



# Annual Report

## 2013-2014



Centre for Health and Social Justice



# **Centre for Health and Social Justice**

**Ninth Annual Report**

**2013-2014**



Annual Report adopted by CHSJ at the 17th Governing Body Meeting held on 2<sup>nd</sup> September, 2014.

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**EXECUTIVE SUMMARY**

A unique element of CHSJ's work has always been its ability to continually link the reality of people's lived experience to policy implementation and through this strengthening the evolving practice of rights based programming. Research, capacity building, networking and partnerships remain the key strategies for developing a robust rights and entitlements consciousness within communities. Strengthening evidence based advocacy through different platforms including through the media and creating new opportunities, as well as using existing spaces, for policy negotiation are key to CHSJ's approach to achieve social justice by strengthening processes of direct democracy. At the state level this facilitative approach by CHSJ led to the mobilisation of the Maternal Health Rights Campaign in the state of Madhya Pradesh. Members of MHRC not only conducted district level community monitoring exercises on maternal health services, but also came together at the state level to create spaces for civil society participation in the routine planning and review architecture of the state Rural Health Mission. Through an engagement with the DFID supported Poorest Area Civil Society (PACS) project, CHSJ started to build capacity among its partners across seven states to mobilise socially marginalised communities to engage with state authorities for better health services. In the field of reproductive health CHSJ had linked interventions at the community, state, national and international level around maternal health and family planning programming drawing attention to the need to institute robust accountability mechanisms with community engagement.

The work with men on gender issues expanded this year with two youth focussed projects in the states of UP and Rajasthan. Seeking ways to harness the power of ICT for empowering communities CHSJ has joined hands with DevKalpana a new technology initiative. One intervention uses Interactive Voice Response Systems (IVRS) and the simple feature phone to explore ways of bridging the digital divide among youth. CHSJ's pioneering work on engaging men on gender issues was acknowledged globally when MenEngage Alliance agreed to CHSJ proposal of hosting the 2nd MenEngage Global Symposium in Delhi in November 2014. We have been able to generate support for this event among feminists and women's organisations across the country, who have readily joined the India Organising Committee. A separate Secretariat has been established to anchor this work, allowing the regular activities of CHSJ to continue unhindered.

The year's main challenge has been to balance and negotiate between the priorities of meeting local partners' needs, and strengthening community processes with the global exposure that CHSJ has received through its involvement in the Community of Practitioners in Accountability and Social Action in Health (COPASAH) and the MenEngage Global Symposium. Putting together and harnessing a team with the diverse skills and competencies for this broad range of actions has been a new experience. We hope that we can build upon the work that has been initiated this year, and CHSJ can emerge as a globally relevant health and human rights organisation which is pushing the boundaries and possibilities of rights based policy articulation and implementation through firmly rooted practice.

As always we remain deeply indebted to our advisors, friends and partners in different social organisations and movements who have both provided inspiration and support to CHSJ to continue to consolidate its existing work and to explore new ways of fulfilling its mission. On behalf of the CHSJ team I wish to thank the Governing Body for their unstinting support and sage advice which we could call upon whenever necessary. Thank you all.

**Abhijit Das**

Managing Trustee and Director

**ACKNOWLEDGEMENTS**

We wish to express our deepest gratitude to the men and women within the communities we serve, as we continue to learn and take our inspiration through them. The consolidation and growth of our work in Centre for Health and Social Justice (CHSJ) is made possible because of their support.



## 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 headquartered in New Delhi.

### MISSION

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

- mechanisms are established for identifying rights violations-inclusive of gender, caste, and race-and for identifying denial of quality services at all levels;
- citizens/citizen groups, especially the marginalised, are part of planning and feedback mechanisms that are operational (they address rights violations and denial of quality services for public health programmes at all levels); and
- state/public and social accountability mechanisms and processes are developed and are in use.

### OUR WORK DURING THE YEAR

#### Overview

In the eighth year since its inception CHSJ expanded its work in the field by adding many new projects and also developed a vision for the future that was heralded by a wider segment than ever before.

This has been the year when CHSJ's participatory and collaborative work on gender found resonance across the spectrum. CHSJ was invited to several government forums to share its expertise at the policy and programmatic level. The organisation's efforts also found acceptance and recognition at the global level. In a significant achievement that portends well for its growth, CHSJ was selected by the MenEngage Global Alliance to host the Secretariat of the 2nd MenEngage Global Symposium 2014 - Engaging Men and Boys for Gender Justice, to be held in New Delhi in November. With several competing claims, what turned in CHSJ's favour was the depth and spread of its gender work and the country's new political and public sensitivity to the issue. The media too appeared to view CHSJ as a reliable resource centre, coming to it for information, stories and data on gender. Overall, CHSJ emerged as

a hub for generating expertise on gender justice and equality.

There was no stopping the momentum gathered by CHSJ's work on community monitoring for health rights. The Community of Practitioners on Accountability and Social Action in Health (COPASAH), of which CHSJ holds the regional Secretariat, received much acclaim on the national and international stage. Many new partnerships were forged as CHSJ went into capacity building of community monitoring at the national level in a big way, being recognised by the PACS (Poorest Area Civil Society) programme as a resource centre on the issue and partnering with it in huge community monitoring programmes across the country. An innovative initiative is creation of a community monitoring resource pack that will equip practitioners in the field and enable a global online platform for interaction.

The initiation of several new projects by CHSJ particularly on sexual and reproductive health rights with adolescents marked a foray into increasing its operational ambit and knowledge base. Its partnership with the UK based Institute of Development Studies (IDS), a leading global institution for development research, for its international symposium 'Undressing Patriarchy' in September 2013, led to cross-sharing of many insights on the issue.

A major achievement of CHSJ's long standing work on opposing coercive population policies was the bringing together of several national alliances to successfully advocate with the government on the issue. In May 2013, a government order issued by the Union health ministry officially made the two child norm history.

The year was also marked by CHSJ entering a period of financial stability and in fact, growth. It rose to overcome challenges and took on new responsibilities.

STRATEGIC GOALS AND OBJECTIVES

- Create a shared understanding—backed by rigorous evidence—among concerned stakeholders (the affected and citizens’ groups) on critical issues related to health.
- Enable citizens’ groups to engage with the state and among themselves to improve accountability.
- Establish mechanisms and develop capacities within the system to engage with the community for effective and accountable service delivery.
- Develop and share methodologies for involving men as responsible individuals and citizens to ensure gender justice.

Objectives	Achievements
<p>Create a shared understanding—backed by rigorous evidence—among concerned stakeholders (the affected and citizens’ groups) on critical issues related to health.</p>	<p>Using information gathered through participatory processes, the local Dalit leadership of health action groups (HAG) have started engaging with health providers and panchayat members in Madhya Pradesh (MP Swadhikar partnership project). The state-level maternal coalition in MP used participatory and pictorial methods to generate community-level data, and to negotiate for better services in over 10 districts and build momentum up to the state level. CHSJ worked closely with the National Alliance on Maternal Health and Human Rights (NAMHHR) to collect evidence of the uneven success of the Janani Suraksha Yojana (JSY), especially for marginalised communities, such as tribal and forest dwelling communities.</p>
<p>Enable citizens’ groups to engage with the state and among themselves to improve accountability.</p>	<p>Over 100 young, community-level health activists have been trained in India, Bangladesh, and Nepal through training and facilitated exchange visits. Groups in Bihar and Uttar Pradesh (UP) have started engaging with the local health providers and used the community scorecard to understand aspects related to quality and informed choice in the family planning programme.</p>
<p>Establish mechanisms and develop capacities within the system to engage with the community for effective and accountable service delivery</p>	<p>To make community-level services more effective and accountable, the animators and men’s groups in the Sajhedar project in MP and the Samajdar Jodidar project have been working effectively with functionaries of the health and other allied departments like Integrated Child Development Services (ICDS) workers and Panchayati Raj Institution (PRI) members.</p>
<p>Develop and share methodologies for involving men as responsible individuals and citizens to ensure gender justice.</p>	<p>Two papers highlighting the approach of CHSJ in its work with men in Maharashtra were published in the Institute of Development Studies, Sussex (IDS) Bulletin (see ‘Publications’).</p> <p>An animator from the Samajdar Jodidar project was selected as a model man for Heroes, a CNN-IBN TV feature. It highlighted the work of men concerned with women’s empowerment.</p> <p>CHSJ also provided inputs for developing the proposed Saksham project. The National Mission for Empowerment of Women (NMEW) sanctioned a pilot project to work with adolescent men and boys.</p>

## 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 continued to monitor the compliance of national reproductive health programming to internationally agreed upon human rights standards. This included informed choice and quality of care in family planning, and identifying and documenting violations of human rights and coercion in population policies as well as maternal health rights of marginalised communities. This was done through capacity building at the local level, advocacy with government organisations (GO) and non-government organisations (NGO), and increasing media attention on these issues.

#### Area: Securing Maternal Health and Rights

There has been considerable policy attention on improving maternal health services in the country. We at CHSJ believe that all women have the fundamental entitlement to receiving quality maternal health services. CHSJ

- works closely with the NAMHHR to examine systemic barriers that prevent women from receiving quality maternal health services and doing advocacy to ensure improvements, and to put together a national consultation on reviewing the state of maternal health services for marginalised communities;
- participated in the fact-finding mission to Godda district in Jharkhand from where there have been repeated reports of maternal deaths among tribal populations;
- supported partner organisation CHARM in Bihar to file a public interest litigation (PIL) suit on the facility-wise funds received, expenses incurred,

services provided, and the status of the facilities for the entire duration of the National Rural Health Mission (NRHM);

- facilitated NGOs in MP to come together as a statewide coalition to examine the quality of maternal health services received at the community level, and advocated with the state government to improve community health system interactions to improve these; and
- is pushing for a 'second generation' of reforms that addresses gaps in maternal health programming, including the emphasis on universal institutional delivery—we want the focus to shift, instead, to ensuring universal access to emergency obstetric care and life saving services.

#### Area: Informed Choices in Family Planning and Population Policies

The family planning programme in India has a long history of coercion and method-specific targets. CHSJ







has been at the forefront of raising issues of quality and informed choice. CHSJ's expertise is acknowledged globally; its director was invited to be part of the Working Group on Performance Monitoring and Accountability of Family Planning 2020 and for a World Health Organization consultation on coercion in sterilisation services. Building upon its experience on developing community-monitoring methodologies, CHSJ worked closely with Healthwatch Forum in Bihar and UP to develop a community-monitoring methodology to assess informed choice and quality of care of FP services at the community level. The community enquiry process focused on six key areas of care: choice of method, technical competence, informed choice and counseling, follow-up and management of complications, quality of services, and element of coercion. To identify steps for improving service delivery, enquiry and sharing workshops were held with health system functionaries; based on these workshops, a scorecard was developed. The



director of CHSJ shared the results of the process at the International Conference on Family Planning in Addis Ababa (12-15 November 2013). Plans have been made to replicate the exercise in other districts in both states.

### Area: Combating Coercive Population Policies

CHSJ has been advocating for the implementation of the International Conference on Population and Development Program of Action (ICPD PoA). The ICPD PoA calls for removing all forms of coercion from population policies and for upholding the reproductive rights of all individuals and couples. India has a legacy of population control, manifested most insidiously in the two-child norm, or a restriction on entitlements for those who have more than two children. CHSJ anchors the Secretariat of the National Alliance Against Two-Child Norm and Coercive Population Policies. We have identified over 20 schemes that have this provision. This year our main achievement was to bring together, with the support of civil society members of various committees, a group of national alliances like the NAMHHR, Human Rights Law Network (HRLN), Right to Food Campaign, and Working Group for Children Under Six (WGPU6) to petition different departments to remove the norm. We advocated with the Ministry of Health and Family Welfare (MoHFW) and Ministry of Women and Child Development (MoWCD) to remove this norm from maternity benefit schemes in India like JSY, National Maternity Benefit Scheme (NMBS), and the Indira Gandhi Matritwa Suraksha Yojana (IGMSY).

In May 2013, the MoHFW issued a Government Order instructing states to remove conditionalities associated with parity and age for institutional deliveries in high performing states, and for home deliveries in all states/union territories, ending the two-child norm in the health ministry.



## Monitoring Reproductive Health and Rights

### Active monitoring of grassroots experiences

This year, CHSJ established the Reproductive Health Observatory ([rbservatory.net](http://rbservatory.net)), a website for sharing knowledge and disseminating information. [ReproHealthIndia](#), our email discussion group on sexual and reproductive health and rights in India, is integrated into the website. This integration enables continual monitoring of the field of sexual and reproductive health and rights in India. The Observatory focuses on community-level experiences and includes information, stories, and evidence from the most unreachable places; these are used for evidence building, advocacy, and policy influence. This year, 65 community-level stories were shared through this mechanism. The website has become popular, and averages 20 unique visitors every day.

### Working with the media

CHSJ works closely with the media to raise public awareness about coercion, and the lack of dignity in public medical facilities, to educate opinion leaders in the country to become advocates of women's human rights. This is done through giving interviews, organising press briefings, publishing articles and organising field trips for reporters to document violations in family planning camps.

Some of the media reports published are as follows:

*'India: Sterilisation by default: Where's choice in family planning?'* [bit.ly/owsas](http://bit.ly/owsas)

*'India's Poorest Women Coerced Into Sterilization'*, [bit.ly/sterilep](http://bit.ly/sterilep)

*'Why India's acclaim for protecting reproductive rights rings hollow'*, [bit.ly/reprights](http://bit.ly/reprights)

*'Duo in demographic race'*, [bit.ly/duorace](http://bit.ly/duorace)

### Fact-finding visits

CHSJ has been regularly conducting fact-finding visits to verify the actual status of reports of reproductive violations. In April 2013, a fact-finding session was conducted into a mass sterilisation campaign in Malda district of West Bengal. In December 2013, a team from CHSJ observed two female sterilisation camps in Rajasthan, and found that government quality standards on information on contraceptive choices



and infection control were completely flouted. In February 2014, a CHSJ representative accompanied an NAMHHR fact-finding visit to Godda to investigate maternal deaths. Fact-finding reports have often become the basis for future advocacy; this year, we supported our partners to file a PIL suit in the Supreme Court *Devika Biswas vs. Union of India and Ors.* (W.P.(C)81 of 2012).

### Capacity Building for Reproductive Health and Rights Advocacy

In May 2013, CHSJ partnered with other advocacy groups like NCTCN & CPP, NAMHHR, Advocating Reproductive Choices (ARC), CommonHealth, HRLN, to organise a three-day capacity building workshop in Delhi, where 20 organisations from seven states participated. The workshop aimed to

- build consensus among partners in states on the essentials of human rights and reproductive health and rights advocacy;
- reinvigorate advocacy on the delivery of comprehensive reproductive health services for the vulnerable and marginalised; and
- increase the accountability of the government on reproductive health and rights.

## Theme: Men and Gender Equality

This year, CHSJ focused its work and effort on working with men and boys to increase gender equality in the wider public space. Community efforts continued as we streamlined existing projects. We addressed the issues of patriarchy, masculinity, the state's role, and the power and privileges enjoyed by men and the public at large.

### Caring Fathers: A Campaign on Caring Fatherhood

For the past two years, this campaign is being run in four states—Jharkhand, MP, Maharashtra and UP—to promote men's role in securing children's rights. As part of this campaign, several activities have been undertaken, such as training of trainers, production and dissemination of campaign material, participation in the One Billion Rising (OBR) campaign, and so on. In coordination with partners, CHSJ has developed two training manuals—one on fathers' caring in the community and another on children's rights—and disseminated these widely among partners and alliances. The campaign is being run by state-level networks in different states: Forum to Engage Men (FEM) Jharkhand in Jharkhand; Men's Action for Equity (MAE) in MP; Men's Action for Stopping Violence Against Women (MASVAW) in UP; and Bapanchi Shala (Father's School) in Maharashtra. HAQ: Centre for Child Rights provides technical support and Oak Foundation, Switzerland provides financial support.



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

With the support of the United Nations Population Fund (UNFPA) and in collaboration with five partners, CHSJ has been implementing the Samajdar Jodidar (the understanding partner) project in Maharashtra state since 2010. This project is a pioneer intervention in work with men on gender equality and justice in that it addresses the subordinate status of women in society and the issues that men face with respect to their own sexual and reproductive health. CHSJ's long-term involvement in work with men and boys to address violence against women



led them to embark on this project. Today, there are sensitised and trained community volunteers and men's groups in 100 villages who show remarkable changes in their attitudes and behaviours related to gender relations. These changes are in different domains, like

- stopping violence against the women within the family;
- challenging and stopping gender-based discrimination at home;
- sharing of household chores;
- looking after children;
- accompanying wives for antenatal care / post-natal care check-ups;
- supporting and promoting girls' education;
- promoting and supporting girls' participation in school level sports and competitions;
- stopping child/early marriages;
- action against dowry;
- support for love marriages (right to choice);
- supporting women PRI members for their active participation and leadership role;
- promoting women's gram sabha;
- utilisation of VHSNC's untied fund and VHSNC's activation;
- joint ownership of property, and so on.

These changes have been validated through midterm evaluation.

### Working with Adolescents and Young Men on Changing Social Norms

This year CHSJ started three projects in Rajasthan, UP, and Maharashtra, which are looking to take the lessons learned from earlier work further into examining the roles of adolescents and youth in changing social norms around gender and sexual and reproductive

health. We look forward to sharing results as the projects mature.

### Mobilising Men to Challenge Sexual and Gender-Based Violence (SGBV) in Institutions

CHSJ continued its partnership with the IDS to implement a project examining SGBV in institutions. Two papers from CHSJ's work were published in the IDS bulletin in January 2014. CHSJ was also a co-organiser of the International Symposium on Undressing Patriarchy with IDS, which was organised during 9-12 September 2013 in Brighton, UK.

### Participation in One Billion Rising (OBR)

CHSJ participated in OBR, a global campaign for ending VAW, adding the dimension of involving men into the OBR campaign. FEM members in different states also took up this initiative. All our partners in universities and colleges took part in the campaign.

### Alliance building on work with men for gender equality

CHSJ is a founder and executive committee member of MenEngage, a global alliance of NGOs and individuals that seeks to engage men and boys in reducing gender-based inequalities and in promoting the health and well-being of women, men, and children. CHSJ hosted the MenEngage Steering Committee meeting during 4-5 February 2014 in Delhi. CHSJ also took the responsibility to coordinate the South Asia MenEngage (SA-ME) and host the secretariat of SA-ME from December 2013. CHSJ facilitated the SA-ME Steering Committee meeting on 14-16 December 2013 in collaboration with Save the Children, Sweden in Kathmandu.

CHSJ has been selected to host the 2nd MenEngage Global Symposium 2014—Men and Boys for Gender Justice in India Habitat Centre in New Delhi from November 10-13 and is collaborating closely with women's organisations and other human rights groups to create a collaborative process for hosting the symposium. A number of preparatory meetings have been organised and various committees constituted. A website ([menengagedilli2014.net](http://menengagedilli2014.net)) has also been launched, and efforts have begun to raise funds for organising the event. Many organisations—including women's rights groups and international organisations like UNFPA, UN Women, Ford Foundation, MacArthur Foundation, Packard Foundation, SWISSAID, SIDA and NORAD—and social justice and rights activists have committed their support to the symposium. CHSJ continues to host the Secretariat of FEM, a national network of organisations and individuals that work with men on gender equality. It helps in maintaining communication between members through the listserv, and maintains the FEM website. CHSJ organised meetings of the FEM steering committee every quarter.

### Our Work in the Media

A film *Men Against The Tide* was produced by Independent Television Services (ITVS) and CNN-IBN, which has stories of seven men who have emerged as heroes/ champions on the rights of women. It included the story of an animator from Tuppehalli in Solapur district in Maharashtra. Majha, a Marathi TV news channel, also highlighted the changes and achievements of the project. The role of men in gender equality was covered in All India Radio and Gurgaon Ki Awaz-community radio. Two features on MASVAW appeared on NHK channel of Japan and on Radio Denmark.

### Stories of Change

An animator from Chhawari village, Sidhi district in MP has undergone a big personal change. Some years ago, he was a regular village youth, loitering around and playing cards. He was married but did little to help at home. After he joined the Sajhedar group, his wife became pregnant for the second time. During her first pregnancy, he had done nothing to help, and the child was stillborn. This time, he helped her with household chores, such as cleaning, fetching wood, cooking, washing clothes. He learned about maternal and child health, accompanied her for health visits, and ensured she got good nutrition and the necessary medicine. His wife had a normal delivery, and now he continues to play actively the role of a father, looking after the child, taking the child for immunisation, and so on.

Apart from these changes in his own personal life, he has also started taking action to stop gender-based discrimination in the village. In one instance where two girls from a family were being married off before the legal age, he and the members of the village group went and talked to the parents and persuaded them to stop the marriage in the interest of the girls' health, education and overall development.



## Theme: Community Action for Health Rights

As a health policy resource centre, CHSJ works actively with public health systems and with the community to improve both health systems and outcomes in India. During 2007-10, CHSJ was the technical anchor for the communitisation process under the NRHM, as part of the National Secretariat of the Advisory Group on Community Action (AGCA). CHSJ has been continually seeking spaces and opportunities for community members to directly interact and dialogue with health policy makers, managers, and providers in many Indian states. The experiments and experiences gained are physically and virtually available to practitioners in India as well as across the globe through our website.

### Consolidating the Community of Practitioners in Accountability and Social Action in Health (COPASAH) as a Knowledge Generation and Dissemination Community

CHSJ is the South Asian regional secretariat for Community of Practitioners in Accountability and



Social Action in Health (COPASAH). COPASAH is a global network that aims to

- establish and promote the field of community monitoring based on community empowerment and active citizenship around health rights; and
- consolidate shared resources.

This has been undertaken through the development, publication, and online dissemination of issue papers, case studies and a quarterly communiqué, and through training modules and workshops, exposure visits, and targeted technical assistance, within India as well as in the neighbouring countries of Nepal and Bangladesh. Besides, there are four internet-based communication platforms—the website, listserv, blog, and a Facebook page.

### Resource Pack on Community Monitoring

To support grassroots human rights practitioners in adopting new methodologies, improving existing practices, and in building skills, CHSJ has collated readings, guidelines, exercises, and examples into an interactive, web-based learning platform, which draws upon the existing practice of community monitoring

### Stories of Change

A men's group was formed in 30 villages and two districts to understand the social norms that maintain inequality between men and women and to address maternal health issues. The men were taken on a visit to understand the process of a Village Health and Nutrition Day (VHND). The men observed that the VHND took place in the open air with no mats or seating for women and children. Immunisation was the only service offered. The nurse (ANM) came, vaccinated and left. What shocked the men was that the needles were being thrown on the ground rather than being properly disposed. Children were playing with them, trying to poke each other, and hiding them in their pockets. This visit was a lesson.

The men went back and had a dialogue with the Accredited Social Health Activist (ASHA) and members of the Village Health Sanitation and Nutrition Committee to understand what services were mandated through the VHND. They learned that these included measurement of height and weight and blood pressure of the pregnant women; blood tests and urine tests; as well as counseling for pregnant and lactating women. The group discovered that a dustbin, drug kit, a small tank for storing drinking water, a jug and glass, a durrie (mat) and some chairs were available using the untied fund, but were not being used. They started discussions with the ASHA and the ANM. Today, the ANM has improved her service delivery; she regularly brings the hub cutter, blood pressure apparatus, weighing machine, malaria and urine kit, iron pills and checks the haemoglobin of the pregnant women, gives counseling and conducts follow-ups after the VHND. As a result, more lactating and pregnant women have started going to the VHND and are being accompanied by their partners.



in different parts of the world. In the future, CHSJ intends to start live discussions on critical areas of accountability, upload recorded talks / lectures by key resource persons, and allow practitioners to engage with a large range of learning and sharing processes.

### Maternal Health Rights Campaign, MP

One of the aims of the NRHM is the reduction of maternal and infant mortality rates. Over the past eight years, the health system has undergone many positive changes due to NRHM, but the benefits of these improvements are not evenly distributed. Along with its partners, CHSJ coordinated a voluntary community-based monitoring (CBM) exercise in 12 districts of MP. The data was compiled and shared with the community, and led to the formation of

the Maternal Health Rights Campaign (MHRC). This campaign aims to improve community access to maternal health services by improving public health services. Government functionaries have taken a series of positive steps to improve health service delivery. There has been media sensitisation and follow-up by the NHRM on various incidents of violation of maternal health rights. A space for community voice has been created through this process and has given an impetus to civil society organisations (CSO) to make the health system more accountable.

### Area: Ensuring social inclusion and health rights for the marginalised — Partnership with PACS

CHSJ is offering technical support to Poorest Area Civil Society (PACS, a DFID-supported initiative for CSOs) for capacity building of its CSO partners on social inclusion and health rights. The programme is aimed at initiating health rights advocacy on the issue of social exclusion in health services in the seven states of Bihar, Chhattisgarh, Jharkhand, MP, Odisha, UP, and West Bengal. A rigorous process was undertaken to understand the issues of social exclusion in health in these states. The CBM approach will be adopted to identify and address the concerns of social exclusion and discrimination in health services. Plans have been formulated for a health rights campaign for social inclusion in each of these states; a possible, later goal might be to converge such efforts at the national level.



## Theme: Health Rights and Marginalised Communities

### Area: Health Rights and Entitlements of the Socially Excluded Communities

CHSJ has an ongoing partnership with the Dalit human rights network Swadhikar in MP. We work together in the three districts of Raisen, Chhindwara, and Betul to create awareness among marginalised communities on their entitlements in the NRHM. Health Action Groups (HAGs) have been formed at the village level. Trained HAG leaders advocate for these entitlements to reach the communities through service providers. Stories of change are emerging, and there is reduced discrimination with health service delivery providers, and this is being shared with governmental functionaries.



# STRATEGIC INTERVENTIONS

## Research and Information Management

Evidence-based advocacy is a key strategy in CHSJ's work on health policy and programming that is responsive to the needs and rights of the poor and marginalised. Research allows us to understand the impact of government policy and programming as well as ongoing process/changes that we try to bring about through our interventions. See the Publications section for a few of the articles published by CHSJ staff.

### IT based communication platforms

CHSJ is actively engaged in information sharing and does this through a number of websites and listservs. Websites are being maintained for CHSJ ([chsj.org](http://chsj.org)), COPASAH ([copasah.net](http://copasah.net) and [copasah.org](http://copasah.org)), Reproductive Health Observatory ([rhobservatory.net](http://rhobservatory.net)), FEM ([femindia.net](http://femindia.net)), and the Global Symposium ([menengagedilli2014.net](http://menengagedilli2014.net)). Membership on all platforms has been built during the year—membership of COPASAH increased from 80 in September 2013 to 180 by March 2014. Membership of the listserv went from 220 to about 450. The FEM listserv membership doubled from 128 to around 300. The membership lists are being consolidated. The Reproductive Health Observatory collated health news and sent the updates to around 600 persons.

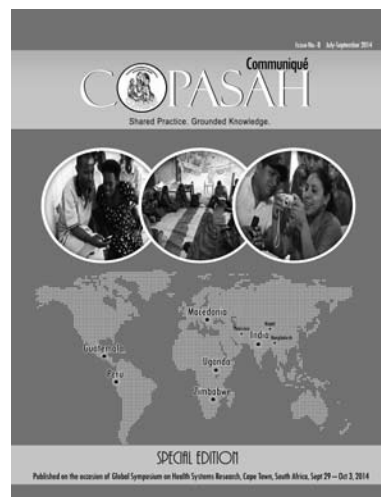
### Newsletters

CHSJ shares thematic information through the following newsletters.

- Samajdar Jodidar, the Marathi newsletter, is published quarterly to facilitate communications between animators within 100 villages. [bit.ly/mpmchsj](http://bit.ly/mpmchsj)



- COPASAH Communique, an online newsletter featuring a collection of case stories, articles, reports and organisational profiles from various regions sharing their experiences. [bit.ly/nkopasah](http://bit.ly/nkopasah)



- Newsletter of the Coalition against Two-Child Norm (TCN) [bit.ly/cnppopun](http://bit.ly/cnppopun)

CHSJ produced a large number of materials to support its project implementation. A style guide for documentation was also prepared to strengthen





this process. A consolidated communication plan was developed bringing together the different communication activities that are undertaken under the various projects.

Discussions are underway for using Interactive Voice Response System (IVRS) to support our community-based communication interventions. Management information systems of the organisation were strengthened through the effective use of IT. The Manager, Information Management was also invited to a training session on communication by Open Society.

### Publications

Abhijit Das, Jerker Edström, Chris Dolan. Introduction: Undressing Patriarchy and Masculinities to Repoliticise Gender. *IDS Bulletin* 45 (1) January 2014

Abhijit Das. How Do We Know We Are Making A Difference: Challenges before the Practitioner of Community Monitoring Processes in Assessing Progress and Evaluating Impacts. Issue paper for COPASAH. [bit.ly/doweknow](http://bit.ly/doweknow)

Abhijit Das and Satish K. Singh Changing Men: Challenging Stereotypes. Reflections on Working with Men on Gender Issues in India *IDS Bulletin* Volume 45 Number 1, January 2014

Abhijit Das. Right to Health in India: Contemporary Issues and Concerns. *Journal of the National Human Rights Commission*, Volume-12, 37-57.

Ahona Roy and Abhijit Das Are Masculinities Changing? Ethnographic Exploration of a Gender Intervention with Men in Rural Maharashtra, India. *IDS Bulletin* 45 (1), January 2014.

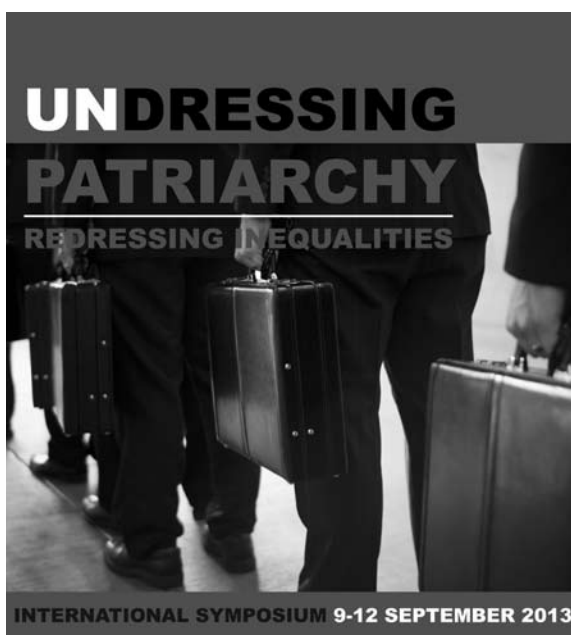
E. Premdas Pinto. COPASAH as a Global Learning Community COPASAH Communique, (5), October-December 2013.

E. Premdas Pinto. Sustained Community Vigilance For accountability In Health Care. COPASAH Communique (6), January-March 2014

E. Premdas Pinto and Manisha Gupte. Social Discrimination in Health (with reference to Caste, Class, Gender and Religious Minorities) *MFC Bulletin*, pp. 1-7, July 2013 to Feb 2014.

Jashodhara Dasgupta and Abhijit Das Claiming Entitlements-The Story of Women Leaders' Struggle for the Right to Health in UP, India Case Study for COPASAH. [bit.ly/ccopasah](http://bit.ly/ccopasah)

Sarita Barpanda, Samia Afrin, and Abhijit Das. Women in the Lead-Monitoring Health Services in Bangladesh—Naripokkho and CHSJ Case Study for COPASAH. [bit.ly/womenhb](http://bit.ly/womenhb)



# STRATEGIC INTERVENTIONS

## Partnerships and Networking

The long-term sustainability of our initiatives in the community is only possible through working collaboratively with partners, networks, and alliances.

Some Key Partners

### International

- Accountability and Monitoring in Health Initiative (AMHI), USA
- American Jewish World Service (AJWS), New York
- CARE, Peru
- Center for the Study of Equity and Governance in Health Systems (CEGSS), Guatemala
- Center for Reproductive Rights (CRR), USA
- Community of Practitioners on Accountability and Social Action in Health (COPASAH)
- Ford Foundation
- Global Health Leadership Program, University of Washington, Seattle, USA
- Human Rights Watch, USA
- International Budget Partnership (IBP), 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
- South Asian Network to Address Masculinities (SANAM)
- Sonke Gender Justice, South Africa
- Training and Research Support Centre (TARSC), Zimbabwe
- Uganda National Health Users/Consumers Organization (UNHCO)

### National

- Astitva Samaj Vikas and Sanshodhan Sanstha, Maharashtra
- Bihar Voluntary Health Association, Bihar
- Centre for Environment and Rural Technology, Sant Ravi Das Nagar, UP
- Dharti Gramotthan Evam Sahbhagi Gramin Vikas Samiti, Morena, MP
- Family Planning Association of India (FPAD), India
- Gram Sudhar Samiti, Sidhi, MP
- Grameen Punarnirman Sansthan, UP
- Human Rights Law Network, Delhi
- Halo Medical Foundation, Maharashtra
- HAQ: Centre for Child Rights, Delhi
- Independent Television Service, Delhi
- JAGORI, Delhi
- Kamdhenu, Usmanabad, Maharashtra
- Krashak Sahayog Sansthan, MP
- Madhya Pradesh Vigyan Sabha (MPVS), Madhya Pradesh
- MANJARI, Rajasthan

- Nari Samta Manch, Maharashtra
- Narotam Sekhsaria Foundation, Mumbai
- National Mission for Empowerment of Women (NMEW), Ministry of Women and Child Development, Delhi
- National Rural Health Mission, Bihar
- Population Foundation of India (PFI), Delhi
- Pradeepan, Betul (MP)
- PRAYAS, Uttarakhand
- PRAYAS, Rajasthan
- Prerna Bharti, Ranchi, Jharkhand
- SAHAYOG, Lucknow
- Samyak, Maharashtra
- SANGAT South Asia
- Sangini Gender Resource Centre, MP
- Sanwad, Ratnagiri, Maharashtra
- Satyakam Jankalyan Samiti, MP
- Savitri Bai Phule Mahila Mandal, Maharashtra
- Society for Health Alternatives (SAHAJ), Gujarat
- Society for Community Health Awareness Research and Action (SOCHARA), MP
- Support For Advocacy And Training To Health Initiatives (SATHI), Pune
- SUTRA, Himachal Pradesh
- Swadhikar, Delhi
- Tarun Chetna Sansthan, UP
- Tarun Vikas Sansthan, UP
- The Hunger Project, India
- UNFPA, India
- VIKALP, Rajasthan
- Yuva Gram Vikas Mandal, Maharashtra

### **National Networks**

- AGCA, a standing committee of NRHM, MoHFW
- CommonHealth
- FEM
- Healthwatch Forum
- India Alliance for Child Rights
- Jan Adhikar Manch, Bihar
- Jan Swasthya Abhiyan
- Mahila Swasthya Adhikar Manch, UP
- MASVAW, UP
- NAMHHR
- National Campaign on Dalit Human Rights (NCDHR)
- National Coalition against Two-Child Norm and Coercive Population Policies
- Wada Na Todo Abhiyan
- WeMen for Equality
- MHRC, MP
- Medico Friend Circle (MFC)
- Men's Action for Equity (MAE)
- Right to Food Campaign

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. During this year, we also mentored interns, from India and abroad.

A Staff Retreat was held in Parsali in Sidhi district from October 4-6, 2013 with 22 staff members from three states participating in order to develop a greater understanding of CHSJ's work. Issues of caste and tribal marginalisation, development and its impact on social justice, and the reconstruction of gender were discussed. Staff members went on field visits and met with local partners like Gram Sudhar Samiti to observe programme implementation in remote areas. During the visits discussions with the ASHA and other women were held, building perspective on why development initiatives need to be located within the social context. The staff was able to see the area and the communities where CHSJ's main work lies and for whose rights the organisation undertakes advocacy. Films on socially relevant issues were also screened.

### Capacity building

- Staff members participated in a 15-month certificate programme on Organisational Change Facilitation for the Development Sector in South Asia, organised by the Human and Institutional Development Forum and Indian Society for Advanced Behaviour Science (ISABS).
- Staff members attended the Basic Laboratory on Human Processes organised by ISABS in June 2013.
- Staff members took part in the OBR (One Billion Rising) Campaign and affiliated events during the year.
- 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.



Staff Retreat from October 4-6, 2013 at Parsali, Sidhi district, Madhya Pradesh

## ANNEXURES

### Annexure 1:

## CHSJ Staff as on 31st March 2014

Abhijit Das, Director

Anita Gulati, Administrative Officer

Ajay Kumar, Finance Officer

Bharti Prabhakar, Programme Officer

Dheeraj Giri Goswami, Programme Assistant

E Premdas Pinto, Research and Advocacy Director

Ishu Das, Office Assistant

Jagdish Lal, Programme Officer

Lavanya Mehra, Programme Manager

Mahendra Kumar, Programme Officer

Md Dastagir Ali Azam, Programme Associate

Nibedita Phukan, Programme Officer

Poonam Singh, Finance Assistant

Pramod Shaligram Shimpi, Programme Associate

Ravish Ahmad, Programme Officer

Satish Kumar Singh, Deputy Director

Shakti Suresh Jamdade, Programme Officer

Shreeti Shakya, Programme Associate

Tulsi Manimuthu, Administrative Associate

Mahfuz Alam, Office Assistant

Tia Farrel, Volunteer

Pavel Sagolsem, Intern

## Annexure 2:

## CHSJ Governing Body

**Abhijit Das**

Director, CHSJ and Clinical Assistant Professor, Department of Global Health, 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, India

**Renu Khanna**

Founder Member, Society for Health Alternatives (SAHAJ), 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

**Vijay Aruldas**

Development sector consultant, Adjunct Professor, McGill University, Montreal, Canada

## 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

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

*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. UP. 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

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

*Tejinder Singh Bhogal* – Innobridge Consulting. Expert in organisational change and development

Annexure 3:

## Distribution of CHSJs work in India



## Annexure 4:

## Financial Summary 2013-2014

## Balance Sheet as on 31st March 2014

Liabilities	Rupees	Fixed Assets	Rupees
Corpus Fund	5,000.00	Fixed Asset (Trust)	1,193,833.00
Fixed Assets Replacement Fund (Vehicle)	140,644.00	Fixed Asset (FCRA)	173,259.00
Fixed Assets Replacement Fund (Projector)	46,500.00		
General Fund (FC A/c)	173,259.00		
General Fund (Trust A/c)	1,619,015.71		
Reserve Fund (Trust A/c)	2,650,000.00	<b>Current Assets</b>	
		Security Deposit	122,000.00
<b>Restricted Fund</b>		Loan and Advances (FC A/c)	1,181,886.00
Foreign Grants unutilised	10,781,006.88	Loan and Advances (Trust A/c)	380,220.00
Indian Grants Unutilised	879,609.00	Cash & Bank Balance (FC A/c)	9,599,120.88
Committed Liabilities	517,727.00	Cash & Bank Balance (Trust A/c)	4,162,442.71
<b>Total</b>	<b>16,812,761.59</b>	<b>Total</b>	<b>16,812,761.59</b>

## Income &amp; Expenditure

Expenses	Rupees	Income	Rupees
UNFPA Maharashtra Project	10,129,204.00	Project Fund	11,062,302.00
WCD	146,841.00	Bank Interest	65,698.00
NSF	16,851.00	Contribution	140,600.00
UNFPA-Global Symposium Project	769,406.00	Program Cost Recovery	1,903,597.00
Programme Cost	180,974.00	Other Income	119,887.69
Other Expenses	96,824.00	Consultancy	256,946.00
Depreciation	230,263.00	Training Registration Fee	62,500.00
Transfer to Reserve Fund	1,900,000.00		

## FC Fund

FC Fund	Rupees	FC Fund	Rupees
Swadhikar	429,890.00	Swadhikar	429,890.00
American Jewish World Service	1,050,832.00	American Jewish World Service	1,050,832.00
BRAC	319,070.00	BRAC	319,070.00
CEGSS	3,362,714.26	CEGSS	3,362,714.26
Ford Foundation	688,620.54	Ford Foundation	688,620.54
Foundation Open Society Institute	1,307,833.90	Foundation Open Society Institute	1,307,833.90
Sonke Gender Justice Network	1,546,789.00	Sonke Gender Justice Network	1,546,789.00
IDS	459,249.37	IDS	459,249.37
MacArthur Foundation	4,114,733.79	MacArthur Foundation	4,114,733.79
OAK Foundation	5,797,254.00	OAK Foundation	5,797,254.00
Open Society Institute	1,130,904.69	Open Society Institute	1,130,904.69
Excess of Income Over Expenditure	141,167.69		
<b>Total</b>	<b>33,819,422.24</b>	<b>Total</b>	<b>33,819,422.24</b>



Receipts and Payment

Receipts	Rupees	Payment	Rupees
<b>Opening Balance</b>		<b>Foreign Grants Utilised</b>	
Foreign Contribution (Cash & Bank) A/c.7,274,378.43		Swadhikar	429,890.00
General (Cash & Bank) A/c.	1,441,794.71	American Jewish World Service	1,050,832.00
FC - Advances & Impreset (Net)	12,486.00	BRAC	319,070.00
General - Advances & Impreset (Net)	114,120.31	CEGSS	3,362,714.26
		Ford Foundation	688,620.54
<b>Foreign Grants Received</b>		Foundation Open Society Institute	1,307,833.90
Swadhikar	372,699.00	Sonke Gender Justice Network	1,546,789.00
American Jewish World Service	1,189,725.00	IDS	459,249.37
BRAC	319,070.00	MacArthur Foundation	4,114,733.79
CEGSS	3,852,910.00	OAK Foundation	5,797,254.00
Ford Foundation	3,861,435.00	Open Society Institute	1,130,904.69
Sonke Gender Justice Network	1,952,437.00		
IDS	485,742.00	<b>Indian Grants Utilised</b>	
MacArthur Foundation	4,591,639.00	UNFPA-Maharashtra Project	10,129,204.00
OAK Foundation	5,576,197.00	WCD	146,841.00
Sonke Gender Justice Network	1,152,956.00	NSF	16,851.00
		UNFPA-Global Symposium Project	769,406.00
<b>Indian Grants Received</b>		<b>Other Programme Cost</b>	
UNFPA-Maharashtra Project	10,175,301.00	Capacity Building of PACS CSOs	130,513.00
WCD	1,250,000.00	CBM in Family Planning	50,461.00
NSF	376,750.00		
<b>Other Income</b>		<b>Other Expenses</b>	
Contribution	140,600.00	Support to UK Disaster	50,000.00
Program Cost Recovery	1,903,597.00	Fixed Asset	937,915.00
Other Income	119,887.69	(During the Year 2013-14)	
Consultancy	256,946.00		
Training Registration Fee	62,500.00	<b>Closing Balance</b>	
Exchange value of Old Car	195,000.00	Foreign Contribution (Cash & Bank) A/c.9,599,120.88	
		General (Cash & Bank) A/c.	4,162,442.71
<b>Bank interest</b>		General - Advances & Impreset (Net)	(137,507.00)
FC Fund	347,224.00	FC - Advances & Impreset (Net)	1,181,886.00
General Fund	88,986.00	Security Deposit	10,000.00
Fixed Asset Replacement Fund-Vehicle	140,644.00		
<b>Total</b>	<b>47,255,025.14</b>	<b>Total</b>	<b>47,255,025.14</b>



**Centre for Health and Social Justice**

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