar Jodidar project reported changes in their behaviour and attitude which was validated through midterm evaluation.
2. Under the Samajdar Jodidar project women's participation in the gram sabha increased in some project areas, leading to their issues being heard publicly.
3. Gram panchayats have passed resolutions for the implementation of the government rule on joint ownership of property. Some villages even indicated 70% of joint ownership. Joint ownership of homes in the name of husband and wife led to better gender relations between the couple. The animators played an important role in this endeavour.
4. In some villages under the Samajdar Jodidar project, the animators and group members raised gender unjust issues, and influenced the panchayats to adopt resolutions against sex detection, sex selective abortion, domestic violence and sexual harassment in public places.

KEY ACHIEVEMENTS

1. The 'health entitlement' campaign reached out to around 13,000 people in both districts; and messages related to women's rights, health rights and on prevention of early marriages were disseminated.
2. Around 40 community members contacted animators seeking information on sexually transmitted diseases, prenatal care and family planning for themselves and their partners.
3. Girls' education, women's health, violence against women, dowry-related issues and issues related to women's mobility were raised around 36 times at the community level by the 12 animators and group members.
4. From Sidhi, one facilitator became a member of district MGCA and 1 facilitator became a member of block MGCA under NRHM in Madhya Pradesh.



infant care and parenting, use of contraception, behaviour towards family's and self health care, decision making process at home, violence in the family specially with intimate partner, and so on.

Caring Fathers: A Campaign on Caring Fatherhood

With this project, CHSJ aims to support and develop a national platform of practice and build understanding and capacity among those already working with men and boys to integrate a child rights perspective within their overall work with men. HAQ Centre for Child Rights a national level resource centre that has extensively worked on the issue is providing technical support on how to address child rights. A national consultation on the 'Role of Men as Fathers in Protecting Children's Rights' was held in June. Around 80 participants from 12 states, including child rights activists, feminist organisations, donors and community based organisations took part in this meeting. HAQ also supported in building the capacity of members of men's groups in Uttar Pradesh, Madhya Pradesh, Jharkhand and Maharashtra, which has helped them to take activities in these states forward. Capacity building workshops were also held in Delhi in October and throughout the year in various states. An IT based communication platform was established



to exchange information related to new knowledge and practices and sharing of resources and reports of campaigns undertaken at the local level.

Mobilising Men to Challenge Sexual and Gender Based Violence in Institutions

CHSJ is implementing a project titled, Gender, Power and Sexuality Programme, which takes forward the work on mobilising men to end violence against women in institutional settings and is supported by Institute of Development Studies, Sussex, UK. CHSJ participated in AWID Forum 2012 in Istanbul, Turkey and International AIDS Conference (AIC) in Washington DC. As part of the project, profiles of unconventional men's engagements in gender equality were documented and this year, four stories of change were published from India in the e-magazine, out of which three were from CHSJ.

Participation in One Billion Rising Campaign

The One Billion Rising campaign is a global campaign calling for an end to violence against women, and for gender justice. The official launch of OBR- India was on 24th November, 2012, and the Director of CHSJ spoke at the event and pledged the support of men

in the struggle for gender equality. CHSJ actively participated in various events across Delhi and played a major role in facilitating the mobilisation and participation of partners from Forum to Engage Men (FEM) from other states.

Other Initiatives: Collaboration with SANAM

CHSJ was involved in designing and facilitating the session under the fellowship. CHSJ was a focal organisation in India for the fellows. It facilitated the process of closing the accounts of fellows of the 1st round of fellowship. CHSJ organised a 2 days in-country seminar with the collaboration of SANAM members where all fellows presented their work. The staff members of CHSJ contributed in the selection process for the 2nd round of the fellowship.



KEY ACHIEVEMENTS

1. The Times of India covered FEM and CHSJ in a front page article "Of men, by men, all for women." - http://articles.timesofindia.indiatimes.com/2013-02-24/delhi/37269641_1_men-don-t-cry-men-and-women-masvaw.
2. The Times of India covered CHSJ's approach to support non-traditional gender roles in an article "Just as nice when Dad plays Mom". <http://timesofindia.indiatimes.com/city/delhi/Just-as-nice-when-dad-plays-mom/articleshow/19054942.cms>
3. CNN-IBN covered the Director of CHSJ in a joint interview with other activists on the occasion of the OBR campaign on 14th February 2013. <http://ibnlive.in.com/videos/372935/face-the-nation-one-billion-rising-against-sexual-violence.html>

Theme: Community Action for Health Rights

Decentralised Monitoring of Health Expenditure

CHSJ implemented this project in partnership with The ANT in Assam and The Humanity in Odisha. This year, the process documentation in the form of a brochure was published and disseminated. A video documentation was also undertaken titled, 'Our Health Our Money'. This was widely disseminated in various workshops. The project also enabled us to be a part of the 'Global Movement for Budget Transparency, Accountability and Participation' (BTAP) which is a global effort to make public budgets transparent, participatory and accountable.

Technical Support to Open Society Foundation's Accountability and Monitoring in Health Initiative (OSF-AMHI)

Community monitoring is increasingly being acknowledged as a powerful tool for strengthening accountability of health programmes. CHSJ with technical support from Foundation Open Society Institute is developing a resource pack which would combine a conceptual framework, instructions and examples to improve practices. The web-based interactive learning platform would have a set of interconnected resources and processes as well as a documentation of the various approaches.

Membership of Community of Practitioners for Accountability and Social Action in Health (COPASAH)

COPASAH is a network where practitioners of community monitoring for accountability in health interact regularly and engage in exchanging experiences and lessons from across the world. CHSJ is a member of the steering committee and also the Asian hub. The IT based communication platform linking the various regions continued to grow with regular updates on initiatives, events and resources. Several initiatives took place during the year:

South Asian Practitioners Workshop in India on 'Community Monitoring for Accountability in Health' was held in Mumbai in February to build a common understanding on community based monitoring and its role in empowering people to negotiate



improved health services. Participants were invited to join COPASAH and undertake documentation of their practices and to review methods and modules of community driven initiatives to improve accountability of services. <http://www.chsj.org/south-asian-practitioners-workshop-in-india.html>

Nigeria Learning Exchange Visit was organised for grantees of the MacArthur Foundation from Nigeria who met with eminent practitioners, lawyers and health activists in Delhi for a discussion on policy, governance and accountability. The Nigerian grantees also visited Varanasi and Pune and met community activists, leaders and facilitators of the monitoring process at the field level to learn about challenges in improving services and programmes of the government. The visit was facilitated by SAHAYOG (UP) and SATHI (Maharashtra). <http://www.chsj.org/nigeria-learning-exchange-visit.html>





Workshop on preparing the case stories on Mahila Swasthya Adhikar Manch (MSAM) COPASAH commissioned a series of case studies of different countries including India, Bangladesh, Peru, Guatemala and Uganda to document practises on community initiative in health accountability. A two day workshop was organised in Lucknow by CHSJ and SAHAYOG to develop case stories of MSAM women- a forum of rural women most of whom also belong to the more backward castes. MSAM is facilitated by a

group of NGOs working at the local and state level. The case study 'Claiming Entitlements: The Story of Women Leaders' Struggle for the Right to Health in Uttar Pradesh, India' is being edited by Jashodhara Dasgupta and Abhijit Das. The stories describe the evolution, activities and results of the MSAM women's advocacy action with a focus on their empowerment process, understanding and actions.

KEY ACHIEVEMENTS

- South Asian practitioners workshop in India on 'Community Monitoring for Accountability in Health' organised with 36 participants from India, Nepal and Bangladesh.
- Organised the exchange visit for Nigerian delegates and coordinated the sharing between practitioners, lawyers and health activists, women and community leaders and facilitators of the community monitoring process.
- Initiated the process to create a word list and their definitions around community based monitoring. Initiated the process to compile existing materials for the annotated bibliography along with links; already 30 existing materials have been compiled along with links. These resource materials comprise of readings, case studies, tools, manuals, etc.
- A strong IT based sharing platform with experiences, insights and resources from around the globe.

Theme: Health Rights and Marginalised Communities

Working with marginalised communities on their health rights continues to be an important thematic focus of CHSJ. We continued our work around the project on 'Health Rights and Entitlement of the Socially Excluded Communities and Women under NRHM', being supported through the Poorest Area Civil Society (PACS) project funded by the Department for International Development (DFID), UK. In the second year of the project, the network on equity and health was strengthened with interventions promoting non-discriminatory access to health services. Under this network three main partners (Pradeepan-Betul, Krishak Sahyog Sanstha-Raisen and Satyakam Jan Kalyan Samiti-Chhindwara) are working in three districts of Madhya Pradesh covering 210 villages within the operational area of 14 Primary Health Centres and seven blocks. All three districts chosen for the project are primarily inhabited by tribal and dalit communities. Swadhikar is the lead CSO of this network and CHSJ provided technical assistance including trainings and supported the advocacy with NRHM officials and other health departments. During the year, CHSJ was engaged in perspective and skill building of partner staff to facilitate understanding



on the social determinants of health and challenges for the socially excluded communities with reference to caste and religion. Partners NGOs have brought together 143 community groups, each of which is functioning as a Health Action Group, and include more than 2200 people from socially excluded communities. CHSJ also built the leadership skills of 80 potential group leaders to enable them to monitor the accountability of health care systems on a regular basis.

CHSJ contributed to the state level networking and alliance building. Along with PACS partners, 37 organisations across 20 districts of Madhya Pradesh received technical input and guidance from CHSJ on the process of monitoring of health services under NRHM. The monitoring process covers outreach services, public health facilities and the referral system under the Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram and Village Health and Nutrition Day.



KEY ACHIEVEMENTS

- Around 120 Health Action Groups in three districts supported and activated around health rights.
- Leaders of the marginalised communities from three districts of Madhya Pradesh are introduced to the state level advocacy network of maternal health rights campaign.
- Perspective and strategy of health rights is strengthened in the CBOs working with Dalit communities.
- Sixty adivasi community leaders are supported and trained in the tribal dominated Sidhi district. They have taken active participation to monitor VHNDs.

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. Research and Information management contributes to this aspect of our work.

RESEARCH

CHSJ has been conducting research both to understand the impact of government policy and programming on the lives of the poor as well as to understand the ongoing processes and changes and the impact of its own interventions.

Research Publications

In the year 2010-11, CHSJ in partnership with School of Public Health, SRM University, Chennai and UNFPA, India, was engaged in developing capacity among NGOs/CBOs to conduct rigorous field level research through training on Rapid Assessment of Health Programmes (RAHP). Subsequently, the participants conducted and finalised their field studies with the help of mentors at SRM University and CHSJ. The studies conducted covered various ongoing issues under National Rural Health Mission like Accredited Social Health Activist functioning in terms of their convergence, impact of incentives on and determinants regarding utilisation of maternal health services, untied fund utilisation of the VHSC, post partum care and complications, maternal death

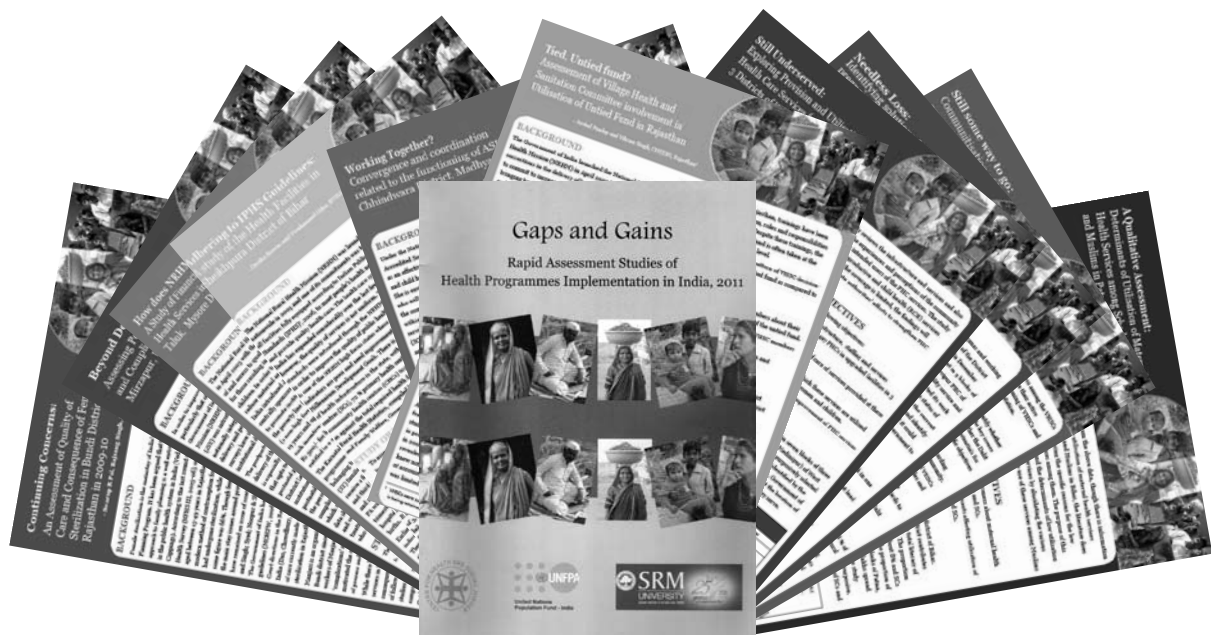
audit and assessments of health infrastructure, etc. Ten research briefs were published and widely disseminated to state health departments, bilateral organisations, UN agencies, media and civil society organisations from across the country. These studies are available at <http://www.chsj.org/rahp-studies-2010-2011.html>

Research Support to CHSJ Projects

CHSJ research team continued to provide research and evaluation related inputs to its field projects.

Baseline and Ethnographic Study

A baseline study was undertaken in March- April 2012 as part of the project on Family Health Campaign: Accountability for Change. This study was conducted with 250 men and 243 women from 30 villages in the districts of Sidhi and Morena in Madhya Pradesh. The study aimed to understand the current situation in terms of gender roles; men's participation in parenting and care giving during pregnancy; document knowledge and understanding related to sexual and reproductive health; health entitlements within



the NRHM framework and also to understand the behaviour and attitudes of men towards family and self-health. The findings of this study will be used as a guide to compare the changes throughout and at the end of the programme implementation. The report of this baseline study has been completed and reviewed by all project partners.

http://www.chsj.org/uploads/1/0/2/1/10215849/final_quantibaseline_sajhedar.pdf

To understand the existing issues of discrimination and practices in the context of maternal health care services within the community, a qualitative study was conducted. This study tried to assess the experiences of socially marginalised communities on maternal health services in three districts of Betul, Chhindwara and Raisen, in Madhya Pradesh. This study was conducted under the PACS initiative for which CHSJ is providing technical support. This study contributed in understanding the field level discriminations in accessing health services among marginalised communities and helped the technical support team in planning the capacity building processes of the field level workers under the initiative.

An ethnographic study was conceptualised to explore gender relations and masculinities in rural Maharashtra as part of the project on Caring Fathers. It aims to understand the ways in which men interact with other men, women and children; their roles, duties, responsibilities in the household and in daily chores. It will also look at the role of men as fathers. The study will be conducted during March to June 2013.

Monitoring and Evaluation

As a part of the ongoing monitoring of the field projects under the Men and Gender Equality theme, the Management Information System was strengthened and regularised. The monthly reports being generated were processed and timely feedback on the progress was provided. This information in the form of report cards was shared with partners, field level animators and project staff to facilitate an understanding of the concurrent processes and changes taking place in the course of the implementation.

The research team also collected and analysed stories of change from all project areas, especially Maharashtra and Madhya Pradesh, to understand positive changes as well as the resistances and factors affecting the changes. The stories cover wide ranging issues like participation in household chores,

encouraging education of the girl child, stopping child marriages, public participation of women, joint ownership in property, etc.

Two evaluations were conducted after completion of two years of the project on Enhancing Male Participation for Improving Gender Equality (Samajdar Jodidar) to review the project and distil lessons from it. The external evaluation aimed to understand the direction and process of change and to improve the functioning of the project. The review adopted a mixed methods approach and included document review, field investigation and survey. An internal evaluation was conducted to understand the changes among group members in parenting roles and as care-takers during wife's pregnancy and post-partum care.

Supervision to students

CHSJ continued to provide mentor support to students conducting studies. The following studies were conducted -

- Causes of low enrolment rate and utilisation of Rashtriya Swasthya Bima Yojana: A qualitative study in two poor communities in India - conducted by an intern from the Liverpool School of Tropical Medicine, University of Liverpool, UK http://www.chsj.org/uploads/1/0/2/1/10215849/what_cause_the_low_enrolment_rate_and_utilization_of_rashtriya_swasthya_bima_yojna.pdf
- Systems, Stigma and Satisfaction: Quality of Maternal Care for Women Living with HIV in Uttar Pradesh, India - conducted by a student at Community-Oriented Public Health Practice Program Capstone Project from University of Washington http://www.chsj.org/uploads/1/0/2/1/10215849/systems_stigma_and_satisfaction_-_jenna_udren.pdf

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

Organisational Website: CHSJ launched its new website which carries regular updates showcasing our

activities and interventions across the country and internationally. It is a rich repository that contains reports, articles, films, interviews, discussions, perspective on various issues, feeds from other blogs as well as information on previous and upcoming events. We continue to maintain distinct web domains for some of our significant activities like ICPD+15 Secretariat and RAHP.

Reprohealth_India e-group: CHSJ hosts this listserv which is an effective forum for disseminating knowledge and best practices, generating debates around policy measures and their implications on the marginalised around issues of reproductive health and gender equality. At present it boasts of over 650 members. http://health.groups.yahoo.com/group/reprohealth_india

Health News Update: Weekly news updates focusing on public health and social justice issues were collated and disseminated. Thirty five updates comprising around 525 news clips compiled from reputed news sources were disseminated during the year. <http://www.chsj.org/health-news-updates.html>

Coalition Website: CHSJ launched a website for the National Coalition against Two Child Norm and Coercive Population Policies. The website contains information around the various efforts and initiatives against coercive population policies. <http://www.2cnpop.net>

NC_TCN_Coercive Population Policies e-group: The membership of the group grew to over 110 members and the listserv continued to link stakeholders on the issues of two child norm and coercive population policies. http://groups.google.com/group/nc_tcn-coercive-population-policies

Coalition Blog: The coalition blog features a very purposive collection of insights and opinions on the issue and can be accessed at <http://coalitiontcn.wordpress.com/>

COPASAH Website: CHSJ was entrusted with the responsibility for developing and maintaining an online information sharing platform for the Community of Practitioners on Accountability and Social Action in Health. With more than 40 members from South Asia, Latin America, Africa and Europe, this platform carries insights from different regions of the world. COPASAH also has a dedicated blog and facebook account, the links of which are available on the website <http://www.copasah.net>

FEM Website: The website of Forum to Engage Men was launched in November 2012, to coincide with the launch of the One Billion Rising campaign in India, as well as to create an online platform for sharing experiences, resources, news and updates from across the country and beyond, on the issue of men's involvement with gender equality. <http://www.femindia.net/>

Engagingmen e-group: The e-group membership was built during the year and it functions as a hub for information sharing between community activists and organisations. The group has over 150 members at present. <https://groups.google.com/forum/#!forum/engagingmen>

FEM Blog: The blog contains more than 200 news articles and posts on masculinity, gender based violence, sexual harassment, fatherhood, child rights, reproductive and sexual health, etc. <http://forumtoengagemen.wordpress.com/>

Films

CHSJ produced a five part series called, Yes, We Can, which documents the stories of men in Maharashtra who have brought about a change in their lives, after becoming sensitised towards gender equality and how this changed perspective has impacted their attitudes and behaviour towards the women and children in their family- making them more caring as fathers and partners. The film is in Marathi with Hindi with English subtitles and is available on our website at <http://www.chsj.org/film-gallery.html>



For the project on Decentralised Monitoring of Health Expenditure, a 26 minute film was produced titled, 'Our Health Our Money'. The link is available on CHSJ website <http://www.chsj.org/film-gallery.html>

Articles Published

- Reviewing Responsibilities and Renewing Relationships: an Intervention with Men on Violence Against Women in India - Abhijit Das, Elizabeth Mogford, Satish K. Singh, Ruhul Amin Barbhuiya, Shishir Chandra and Rachel Wahl (Published in Culture, Health and Sexuality: An

International Journal for Research, Intervention and Care, Volume 14, Issue 6, 2012)
<http://www.tandfonline.com/doi/abs/10.1080/13691058.2012.677477#UjRvD9L-Go4>

Newsletters

- Samajdar Jodidar, the Marathi newsletter was published to facilitate communication between animators from 100 villages and to enable them to share and learn from each other's work, achievements and challenges and thereby gain mutual support in this journey for gender equality. Four editions of the newsletter were published and disseminated and are available on our website at <http://www.chsj.org/enhancing-male-participation-in-maharashtra.html>



“पूर्वी मी माझ्या पत्नीच्या भावना, मते व विचार जाणून घेतच नव्हतो.”
 ही कथा आहे श्री राजेश बोरजे, विवाहीत गट सदस्य, करंदी यांच्या मधील वैयक्तिक बदलाची. नारी समता मंचचे श्रेयक विजय कडचे यांच्या सोबत गावामध्ये सक्रीय आहेत.
 समजदार जोडीदार प्रकल्पांमध्ये सहभागी
www.chsj.org

आत्म्यामुळे मी माझ्या पत्नीला आता सिवींगल, मारहाण, करीत नाही. मी दारु पिणेही सोडून दिलं आहे. नमरा बायकोचं नातं हे मंडीचं असतं, हयाची जाणीव झाली. पुर्वी पत्नीला मारहाण, सिवींगल करताना मी फुकीचं करतोय असं कधी वाटतचं नव्हतं. आता माझ्या पुर्वीच्या बायकोशीपिची पत्नीला विचारल्यावर ती म्हणते की तुम्ही शिवा दिल्यावर, मारल्यावर मला तुमचा राग यायचा. माझ्यातील बदलामुळे आम्हाच्या दोघांच्या बोलण्यामध्ये सहजता जाणवू लागली आहे. बदल चांगला वाटतोय. आम्ही दोघी कोणत्याही गोष्टी एकमेकांसोबत

- Coalition against two child norm (TCN) newsletter- The first edition of the newsletter was published in December and is available online at http://www.2cnpop.net/uploads/1/0/2/1/10215849/____newsletter_05-11-12-for_web.pdf



Reflections

The National Coalition Against Two-Child Norm and Coercive Population Policies was established in December, 2011 to tackle the growing fears, myths and misconceptions around population growth. The media reporting around the seven billionth baby in India had revived the fear that 'population is a problem', which set into action some of the organisations in Delhi and other states to regroup in order to revisit and review the implications of population control policies like the two-child norm. Given the sheer scale of political and civil rights violations due to the two-child norm clause in some state panchayat acts/development schemes or the deaths and failures due to poor quality sterilisations, the need for a coalition with the aim to monitor and respond to the policy environment, was realised.

The coalition has been partnering with state level organisations in Bihar, Rajasthan, Odisha, Madhya Pradesh and Uttar Pradesh to address some of the practices that have contributed to creating a coercive environment, violations of basic human rights such as informed consent and wide flouting of minimum standards of health care. The coalition and its members believe that it is the need of the hour to provide reproductive and sexual health and life-skills education to the young and make arrangements for fulfilling the need for information on the basket of contraceptives and quality services for all those who need them. It is also necessary to change all policy provisions and entitlements that are linked with population or family size.

Goal of the coalition:

To raise awareness among different stakeholders about

Working Group Members

Mr. Anish Chaudhary, Advocating Reproductive Choices, New Delhi

- COPASAH newsletter- The newsletter, 'COPASAH Communique' is a repository of case stories, articles, reports, announcements, organisational profiles from the various regions. The purpose of the newsletter remains essentially to share experiences, inform and learn from each other and also, to focus on different regions and what they bring to the community. The newsletter is available at <http://www.copasah.net/newsletter.html>



Issue 2, March 2013

Inside this issue:

- Mobilising/Climate Communication for Gender Equality: A Review of Gender Analysis, D. & B. 3
- Scientists, Researchers and Policy Makers: A Call for Improving the Quality of Maternal Health Care 6
- Social Accountability in Health - the role for Independent Review and Advocacy 11
- Community Mobilisation in Rural Localities: Development Does Not Mean It is Not 14
- Localisation Development Does It? 16
- In Conversation with Pradeep Prabhu: Strengthening Community Geographical Evidence and Voice in Practice of Accountability and Social Justice in Health 21

To Begin With.....

With its second issue, our newsletter has got named "COPASAH Communique". Unlike communications issued by governments and those in power, we expect our communique to be a platform for interaction and dialogue. With this issue, we welcome experiences from a new region- Eastern Europe.

The need for the communities to be represented on policy platforms came out very strongly at one of the plenary sessions at the Global Maternal Health Conference organised in Arusha (Tanzania) between the 13th and 14th of January 2013. The plenary which was aimed at building a 'movement' around maternal health had researchers, policy makers and representatives from other health issues.

COPASAH has begun as a small effort of practitioners to build and strengthen a larger community of practitioners, who are working directly with communities building 'voice', finding opportunity and spaces to influence policy and programme implementation in the interest of those who get left out. Healthcare is increasingly becoming

मेरे बच्चे मेरे दोस्त हैं

चुप्पी तोड़ो! हिंसा रोकको!

महिला हिंसा रोकने में पुरुषों की पहल

Forum to Engage Men (FEM)
 working with men and boys for gender equality
 E-mail : engagingmen@gmail.com
 Website: www.femindia.net

Centre for Health and Social Justice
 Basement of Young Women's Hostel No. 2,
 Avenue 21, G Block, Saket, New Delhi-110017.
 Ph.: +91-11- 26535203, 26511425. Website: www.chsj.org

Publications

Communication material

- o A set of posters, stickers, flex standees (www.chsj.org/posters-pamphlets-brochures.html), Calendars (www.femindia.net/calendar.html) were produced with messages on responsible fatherhood and with slogans and quotes of men on enhancing gender equality.
- o A set of pamphlets was produced to increase community awareness related to health service entitlements under the National Rural Health Mission. (<http://www.chsj.org/posters-pamphlets-brochures.html>)
- o The Snakes and Ladders game developed by MASVAW was re-adapted and made available to project partners in Maharashtra.
- o In the year 2010-11, CHSJ in partnership with School of Public Health, SRM University, Chennai and UNFPA, India was engaged in developing capacity among NGOs to conduct rigorous research. With the end of this successful programme and various studies conducted, ten research briefs of the different studies were published as part of the programme on training on Rapid Assessment of Health Programmes (RAHP). These briefs are available online at <http://www.chsj.org/rahp-studies-2010-2011.html>
- o A briefing paper on the two child norm- A



Coercive Population Control Measure in India was published and disseminated. <http://www.2cnpop.net/coalition-publications.html>

Library

We have been maintaining an institutional library for the past few years and currently it has around 1600 books related to the issues of health, violence, gender, sexuality, human rights and so on.

KEY ACHIEVEMENTS

1. Newsletter and briefing papers around Two Child Norm and Coercive Population Policies
2. Set of 10 briefing sheets on studies conducted under Rapid Assessment of Health Programmes- II
3. Two editions of the COPASAH Newsletter published with experiences from South Asia, Africa and Latin America.
4. Yes, We Can- a film series of five case stories on men's involvement in gender equality
5. Our Health Our Money- a video documentation on decentralised monitoring on health expenditure.
6. Launched three internet based platforms around engaging men for gender equality; two child norm and population policies; and global practices around community monitoring in health.
7. Communication material including flex standees, calendars, posters and stickers published and disseminated.
8. The video clips of discussions, interviews and talks given by staff members uploaded on website for wider dissemination and capacity building.

STRATEGIC INTERVENTIONS

Partnerships and Networking

Working collaboratively with partners, networks and alliances is key to the success of our programmatic interventions. The long term sustainability of our initiatives in the community is only possible through long term and intensive interactions with them on various issues.

Some of our key partners this year were as follows:

International

- American Jewish World Service (AJWS), New York
- Asia Pacific Research and Resource Centre On Women (ARROW), Malaysia
- Centre for Reproductive Rights (CRR), USA
- Community of Practitioners on Accountability and Social Action in Health (COPASAH)
- Girls not Brides – Global Partnership to End Child Marriage
- Global Health Leadership Program, University of Washington, Seattle, USA
- Human Rights Watch, USA
- International Budget Partnership (IBP), USA
- International Centre for Research on Women (ICRW), USA
- Instituto Promundo, Brazil
- Institute for Development Studies, Sussex, UK
- John D. and Catherine T. MacArthur Foundation, USA
- Liverpool School of Tropical Medicine, UK
- MenEngage South Asia
- MenEngage Global Alliance
- Oak Foundation, Geneva, Switzerland
- Open Society Institute, New York, USA
- Partners for Prevention, Bangkok
- South Asian Network to Address Masculinities (SANAM)
- Save the Children, Sweden
- Sonke Gender Justice, South Africa

National

- AAKAR, Delhi
- Astitva Samaj Vikas and Sanshodhan Sanstha, Maharashtra
- Azad Shiksha Kendra, Uttar Pradesh
- Bihar Voluntary Health Association, Bihar
- Dharti Gramotthan Evam Sahbhagi Gramin Vikas Samiti, Morena, Madhya Pradesh
- Family Planning Association of India (FPAI), India
- Gram Sudhar Samiti, Sidhi, Madhya Pradesh
- Grameen Punranirman Sansthan, Uttar Pradesh
- Human Rights Law Network, Delhi
- Halo Medical Foundation, Maharashtra
- HAQ- Centre for Child Rights, Delhi
- Jatan Sansthan, Rajasthan
- JAGORI, Delhi
- Madhya Pradesh Vigyan Sabha (MPVS), Madhya Pradesh
- MANJARI, Rajasthan
- Nari Samta Manch, Maharashtra

- National Rural Health Mission, Bihar
- National Rural Health Mission, Sikkim
- Peoples Action for Rural Awakening, Andhra Pradesh
- Population Foundation of India (PFI), Delhi
- Pradeepan, Betul (MP)
- PRAYAS, Uttarakhand
- PRAYAS, Rajasthan
- Perna Bharti, Ranchi, Jharkhand
- SAHAYOG, Lucknow
- Samyak, Maharashtra
- SANGAT South Asia
- Sangini Gender Resource Centre, Madhya Pradesh
- Satyakam Jankalyan Samiti, Madhya Pradesh
- Savitri Bai Phule Mahila Mandal, Maharashtra
- Society for Health Alternatives, Gujarat
- SRM University School of Public Health, Chennai
- SUTRA, Himachal Pradesh
- Swadhikar, Delhi
- Tarun Chetna Sansthan, Uttar Pradesh
- Tarun Vikas Sanstha, Uttar Pradesh
- The ANT, Assam
- The Humanity, Orissa
- The Hunger Project, India
- Yuva Gram Vikas Mandal, Maharashtra
- UNFPA, India

National Networks

1. Advisory Group on Community Action (AGCA), a standing committee of NRHM, MoHFW
2. CommonHealth
3. Forum to Engage Men (FEM)
4. Healthwatch Forum
5. India Alliance for Child Rights
6. Jan Adhikar Manch, Bihar
7. Jan Swasthya Abhiyan
8. Mahila Swasthya Adhikar Manch, Uttar Pradesh
9. Men's Action for Equity (MAE)
10. Men's Action for Stopping Violence Against Women (MASVAW), Uttar Pradesh
11. National Alliance for Maternal Health and Human Rights (NAMHHR)
12. National Campaign on Dalit Human Rights (NCDHR)
13. National Coalition against Two Child Norm and Coercive Population Policies
14. Right to Food Campaign
15. Wada Na Todo Abhiyan
16. WeMen for Equality

And many other state level organisations across India

OPERATIONAL MECHANISMS

Organisational Effectiveness

The organisational development process continued to shape our policies as we tried to build CHSJ's team. While our focus on capacity building continued, we also undertook online 360 degree feedbacks and appraisals of all staff members. The orientation policy was also elaborated to incorporate introduction to all projects, interventions and processes in CHSJ.

On completion of SAHAYOG's 20 years, CHSJ was invited to SAHAYOG's retreat in Bhimtal. This afforded an opportunity for all CHSJ staff members to understand and learn about the rich history of SAHAYOG and the genesis of CHSJ itself, and appreciate community interventions and solidarity based on issues. Furthermore, it was a unique opportunity to understand organisational processes and the journey in the life cycle of an organisation.

CHSJ team also went for a one day picnic to the Sultanpur Bird Sanctuary on 25th January 2013 as a recreational and team building event.

Capacity Building

- Staff member undertook a six month Certificate Programme in Research Methodology from Indian Institute of Public Health, Gandhinagar
- Staff member attended the AJWS orientation programme in Ahmedabad from 30th September- 1st October



- Staff members attended a discussion organised by Bharat Gyan Vigyan Samiti, Delhi on the Politics of Science and Education, on 18th July 2012
- Staff members took part in the OBR campaigns from November 2012 onwards.

CHSJ continued to organise in-house capacity building events mostly for perspective building and upgrading technical skills. Weekly Tuesday meetings remained an important platform for discussions where all members were encouraged to speak on different issues.



ANNEXURES

Annexure 1:

CHSJ Staff as on 31st March 2013

Abhijit Das, Director

Ajay Kumar, Finance Officer

Anita Gulati, Administrative Officer

Lavanya Mehra, Programme Manager

Leena Uppal, Programme Officer

Mahendra Kumar, Programme Officer

Nibedita Phukan, Programme Officer

Pramod Shimpi, Programme Associate

Sarita Barpanda, Programme Director

Satish Kumar Singh, Deputy Director

Shakti Jamdade, Programme Officer

Shreeti Shakya, Programme Associate

Tulsi Manimuthu, Administrative Associate

Volunteers

Phillip Perl

Office Assistants

Ishu Das

Mahfuz Alam

Annexure 2:

CHSJ Governing Body

Abhijit Das

Director, CHSJ and Clinical Assistant Professor, School of Public Health and Community Medicine, University of Washington, Seattle (USA)

A. R. Nanda

Former Executive Director, Population Foundation of India; former Secretary, Family Welfare, Ministry of Health and Family Welfare, Government of India

Rajani Ved

Advisor, Community Processes, National Health Systems Resource Centre

Renu Khanna

Founder Member, SAHAJ, Society for Health Alternatives, Baroda

Satish Kumar Singh

Deputy Director, CHSJ; Convenor MASVAW

Subhash Mendhapurkar

Director, SUTRA, Himachal Pradesh

Suneeta Dhar

Director, JAGORI - Women's Training and 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:

Aaron Katz – Principal Lecturer, Health Services and Global Health, School of Public Health University of Washington, USA

A K Shiva Kumar – Advisor UNICEF, Development Economist

Amitrajit Saha – Senior Advisor HIV and Human Rights, UNDP, Regional Office, Eastern and Southern Africa.

Amy Hagopian – School of Public Health, University of Washington, USA

Enakshi Ganguly Thukral – Co-Director HAQ- Centre for Child Rights, Delhi

Imrana Qadeer – Fellow, Centre for Women's Development Studies, Delhi

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

Mangesh Kulkarni – Faculty, Department of Politics and Public Administration, University of Pune. Expert on masculinities studies

Mira Shiva – Public health specialist and activist on drugs and trade related agreements.

Nandinee Bandopadhyay – Independent consultant on community engagement for marginalised populations.

Narendra Gupta – Public health specialist. Coordinator of PRAYAS, Rajasthan.

Paul Divakar – Dalit rights activist. General Secretary, National Centre for Dalit Human Rights and Dalit Arthik Adhikar Andolan

Rahul Roy – Founder Trustee, AAKAR. Film-maker and expert on masculinities

Ramakant Rai – Child rights and health rights activist, Convenor National Coalition for Education (NCE) India

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. Expert medicines and pharmaceuticals.

Sanjay Srivastava – Professor, Institute of Economic Growth. Expert on masculinities studies

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 organisation on women's health and rights.

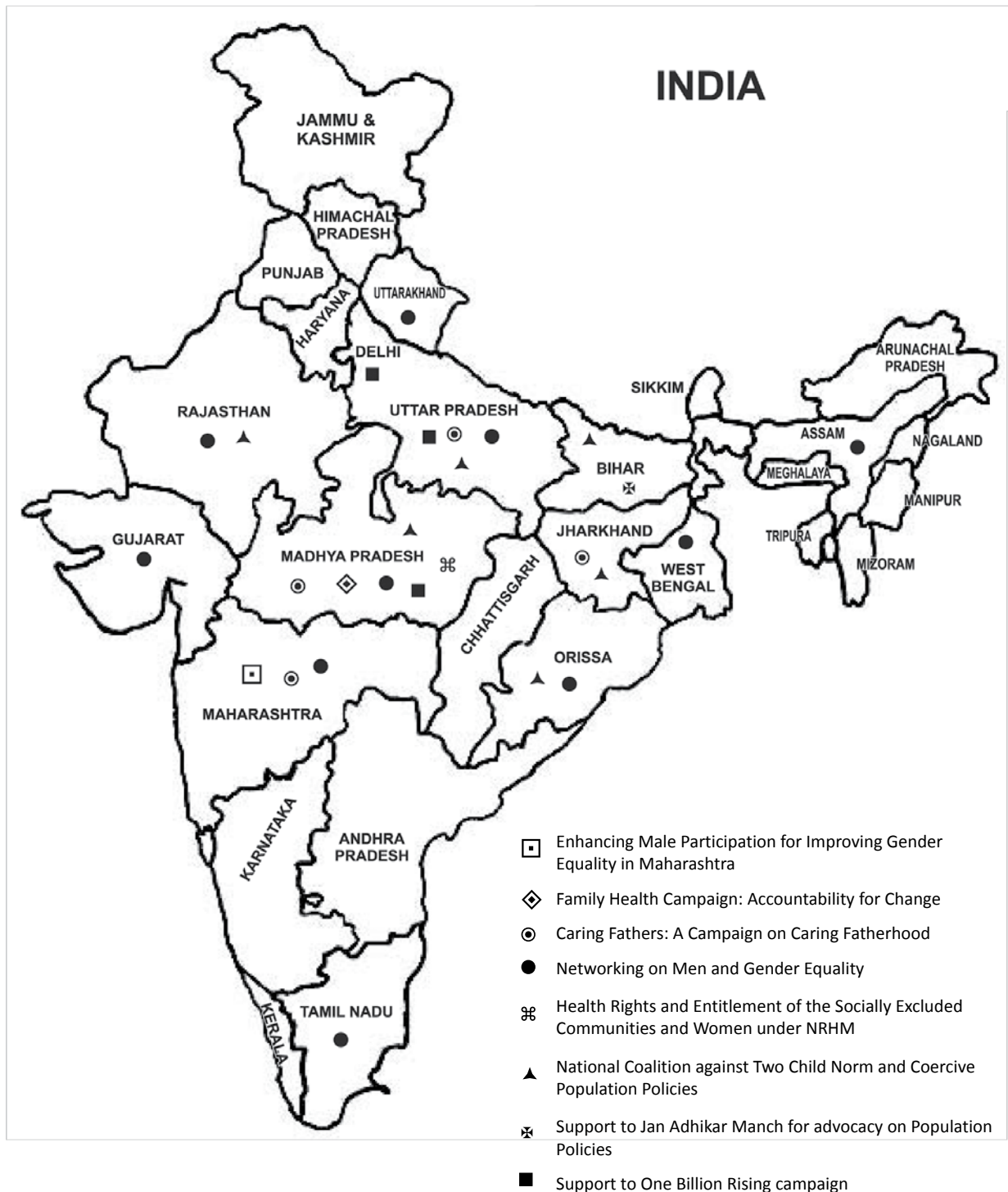
Sharad Iyengar – Public health specialist. Secretary and Chief Executive of Action Research and Training for Health (ARTH), Udaipur

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

Tejinder Singh Bhogal – Innobridge Consulting. Expert in organisation behaviour

Annexure 3:

Distribution of CHSJs work across Different States in India



Annexure 4:

Financial Summary 2012-2013

Balance Sheet as on 31st March 2013

Liabilities	Rupees	Fixed Assets	Rupees
Corpus Fund	5,000.00	Fixed Asset (Trust)	728,005.00
Fixed Assets Replacement Fund-Vehicle	498,539.00	Fixed Asset (FCRA)	244,574.00
Fixed Assets Replacement Fund (Projector)	46,500.00		
General Fund (FC A/c)	244,574.00		
General Fund (Trust A/c)	979,309.02		
Reserve Fund (Trust A/c)	750,000.00		

Restricted Fund

Foreign Grants Unutilized	7,286,864.43	Security Deposit	112,000.00
Indian Grants Unutilized	116,572.00	Loan and Advances	194,126.00
Committed Liabilities	114,019.69	Cash & Bank Balance	8,716,173.14
Total	9,994,878.14	Total	9,994,878.14

Current Assets

Income & Expenditure

Expenses	Rupees	Income	Rupees
General Fund		General Fund	
UNFPA RAHP	230,050.00	Project Fund	10,027,803.00
UNFPA Maharashtra Project	9,757,753.00	Bank Interest	20,664.00
FPAI	40,000.00	Contribution	26,000.00
Depreciation	119,626.00	Programme Cost Recovery	908,296.00
Transfer to Reserve Fund	750,000.00	Other Income	7,892.30
		TDS Interest Received (FY 10-11)	7,051.00
		Training Registration Fee	3,500.00

FC Fund

IBP	456,459.81	IBP	456,459.81
IDS (Gendre, Power, Sexuality)	246,791.00	IDS (Gender, Power, Sexuality)	246,791.00
MacAurthur	3,824,662.46	MacAurthur	3,824,662.46
OAK Foundation	5,156,458.00	OAK Foundation	5,156,458.00
Open Society Instititue	1,689,979.78	Open Society Institute	1,689,979.78
SWADHIKAR	486,419.00	SWADHIKAR	486,419.00
The Hunger Project	562,479.00	The Hunger Project	562,479.00
IDS (Empowerment & Participation)	264.73	IDS (Empowerment & Participation)	264.73
Plan International USA Inc.	823,016.00	Plan International USA Inc.	823,016.00
SEMILLAS	382,657.00	SEMILLAS	382,657.00
Save The Children	250,848.00	Save The Children	250,848.00
CEGSS	1,485,570.00	CEGSS	1,485,570.00
American Jewish World Service	111,570.00	American Jewish World Service	111,570.00
Excess of Income Over Expenditure	103,777.30		
Total	26,478,381.08	Total	26,478,381.08

Receipts and Payment

Receipts	Rupees	Payment	Rupees
Opening Balance		Foreign Grants Utilised	
Foreign Contribution (Cash & Bank) A/c.	9,750,344.21	ARROW	
General (Cash & Bank) A/c.	22,283.04	International Budget Partnership	
FC - Advances & Imprest (Net)	35,702.00	IDS (Gendre, Power, Sexuality)	
General - Advances & Imprest (Net)	(202,280.32)	IDS (Men & VAW)	
		MacAurthur	
Foreign Grants Received			
IDS (Gender, Power & Sexuality)	83,124.00	IDS (Empowerment & Participation)	264.73
MacArthur Foundation	4,014,631.00	IDS (Gender, Power & Sexuality)	246,791.00
Open Society Institute	2,866,219.00	IBP	456,459.81
SWADHIKAR	438,927.00	MacArthur Foundation	3,824,662.46
The Hunger Project	160,265.00	OAK Foundation	5,156,458.00
IDS (Empowerment & Participation)	329,220.00	Open Society Institute	1,689,979.78
Plan International USA Inc.	823,016.00	SWADHIKAR	486,419.00
SEMILLAS	382,657.00	The Hunger Project	562,479.00
Save The Children	250,848.00	Plan International USA Inc.	823,016.00
Foundation Open Society Institute	1,298,969.00	SEMILLAS	382,657.00
CEGSS	1,475,251.00	Save The Children	250,848.00
American Jewish World Service	518,895.00	CEGSS	1,485,570.00
		American Jewish World Service	111,570.00
Indian Grants Received		Indian Grants Utilised	
UNFPA-RAHP	230,050.00	UNFPA-RAHP	230,050.00
UNFPA-Maharashtra Project	10,291,940.00	UNFPA-Maharashtra Project	9,757,753.00
FPAI	40,000.00	FPAI	40,000.00
Other Income		Other Expenses	
Contribution	26,000.00	Fixed Asset	61,998.00
Programme Cost Recovery	908,296.00		
Other Income	7,892.30		
TDS Interest Received (FY 10-11)	7,051.00		
Training Registration Fee	3,500.00		
Bank interest		Closing Balance	
FC Fund	335,971.00	Foreign Contribution (Cash & Bank) A/c.	7,274,378.43
General Fund	37,984.00	General (Cash & Bank) A/c.	1,441,794.71
		General - Advances & Imprest (Net)	114,120.31
Fixed Asset Replacement Fund-Vehicle	183,500.00	FC - Advances & Imprest (Net)	12,486.00
Fixed Asset Replacement Fund-Projector	46,500.00		
Refund Security	75,000.00	Security Deposit	32,000.00
Total	34,441,755.23	Total	34,441,755.23



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