



2017-2018

ANNUAL REPORT

Centre for Health and Social Justice

Centre for Health and Social Justice

13th Annual Report
2017-2018



Annual Report adopted by CHSJ at the 26th Board of Trustees Meeting held on 25th September, 2018.

Centre for Health and Social Justice

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Centre for Health and Social Justice

Overview

It gives me great pleasure to place before you the 13th Annual Report of Centre for Health and Social Justice. The 13th year can be very meaningful because it indicates that the second cycle of the 'seven year itch' is due. For organisations like ours this is like a milestone in the growth process where you pause, review the past and chart the journey ahead. Institutional growth and effectiveness have been core elements of CHSJ's functioning from the very beginning, but this year was important because it marked the planning for transition of leadership in CHSJ. While the team at CHSJ has changed completely since its inception, the top leadership continues to remain the same. This year no staff member left CHSJ which marks a remarkable stability in a work-world where changes are rapid. The Senior Management Team at CHSJ has also been stable for a few years, and ready for a new challenge. This year a Governance Retreat took place to review the position of CHSJ in the non-profit world in India and how it could continue to grow and remain relevant and effective in the future with a new rejuvenated leadership. The idea of decentralised leadership and operational mechanisms emerged as a core idea for the future. This idea has already been put into practice with a new unit being started in Kolkata with the objective of strengthening feminist leadership and community based philanthropy. This unit has a separate name and identity– Parichiti, to create a clear distinction of its work. A similar unit was also started in Bangalore with the objective of stimulating more actions in the area of health governance and social justice in South India. These decentralised mechanisms are expected to get consolidated this year with the emergence of a new operational model by 2020.

In order to accommodate for this evolution we expanded our operational areas from the two core areas to four. In addition to Men and Gender Justice and Health Governance two new areas Women's Leadership and Rights and Strengthening Community Based Initiatives were started. While the report provides further details of their operational mechanisms these two sections are vital to work that CHSJ has been doing over the years. Firstly our work with men while working in close partnerships with women's groups and institutions has never worked with women's issues being the primary operational focus. This was becoming a limitation to integrating gender as a core area within other sectors like health, education or livelihood which are necessary especially in the context of the SDGs. Through Parichiti we are now able to work with women and girls and concurrently with men. At the same time we are able to address women's issues separately. As far as strengthening Community Based Initiatives were concerned, this was a core area of CHSJ from the very beginning where we not only implemented our 'projects' in partnership with field partners, building their competencies, we also looked very much into community structures like community groups including the mandated groups like Village Health and Sanitation Committees and Panchayat. This year we articulate this work as an exclusive focus area.

We at CHSJ have always tried to be innovative in the use of technology. This year has been no different. Continuing with our previous experience on working with IVRS technology over the mobile phone, we continued this year in developing an online course in Men and Masculinities, conducting several webinars and also developing an app for engaging men in gender equality interventions. As India becomes more techno-savvy and the digital divide reduces we hope to use this opportunity to bridge the social justice gaps as well.



Abhijit Das
Managing Trustee and Director

Acknowledgements

As always CHSJ's work and growth is a result of a close partnership and collaboration, conscious and implied, formal and informal between many stakeholders. We remain indebted to the women and men in the communities who have allowed us to intrude into their lives and learn from them. Our partners who are spread over 100 districts in the country give us strength to continue our interventions and innovations. We have benefited from the advice of our advisors based out of India and abroad and we remain grateful to our funders who have believed in the value of the work that we do. We thank all our partners, colleagues, co-travellers and advisors for working with us and being part of our journey.



ORGANISATIONAL PROFILE

The Centre for Health and Social Justice (CHSJ) is a non profit organisation registered as a Charitable Trust. It was founded in 2006 and has its headquarter in New Delhi and field interventions in more than 10 states of India. Its mission is to “strengthen civil society towards an equitable, just and inter-dependent society, and accountable and inclusive governance. Through this, both the state as well as society will be enabled to uphold health rights, gender justice, well-being and dignity of all, especially the marginalised and socially excluded communities.”

CHSJ has four primary areas of work which are

- i) Involving men and boys in gender justice
- ii) Health governance and accountability
- iii) Women’s leadership and rights
- iv) Strengthening community based initiatives

CHSJ is primarily a support organisation which builds capacity among individuals, organisations and networks who are working directly with communities. An important purpose of CHSJ is to support individuals and communities to restructure the unequal gender relations that exist in society. The organisation also aims to strengthen governance mechanisms through which marginalised communities are able to access their share of public goods and services especially through strengthening social accountability measures.

CHSJ executes its work through a team of 22 full time workers and 9 consultants and 10 interns who operate out of three offices. CHSJ works directly with 14 organisations in states of Rajasthan, Maharashtra, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Jharkhand, West Bengal, Odisha and Karnataka and through them reaches out and touches the lives of more than 5 million people living in over 75 districts in these states.

A brief account of CHSJ’s activities in the year 2017 – 18 is as follows.



INVOLVING MEN AND BOYS IN GENDER JUSTICE

Mobile Phones Usher in New Social Norms Among Adolescent Boys and Young Men in Rajasthan

Sixteen-year old Madhu Nagar finds that since he started working alongside his elder sister in doing the housework, and also teaching her cycling, his relationship with her has changed. "We've become friends," he states. Member of a young men's group in Sisola village in Nainwa block of Bundi, Nagar shares, "I used to think it was an appropriate balance in society that only women do domestic work while men do income generating work. After listening to Kishor Varta stories on my mobile phone and having discussions with my group I find myself able to understand that the distribution of domestic work is gendered and it needs to be redistributed in an equitable manner."

Through a digital IVRS (Interactive Voice Response System) platform the Kishor Varta (Adolescent Conversation) audio stories were shared on the mobile phones of 1200 boys and young men in

Udaipur and Bundi districts by local partners Vikalp and Manjari Sansthan. Groups of adolescent boys and young men (called Yuva Sathis) have been formed in 60 villages and they are engaged in monthly training programmes which helps them in critically examining their current practices through a gender lens to understand and challenge social norms that reinforce gender discrimination and violence against women and girls. Side by side a population of 1.5 lac is being reached by the programmes through large scale mobilisation events and campaigning on issues of women's empowerment and men and boys' role in it. Awareness raising and public engagement events include cycle rallies, skits, community meetings, wall writing, games and quizzes, celebration of specific days, film screening etc.

Many stories of change emerging from the area demonstrate that many of the Yuva Saathis have started assuming equal responsibility in household work, decreasing the burden of work on their sisters thereby helping them to get time to play, study

and go out of the house. Married men report their relationship with their partners improved after they started supporting them in domestic work. Fathers are spending time in child care, washing their childrens' clothes, bathing them and getting them ready for school. Mobility of girls and young women has increased and they are attending tuitions and re-enrolling in school. Child marriages have been stopped by collective action and in some cases they have been delayed.

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To stop sexual harassment of girls, boys have taken collective action like convincing their friends to stop sexual harassment of school going girls.

In Jharkhand Men Pledge and Take Action for the Health and Well Being of Their Families

On entry into Khirda village in Jharkhand's Ranchi district one of the first things that is visible is a declaration on a board nailed into a tree in the centre of the village. It is an unusual assertion by the men in the village. "We men of Khirda village declare: 1. We will monitor services of the anganwadi, school and ration shop; 2. We will not commit violence against women and children and will oppose all forms of violence; 3. Boys and girls who have dropped out of school will be re-enrolled; 4. The education of girls will not be stopped in the name of marriage; 5. Toilets will be constructed at the earliest and they will be made use of; 6. The health of pregnant women will be looked after and arrangements will be made for their proper food and nutrition. We will accompany them to health centres for checkups; 7. We will participate in the VHND and will take responsibility for

immunisation of our children; 8. Spacing of at least three years between the first and second child after marriage will be ensured; 9. In our village boys will be married only after they are 21 and girls only after they are 18 years."

Similar declarations can be seen in 30 villages in Ranchi, Bokaro and Gumla districts. Members of fathers and adolescent boys' groups formed in every village are identifying issues of gender inequality and forms of discrimination and have started taking action against child marriage and violence against women. They are part of the project, 'Enabling Men as Responsible Partners and Caring Fathers,' being implemented in the state by CHSJ in partnership with Srijan Foundation, Sahayogini and Chhotanagpur Sanskritik Sangh. The groups' animators (peer leaders) are being recognised as an emerging pool of local leaders with enhanced knowledge on gender, masculinities and sexualities.

Awareness raising events and engagement with multiple stakeholders has resulted in incorporation of the issue of violence against women as an agenda in the community which has developed a common understanding of its gender-related norms and practices and has used social mapping to identify nine

priority social issues. These include nutrition, early marriage, violence against women, education of girls, status of single women, maternal health, child immunisation, spacing between births and sanitation. Village scorecards have been developed on these indicators and meetings are taking place to address the issues.

Significant changes are taking place on the ground ranging from individual change to community action for challenging discriminatory social norms. Actions have been taken by the group to address the issues of child marriage and violence against women. The change in attitudes of men has resulted in increased work participation of the women and their moving out of home on their own. Several group members have undergone sterilisations showing their responsibility as equal partners in family planning.

Ek Saath National Campaign Training 4000 Samanta Saathis as Change Makers

In early March this year, Ramesh, 38, returned excitedly to Piperahi from his work as a daily wager in an area nearby and was among the first to sit next to a bright red audio speaker under a tree in the



village. Soon about 20 other men joined him and as music and voices broadcasted from the speaker, were lost in listening to the story 'Ulta Pulta' (Upside Down) of Deenu Kaka upbraiding Rama Kaki for sitting idle at home all day while he worked hard. As the story progressed the men, who were nodding in agreement with Deenu Kaka earlier, ended up agreeing with Rama Kaki as she related her daily household work and the amount of time Deenu had free for himself as compared to her. Most of the group went home that day uneasy at their lack of involvement in domestic work and the burden on their partners.

Over the next few months Ramesh listened to the audio of a track about the impact of gendered work divisions, heard the real-life story of Khushi Ram Gujjar in Rajasthan's Bundi overcoming societal ridicule to break gender stereotypes, and answered quizzes that made him reflect and give his opinion to questions like – 'Girls in cities are the ones who face sexual harassment.'

Madan Mohan, the mentor from Gramya Sansthan in Uttar Pradesh's Chandauli district who has been interacting with Ramesh every month in these training meetings, says Ramesh is one of the most regular group members and has undergone remarkable personal change. In Ramesh's own words, "I would get angry with my wife earlier and I also never helped out at home. After listening to the episodes and having discussions in the group I have slowly started changing my behaviour. I have reduced getting angry at my wife, we both take decisions together and I have started doing domestic work along with her. Our affection for each other is increasing. I am particular about informing her now when I go out of the house, and I no longer put restrictions on her coming and going."

Like Ramesh, 4000 other men in seven states across the country have started meeting in their

communities in small groups of 25 every month to undergo training on gender and masculinities with the aim of become gender champions or Samanta Saathis (Partners for Equality). They are part of the Ek Saath national campaign on engaging men and boys in changing discriminatory gender social norms and their training was launched on International Women's Day on March 8. Over 100 trained Mentors from 75 partner organisations of the campaign in 58 districts in Uttar Pradesh, Odisha, Jharkhand, Rajasthan, West Bengal, Madhya Pradesh and Uttarakhand are facilitating the meetings.

The group members listen to short episodes of the audio-based curriculum 'Mobile Vani – Gender Ki Baat Purushon Ke Saath' or 'Mobile Conversations – Talking Gender with Men.' This is followed by discussions with their mentors. The interactions are further guided by the Handbook 'Man Ek Darpan' (Mirror of the Mind) which closely follows the audio episodes with explanatory notes, exercises and quizzes. Giving a glimpse of the interactions, Madan says, "The group held lot of discussions on each quiz question and they all agreed there was lot of burden of work on women which needed to be shared by the men. However, many of them are challenging the notion of women's mobility and right to wear anything they want, opposing

"I would get angry with my wife earlier and I also never helped out at home. After listening to the episodes and having discussions in the group I have slowly started changing my behaviour. I have reduced getting angry at my wife, we both take decisions together and I have started doing domestic work along with her. Our affection for each other is increasing."

it by saying that if women have complete freedom then they will get 'corrupted' and out of hand."

Following their one-year long capacity building, the Samanta Saathis are expected to network in community action groups to identify issues that need to be addressed and launch collective change plans for gender norm change.

Networking, Sharing and Learning

We continued our learning and sharing relationships with other colleagues in India through the network FEM (Forum to Engage Men) and across the world through MenEngage Global Alliance. The Director of CHSJ continued in his position as Co-Chair of the Global Board.



HEALTH GOVERNANCE AND ACCOUNTABILITY

“The difference between what we do and what we are capable of doing would suffice to solve most of the world’s problem.” – Mahatma Gandhi

As India moves ahead on the economic field as a global leader, many of its social indicators continue to lag behind. One of these are indicators related to health and critical health indicators such as malnutrition, child and maternal mortality continue to be unacceptably high. If we look at the situation of who are at the bottom of India’s social and economic hierarchy the situation is particularly abysmal. India has signed on to many global commitments like the Sustainable Development Goals but we at CHSJ recognise that without the active involvement of those whose lives matter it will be difficult to achieve these health goals. In its work over the past year CHSJ has worked hard to strengthen the participation of the marginalised citizens in health related planning, programming and provision, through its networks and interventions. We believe that the increased participation of the marginalised will not only improve health services but also strengthen local governance which is the essence of a successful democracy.

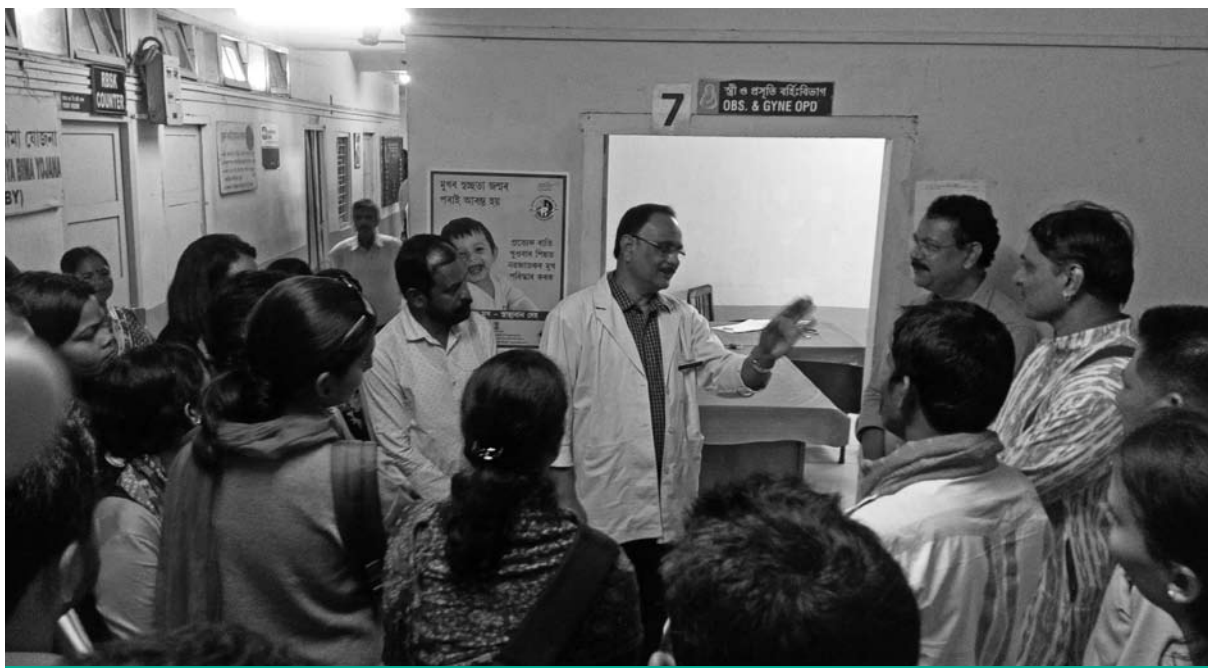
Strengthening People’s Initiatives for Bottom-up Accountability in Reproductive Health in Madhya Pradesh

“Today I feel overwhelmed as a member of Maternal Health Rights Campaign (MHRC). The network and I are reciprocal to each other in terms of learning, sharing and building solidarity on health rights issues. It has strengthened my organisation’s vision and approach to work on maternal health issues.”

– Pramod Sharma, Manav Foundation, Sheopur, Madhya Pradesh

CHSJ has been providing support to over 50 organisations across 21 districts in Madhya Pradesh to come together as a health advocacy network called Maternal Health Rights Campaign (MHRC). MHRC members work to support effective implementation of the government’s health programme which includes promptly identifying gaps in service delivery and share these with local authorities for improvement. For example, in

Datiya and Sheopur districts, members were able to get timely compensation for the women who died due to complications during the sterilisation procedure and were also successful in highlighting service gaps and demanding administrative enquiry against the concerned health officials. In another four districts, presentation of findings from the sterilisation camps monitoring and submission of memorandum demanding improvement in quality of care helped in putting pressure on the Chief Medical Health Officer (CMHO) to take corrective measures. The government has also acknowledged the supportive feedback and has invited some of these organisations as members of the district and state level advisory committees. This year dedicated efforts were taken to nurture and promote local and women’s leadership with an aim to develop a sense of ownership amongst the member organisations.





Stimulating Advocacy on Maternal Health

“The tragedy of maternal mortality in developing countries – a health problem or a human rights issue.”

Prof Mahmoud Fathalla (ex-President FIGO)

Professor Fathalla has been one of the most passionate champions of maternal health at the international level and he also observed that women die not because of untreatable causes but because society has yet not decided on actions to save them. Much of CHSJs’ work has been to create this societal imperative through acting as secretariat of the National Alliance for Maternal Health and Human Rights (NAMHHR). NAMHHR is a civil society collective that seeks to realise quality maternal health care for all women. This year NAMHHR supported the preparation of a shadow report on SDGs that was coordinated by Wada Na Todo Abhiyan, ahead of India’s Voluntary National Review in New York in July 2017. NAMHHR along with its associates drafted the chapter on SDG 3 which highlighted the gaps in health service delivery and financing, and critical concerns around access to medicines and sexual and reproductive health rights in the country. NAMHHR continues to host communication

platforms such as the Reprohealth listserv and the bi-monthly Health News Update to apprise members of significant developments in the reproductive health field in India and globally.

Addressing Health Rights Issues of Marginalised Communities

We had some additional opportunities for exploring in-depth the social exclusion that disadvantaged communities such as women beedi workers, Dalit communities and Dalit women face while accessing health services.

Health and social exclusion in South India

“Evidence based advocacy by Jagrutha Mahila Sanghatane (JMS) leads to posting of doctors and nurses and free medicines in seven PHCs in Raichur District Karnataka.” This year CHSJ intensified its interest in working on health issues in South India, where health systems and indicators are considered to be relatively better, but there are glaring cases of social inequality. In order to build a better understanding of Health Equity and the health status of Dalit communities a workshop was organised in Bangalore, on 24th&

25th October 2017. Following this a training on reproductive and maternal health care was held for 25 participants from the states of Karnataka, Tamil Nadu, and Andhra Pradesh. CHSJ also provided technical support to Jagrutha Mahila Sanghatane (JMS) a Dalit women agricultural labourers’ collective in Raichur district of Karnataka to strengthen its work in the field of health. CHSJ supported JMS to systematically review the state of maternal health services using participatory and pictorial tools. The results of the community inquiry were shared through public health dialogues in 7 Primary Health Centres. The DHO (CMHO) subsequently issued a departmental circular to all PHCs which reinforced the maternity entitlements of women. There was immediate appointments of nurses in all PHCs, and in two PHCs medical officers were also appointed. Iron-sucrose injections which are necessary for managing anaemia but which was earlier being purchased from the pharmacies was made available free of cost through the PHC.

Study into the Health issues of women beedi workers:

Despite special Beedi Hospitals women beedi workers suffer from range of health conditions like

asthma, and other respiratory tract problems, pain and swelling in their hands and legs, problems in their eyes, constipation, tachycardia, giddiness, reproductive tract infections and often receive no treatment.

To understand the beedi sector related policies and how they affect the workers CHSJ conducted a study in the three states of Tamil Nadu, Madhya Pradesh and West Bengal. In India there are about 50 lakh workers, an overwhelming majority of them being women, engaged in the beedi industry in India. Since these women work at home they are considered informal workers and often excluded from benefits of the policies. In addition to the desk research we conducted field visits and held consultations with over 200 people drawn from beedi workers, civil society organisations working with communities, academic institutions and media persons involved in the industry. The study highlighted the status of beedi workers and the challenges they face in accessing the various entitlements, including health entitlements that are provided for through the policy framework. The results of the study have been shared with the concerned stakeholders and it is expected that they will use it for improving the systems.

Building capacity of civil society on sexual and reproductive health and accountability

“Although my organisation is working with Dalit community as primary focus since years and raising their issues, but it never occurred to us to see the services that they were getting from social exclusion and marginalisation lens. This training helped me in developing social exclusion lens and I started observing services with that perspective. Now I can see that and understand the consequences. It will help me in working with Dalit community for their health rights in a better way.” Baskaran, Centre for Social Education and Development (CSED), Tamil Nadu.

Baskaran was one of the participants of a capacity building project that CHSJ conducted with partners of National Foundation for India working in 6 states of Assam, Madhya Pradesh, Maharashtra, Odisha, Rajasthan and Tamil Nadu. The two phase training included a practicum and mentoring support and was conducted using participatory methodology to facilitate learning for these community based organisations. For many of these organisations this was their first introduction to health policy and governance issues.

Global-Local Linkages on Community Action and Accountability

CHSJ has been one of the leading practitioners on citizen-led community action to realise the right to health globally. CHSJ has been coordinating the activities of COPASAH (Community of Practitioners on Accountability and Social Action in Health) a global learning network. COPASAH is primarily involved in learning through sharing and building evidence from the work of community based practitioners in different parts of the world. On behalf of COPASAH, CHSJ coordinated the communication hub and also produced some material which included the newsletter COPASAH Communique as well as a case study. This year CHSJ was also chosen to coordinate the Reproductive Health hub of COPASAH and hosted a round-table meeting on “The need to stimulate community action and accountability in Sexual and Reproductive Health” from March 22-24, 2018 in New Delhi, India. The workshop was attended by experts from countries in South Asia, Africa and Latin America.

The COPASAH secretariat is currently making plans to host a global symposium on social accountability in health in the year 2019.



WOMEN'S LEADERSHIP AND RIGHTS

Rani Mandal, ekes out a livelihood for her family working in several people's homes as a part-time domestic help. Her husband Bapi is presently unemployed and is a member of the Men's Group that Parichiti has started in Shaheed Smriti slum in Southern Kolkata. Rani has noticed a change in Bapi in the last few months "He takes care of our children from preparing their tiffin to taking them to the school. Now he spends more time with the children and looks after their education. I can now work freely and comfortably as I know that my husband will take care of my children in my absence also." Rani is happy now since Bapi also helps in other household chores including cutting vegetables and fetching water.

While CHSJ has been working on the issue of gender equality since

its inception, the focus earlier was on men and boys only. This year CHSJ introduced a new theme in its work around strengthening women's leadership and rights and this was done through a new unit called Parichiti based out of Kolkata. While Parichiti's primary work was with women domestic workers, it also initiated a project in 12 slums

"He takes care of our children from preparing their tiffin to taking them to the school. Now he spends more time with the children and looks after their education. I can now work freely and comfortably as I know that my husband will take care of my children in my absence also."

in South Kolkata in collaboration with SAHAYOG, Lucknow to explore whether working with men in the community, including husbands of domestic workers led to any reduction of domestic violence. The intervention is working with over 500 domestic workers and 300 men to see whether a 'gender synchronous' helps building greater community solidarity and reduce gender based violence. The story above shows that within a year the project has started showing results. The lessons from this project could go a long way in building support for increasing women's work participation which at 26% is among the lowest in the world. Parichiti is also building leadership capacities among women domestic workers (WDW) and strengthening advocacy for better working conditions and worker's rights for WDWs.



KOLKATA INITIATIVES – COMMUNITY INITIATIVES FOR CHANGE

CHSJ has been working closely with community based organisations in all its activities, strengthening their operational and management capacities, introducing new skills and programmes and helping them grow and gain autonomy. This year CHSJ started a new initiative in the city of Kolkata, called Kolkata Initiatives which is a city specific intervention with the primary objective to create a virtuous loop of community engagement where sections of society who can be facilitated to help those sections of society who need help. With this in mind a Senior's Drop-in Centre was set up in one slum and all the materials and most of the financial resources were raised through donations. In addition to setting up a community based initiative, this intervention also marks CHSJ's engagement with seniors. With declining mortality rates India also has a rapidly growing population of seniors and there are very little

support mechanisms for them. This is particularly important in urban places because the traditional family and kinship mechanisms also get disturbed. The Seniors Drop-in Centre which was set up in Shaheed Smriti has already become very popular with nearly fifty women between the ages of 65 and 80 years attending regularly. It also marks a pioneering effort at setting up a Drop-in Centre for seniors and we are documenting the process carefully. The following story highlights the importance of this centre in the lives of the elderly women.

Eighty year old Sumitra Sarder is a regular at Shaheed Smriti Senior's Drop-in Centre. She lives with her

“I love to come here. I enjoy every moment in the centre and do not want to miss it.”

son and daughter-in-law who are apathetic towards her as she is not earning any more. “I was given the worst space with broken roof and they often forgot to give me food” The room was dingy and had a small cot whose legs were broken. Our worker visited her home and started a dialogue with her son and daughter in law to come to the centre. Initially Sumitra was not responsive and used to sit in the corner of the Drop-in Centre silently. Her clothes were dirty with long unclean hair and unclipped nails. Efforts were made to engage her in different activity like singing, yoga, dancing, playing indoor games. She started to respond to the activities. Sumitra now says “I love to come here. I enjoy every moment in the centre and do not want to miss it.” The situation in her family has also been improved a little but she requires continuous support which makes her life worthy to live with dignity.



KNOWLEDGE MANAGEMENT

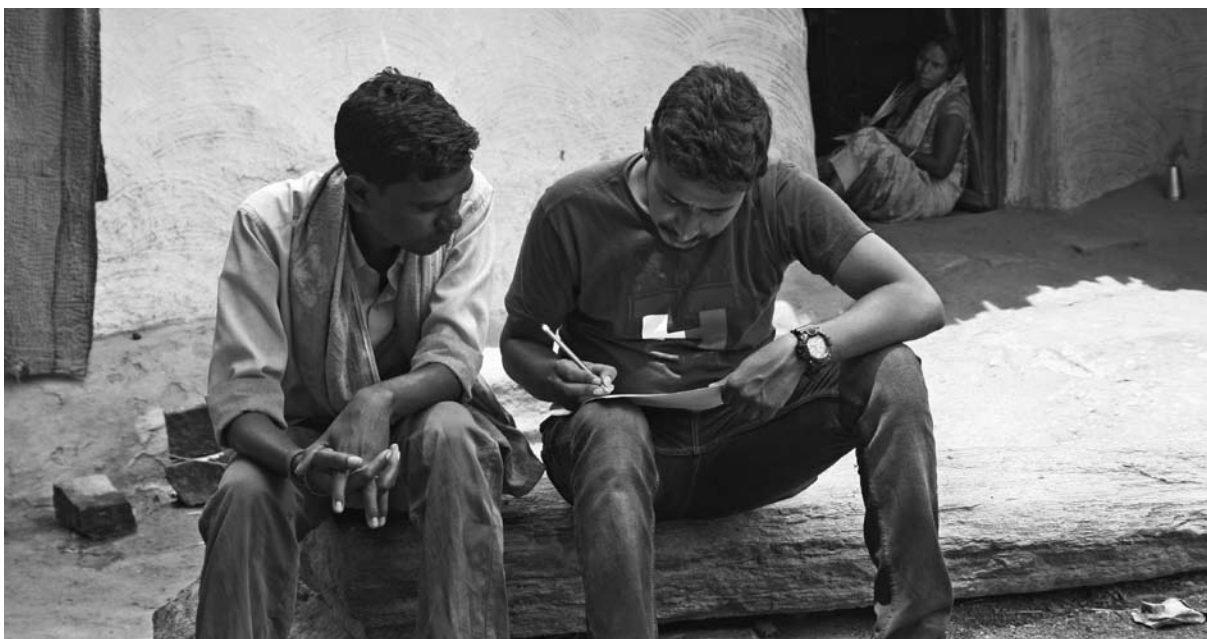
RESEARCH

At CHSJ, we are committed to not just implementing innovative interventions and strengthening grassroots efforts but also learning from these. Research and documentation of the impact of our work therefore forms a core part of the work that we do. It allows us to learn what works and what doesn't, and improve upon our intervention models and theories of change. In the past year, CHSJ has served as a technical partner in a new intervention in Uttar Pradesh and West Bengal that seeks to engage men in reducing domestic violence. A baseline study consisting of mixed methods (qualitative and quantitative) was conducted to understand the new context of the communities being engaged, household and public gender relations in these communities, men's ideas about masculinity and the prevalence and roots of domestic violence. The results of the study informed the intervention design and were also disseminated to communities in the project field areas. For another intervention in Jharkhand which engages men as

responsible fathers and partners, we conducted an interim field study to understand what changes are taking place, from the perspective of "observers" especially women in the field areas. Data was collected from women beneficiaries, women's groups and service providers in the field areas which threw light on both the progress that the project has made, as well as some areas for improvement. Mid-course corrections were carried out based on the results. This year, we also embarked on using ICT for monitoring large scale campaigns. The EkSaath Campaign for engaging men and boys as partners changing gender social norms that are discriminatory, which is spread over 58 districts in 10 states has recruited over 4000 Samanta Sathis and an innovative SMS based system of conducting a baseline survey and reporting of progress of project activities by the Samanta Sathis was set up.

Apart from providing on-going support to interventions, research at CHSJ also contributes to strengthening evidence based global

and national discourse in the areas of health rights and work with men for gender equality. Demonstrating the gender transformative potential and limitations of/ cautions for work with men is essential not just to improve our own practice but also to inform how such interventions are implemented globally. Towards this end, we have published results of our work in academic journals and presented at conferences to share successes and challenges in working with men to advance gender equality. In the field of health rights, we have contributed to academic writing seeking to highlight health rights violations especially among the most marginalized. This year, the research team worked on two academic papers around the health concerns of women from tribal communities in Odisha and Muslims in Maharashtra. The articles will be published in the coming year. A number of articles were also prepared by CHSJ team for the popular press and a collaboration was initiated with the internet portal www.thedialogue.co



INFORMATION MANAGEMENT

"I used to get scared when asked to write stories from the community. It consumed a lot of my time. Now I have overcome the fear as I have learnt a new skill - narrating stories through photographs. Photo-voices is an easy medium to share real stories from the ground with limited words. It has strengthened my feelings for and relationship with the community."

— Saurav Mazumdar, Animator, Parichiti, Kolkata.

Like with Saurav, readily available Information and Communication Technology (ICT) tools have added a new dimension to the work of many young practitioners in remote districts of Uttar Pradesh, Jharkhand, Madhya Pradesh and slums of Kolkata. This year we continued our interventions to integrate ICT in a more comprehensive way in the different aspects of our work. We added audio drama based curriculum to our already existing approach of using IVRS and telephones. The audio drama based method was introduced in Rajasthan and later included within the EkSaath Campaign capacity building process. The entire process is cost-effective and since it includes facilitated engagement it allows participants to critically examine gender discrimination and violence against women and girls.

Our exploration of the digital space and use of ICT continued with the development of an online course on Masculinities and Gender which was developed and offered to advanced practitioners and academics. This course enabled us to learn the nittygritties of online learning methodologies.

The Information Management team also developed the capacity of its grassroots network partners and other organisations on photo-voice and community filmmaking which helped them to collectively amplify the voice of marginalised community and showcase their work.

The Information Management team strengthened its capacity for hosting video conferences and webinars. Many network meetings were supported through additional participants joining online using web facilities and the infrastructure at CHSJ was upgraded to provide quality facilities. A number of online dialogues and webinars were held with participants from across the globe.

CHSJ also started its first experiment in developing an Android app called EkSaath Lounge. This app is being developed as a go-to place for young people interested in gender equality. The app is currently under development and will also host the EkSaath online course.

Online Platforms – CHSJ's work requires multiple online platforms and the Information Management team provided support to all of

these. These included the following

- For work on men and gender equality support was provided for the FEM website (femindia.net), Ek Saath page as well as the EkSaath and MenEngage Delhi Facebook page as well as the Menengagedilli2014.net website for sharing resources generated during the symposium.
- Support for Reproductive and Sexual Health and Rights related work included managing the Reproductive Health Observatory (rbservatory.net), a listserv, (ReproHealth India) as well preparing Health News Update. A blog and online newsletter was also maintained for members of the Maternal Health Rights Campaign (MHRC) in Madhya Pradesh for sharing of activities of the network.
- The COPASAH communication platform included a website (copasah.net), a listserv, a blog, a twitter and an online newsletter (COPASAH Communiqué).
- Kolkata Initiatives was supported through the production and maintenance of a website and an embedded payment portal for collecting donations.



OPERATIONAL MECHANISMS

ORGANISATIONAL EFFECTIVENESS

CHSJ has always tried to adopt the best practices for running a non-profit institution. This year a two- day governance retreat was organised with the Trustees and Senior Management Team along with two leading consultants in the field to review existing competencies and contemporary challenges and developing CHSJ's future vision and approach. A three day staff retreat was organised for group learning and team building.

Committee for the Prevention of Sexual Harrassment at the Work Place in compliance with the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.

CHSJ has appointed an Internal Complaints Committee with Sana Contractor as Presiding Officer, Shreeti Shakya and Mahendra Kumar as internal members and Madhubala, Runu Chakraborty and Sanjay Srivastava as external members. In the given financial year, no complaints were received by the committee. As part of its prevention activities, the committee has conducted trainings to orient staff on the forms of sexual harassment, remedies available and provisions in the CHSJ policy, including procedure for filing complaints and redress. This has been integrated into the organisation's routine orientation for staff and interns.

Child Safeguarding and Protection Policy

In order to safeguard rights of children and protect them from any harm on 1 January 2018, CHSJ adopted Child Protection and Safeguarding Policy and developed related guidelines. The existing anti sexual harassment committee also functions as the child protection and safeguard committee.

Capacity Building

Focus on capacity building of the staff continued as in previous years. Several team members participated in international programmes. A senior member of the team was selected for three month residency programme at the Institute of Tropical Medicine Antwerp.



PARTNERSHIPS AND COLLABORATIONS

The long-term sustainability of CHSJ's initiatives is only possible through relationships, partnerships and alliances. Some key partners of CHSJ are:

International

Community of Practitioners on Accountability and Social Action in Health (COPASAH); Institute for Development Studies, Sussex, UK; MenEngage Global Alliance; MenEngage South Asia Regional Alliance;

Sonke Gender Justice, South Africa; Transparency and Accountability International; Uganda National Health Users/Consumers Organization (UNHCO)

National

Association for Social and Health Advancement, West Bengal; Astitva Samajik Sanstha, Maharashtra; Chotanagpur Sanskritik Sangh, Jharkhand; D Arul Selvi Community Based Rehabilitation, Tamil Nadu; Engender Health, Uttar Pradesh; Gram Sudhar Samiti, Madhya Pradesh; Grameen Punarnirman Sansthan, Uttar Pradesh; SAHAYOG, Uttar Pradesh; Halo Medical Foundation, Maharashtra; Human Rights Law Network, New Delhi; ISD, Odisha; JAGORI, New Delhi; Jagar India, Maharashtra; Jeevika West Bengal; Kamdhenu, Maharashtra; MANJARI, Rajasthan; Nari Samta Manch, Maharashtra; Navjeevan Trust, Tamil Nadu; SAHAJ, Society for Health Alternatives, Gujrat; Sahayogini, Jharkhand; SANGAT,

Delhi; SAMYAK, Maharashtra; Sanwad, Maharashtra; Sathiya Welfare Society, Madhya Pradesh; SPARK, Jharkhand; Srijan Foundation, Jharkhand; Support for Advocacy and Training to Health Initiatives (SATHI), Maharashtra; SUTRA, Himachal Pradesh; SWAYAM, West Bengal; TarunChetnaSansthan, Uttar Pradesh; VIKALP, Rajasthan; Vimarsh, UttaraKhand; Yuva Gram, Maharashtra

Networks

Advisory Group on Community Action (AGCA), a standing committee in the NRHM, Ministry of Health and Family Welfare; Common Health; Forum to Engage Men (FEM); FEM Jharkhand; FEM Odisha; FEM West Bengal; Healthwatch Forum; India Alliance for Child Rights; India Alliance for Gender Justice; Jan Adhikar Manch, Bihar; Jan Swasthya Abhiyan; Mahila Swasthya Adhikar Manch, Uttar Pradesh; Maternal Health Rights Campaign (MHRC), Madhya Pradesh; Medico Friend Circle (MFC); Men's Action for Equity (MAE), Madhya Pradesh; Men's Action for Stopping Violence Against Women (MASVAW), Uttar Pradesh; National Campaign on Dalit Human Rights (NCDHR); One Billion Rising (OBR); People's Budget Initiative; Right to Food Campaign; Uttar Pradesh; National Alliance for Maternal Health and Human Rights (NAMHHR); Wada Na Todo Abhiyan; and many other state level organisations across India.

Advisory Support

We would like to express our gratitude to the following individuals for their contributions and technical inputs in enhancing CHSJ's work during the year :

Abhay Shukla; Adil Ali; Amitabh Behar; Anuradha Gupta; Dhananjay Kakade; Enakshi Ganguly Thukral; Gagan Sethi; Jashodhara Dasgupta; Jayeeta Chowdhury; Jerker Edström; Jonathan Fox; Joni VandeSande; KapilKafle; Laxman Belbase; Lynn Freedman; Magesh Kulkarni; Manak Matiyani; Marta Schaaf

Nandita Shah; Nasiruddin Haider Khan; Nobhojit Roy; Sanjay Srivastava; Sanjeev Sridharan; Santosh Giri; Selina Ahmed Ena; Shannon Phillip; Sonali Khan; Tejinder Singh Bhogal; Velusamy Weerasingham; Vrinda Grover

Donors:

Federacion Centro Rural Joven Vid Juan; Center for the Study of Equity and Governance in Health Systems (CEGSS); Ford Foundation; Nasscom Foundation; National Foundation of India; OAK Foundation; SAHAYOG Society; SONKE Gender Justice Network; The William Flora Hewlett Foundation; TIDES Foundation; Tobacco Free Kids Action Fund

ANNEXURES

Annexure 1:

Academic Articles and Chapters

- E Premdas Pinto 'Chapter: 2, Public Health Rights and Ethics: Conflicts, Contestations and Expanding Horizons in Ethics in Public Health: An Anthology of Research and Practice in India, Eds'. Subbiah and Mishra. (In press, Springer Publications, 2018)
- Abhijit Das (In press) 'Towards Health Equity: Operationalising a Human Rights Based Approach in Health, in Eds' Ali Mehdi and IrudayaRajan 'Health of the Nation: India Health Report' Oxford University Press
- Abhijit Das 'The Challenge of Evaluating Equity in Health: Experiences from India's Maternal Health Program New Directions for Evaluation', No. 154, Summer 2017, DOI: 10.1002/ev.20247
- Jashodhara Dasgupta, Sri B Subha, Priya John, Sana Contractor, Renu Khanna, Sandhya Y K 'International Rhetoric, Domestic Evidence' Economic and Political Weekly, Vol. 52, Issue No. 24, 17 Jun, 2017.
- E Premdas Pinto 'The Jurisprudence of Emergency Medical Care in India: An Ethics Perspective', Indian Journal of Medical Ethics, 2(4), Oct-Dec 2017, 231-8
- E Premdas Pinto, A Vasan, Seethappa V, Xavier T. 'Politics of Evidence and Right to Health Care in India: The Challenges in Fixing Accountability of Medical Doctors in Patient Rights Violations in the Private Health Care Sector in India', Archives of Health Sciences, 1(1): 1-19.
- A Vasan, E Premdas Pinto, Srinivasa V, Seethappa V. 'Political Interests and Private Health care Lobby Collude to Stifle Patients' Rights in Karnataka'. Economic and Political Weekly Vol. 52, Issue No. 50, 16 Dec, 2017.
- Freudberg H., S Contractor, Abhijit Das, Kemp CG, Nevin PE, Phadiyal A, Lal J & Rao D (2018) 'Process and impact evaluation of a community gender equality intervention with young men in Rajasthan', India, Culture, Health & Sexuality, January 2018, DOI: 10.1080/13691058.2018.1424351.
- Todd Nicholas Fuist, Elizabeth Mogford, and Abhijit Das: 'Lifestyle Movements as Social Networks: The Connections between Everyday Politics and Larger Collective Action in an Indian Feminist Movement Sociological Perspectives', 1- 17 <https://doi.org/10.1177/0731121418757505>

Conference Presentations

- Shreeti Shakya 'Exploring the relationship between Lack of Access to Forests and Maternal Health and Nutrition in a Tribal community in India' Oral

Presentation at the 9th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR), Vietnam, Nov 27-30, 2017.

- Rimjhim Jain and JagdishLal 'Kishor Varta Digital Platform for Conversing with Adolescents on Gender and Health and Implementing Change Actions by Youth Leaders' Poster Presentation at the 9th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR), Vietnam, Nov 27-30, 2017.

Reports

- 'Goal 3: Ensure healthy lives and promote well-being for all at all ages' in 'Sustainable Development Goals: Agenda 2030: A Civil Society Report, India, 2017' Coordinated by Wada Na Todo Abhiyan, Chapter co-authored with CommonHealth and JSA <http://wadanatodo.net/wp-content/uploads/2017/07/Civil-society-Report-on-SDGs.pdf>
- 'Health Policies Sans Political Will' in Citizens' in 'Review of Third year of the NDA Government - 2017 Promises & Reality', Civil Society Initiative Coordinated by Wada Na Todo Abhiyan, May 2017. <http://wadanatodo.net/wp-content/uploads/2018/04/Promise-Reality-May-2017-11.pdf>

Popular Articles and Blogs

- E. Premdas Pinto 'A new year reminder: India's HIV Bill does little to ensure access to treatment' Jan 07, 2017. Scroll.in. <https://scroll.in/pulse/825978/a-new-year-reminder-indias-hiv-bill-does-little-to-ensure-access-to-treatment>
- E. Premdas Pinto 'Proposed Labour Code Aims to Provide Social Security to All, But at the Cost of Workers' Voices' May 12, 2017. The Wire. <https://thewire.in/economy/labour-code-social-security-to-all-but-at-the-cost-of-workers-voices>
- Vijaya kumar Seethappa, Akhila Vasan, Vinay Sreenivasa & E Premdas Pinto. 'In Karnataka, revamp of medical regulations in the name of citizens is only hurting their interests' Jun 03, 2017. Scroll.in. <https://scroll.in/pulse/839534/in-karnataka-revamp-of-medical-regulations-in-the-name-of-citizens-is-only-hurting-their-interests>
- Rimjhim Jain 'From Road Rage to Sports Rage and More - Masculinities in Modern India' June 29, 2017 The Indian Express. <https://indianexpress.com/article/india/from-road-rage-to-sports-rage-and-more-masculinities-in-modern-india/>
- Sana Contractor 'Reflecting on Reproductive Rights and Wrongs in the FP2020 era' July 14, 2017, International Health Policies

Blog. <http://www.internationalhealthpolicies.org/reflecting-on-reproductive-rights-and-wrongs-in-the-fp2020-era/>

- Abhijit Das 'Striking the right balance on family planning priorities' Jul 19 2017. The Wire. <https://thewire.in/government/family-planning-population-control>
- Satish Kumar Singh 'Creating Male Changemakers' July-Sep 2017, Girls Count <https://www.girlscount.in/admin/newsletter/Girls%20Count%20Newsletter%20-%20Issue%2014.pdf>
- Sanam Monteiro and Sana Contractor 'Don't be afraid of the "C" word, health researchers' October 27, 2017, International Health Policies Blog. <http://www.internationalhealthpolicies.org/dont-be-afraid-of-the-c-word-health-researchers/>
- Sana Contractor, Faraz Khalid and Laura Dean 'Pushing for engaging formats in global health conferences: Liverpool, are you ready?' <http://healthsystemsresearch.org/hsr2018/news/pushing-engaging-formats-global-health-conferences-liverpool-ready/>
- Sana Contractor and Kristof Decoster 'New Beginnings at the WHO: DG Tedros' first Executive Board meeting'. November 24, 2017, International Health Policies Blog. <http://www.internationalhealthpolicies.org/new-beginnings-at-the-who-dg-tedros-first-executive-board-meeting/>
- Sara Van Belle and Sana Contractor 'Rethinking health governance: Towards an inclusive and political health citizenship' December 22, 2017, International Health Policies Blog. <http://www.internationalhealthpolicies.org/rethinking-health-governance-towards-an-inclusive-and-political-health-citizenship/>

- Abhijit Das '#Mentor Her is a Feeble effort at Redemption' Feb 9, 2018 MenEngage Partnership and Accountability Blog <http://menengage.blogspot.com/2018/02/mentorher-is-feeble-effort-at-redemption.html>
- Sana Contractor and Sara Van Belle 'Getting Serious About Gender Equality: Reflections on the Global Health 50/50 report' March 8, 2018, International Health Policies Blog. <http://www.internationalhealthpolicies.org/getting-serious-about-gender-equality-reflections-on-the-global-health-50-50-report/>

Partnership with the Dialogue

- Abhijit Das 'Over Population: Facts and Myths' Jul 16 2017, The Dialogue. <http://www.thedialogue.co/population-facts-myths/>
- Shreeti Shakya 'Scenario of Sterilisation Camps in Madhya Pradesh: Are Court directives enough to bring an end to the camp approach?' September 16, 2017, The Dialogue. <http://www.thedialogue.co/scenario-sterilisation-camps-madhya-pradesh-court-directives-enough-bring-end-camp-approach/>
- Surekha Dhaleta and K.B.Obalesh 'Do we care about Human Rights of the last in the Rungs?' 12 Dec 2017, The Dialogue. <http://www.thedialogue.co/care-human-rights-last-rungs/>
- Rudrakshina Banerjee and Shreeti Shakya 'Prioritizing Reproductive Rights: The Continuing Struggle for Quality of Care in Family Planning Services' Mar 09 2018, The Dialogue. <http://www.thedialogue.co/prioritizing-reproductive-rights-continuing-struggle-quality-care-family-planning-services/>

Annexure 2:

Human Resources Staff

CHSJ Staff as on 31st March 2018

Abhijit Das, Director
Ajay Kumar, Finance Manager
Ajay Lal, Programme Officer
Badar Uzmma, Programme Officer
Dheeraj Giri Goswami, Programme Associate
E Premdas Pinto, Research and Advocacy Director
Eashani Malhotra, Research Assistant
Ishu Das, Account/ Office Assistant
Jagdish Lal, Programme Officer
Mahendra Kumar, Programme Manager
Md. Alam, Driver
Priti Sisodia, Executive Assistant cum Relationship Manager
Rimjhim Jain, Programme Manager
Rudrakshina Banerjee, Programme Officer
Sambit Kumar Mohanty, Programme Manager
Sana Contractor, Programme Manager
Sandhya Gautam, Programme Manager
Satish Kumar Singh, Additional Director
Shreeti Shakya, Programme Officer
Surekha Dhaleta, Programme Officer
Sushil Kumar, Finance Assistant
Tulsi Manimuthu, Administrative Associate
Zohra Zaman, Programme Associate

Consultants

Aapurv Jain; Josefina Yolanda F. Oraa; Jyotsna Sivaramayya; Kakuli Deb; Koliika Mitra; Mallika Das; Maria Florencia Guertzovich; Priya John; Shubhra Das

Interns

Abhishruti Sharma; Aditya Sharan; Alejandra Lemus; Alice; Gulshan; Peimipem Shanglai; Karan Sejwaal; Simran; Vani Sehgal; Vineeta

Internal Auditors: Ravinder Kumar Sharda

Statutory Auditors: Subhash Mittal & Associates

Annexure 3:

CHSJ Board of Trustees

Abhijit Das

Managing Trustee and Director, CHSJ, New Delhi 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

Renu Khanna

Public Health Professional

Subhash Mendhapurkar

Development Professional

Suneeta Dhar

Gender Specialist

Usha Rai

Senior Journalist and Communication Consultant

Vijay Kumar Aruldas

Development Sector Consultant

Annexure 4:

Distribution of CHSJ's activities and partnerships in different states

- Breaking the Cycle, National
- Consolidating COPASAH as a strong practitioner based knowledge-generation CoP, National
- support to the Community of Practitioners on Accountability and Social Action in Health, National
- Consolidating COPASAH with strengthened institutional capacities and governance mechanisms, National
- Partner for Equality (EkSaath Campaign), National
- ▲ Towards Transforming Gender Norms, Rajasthan
- ⌘ Kishor Varta, Rajasthan
- ✂ Kolkata Initiatives Social Justice Philanthropy Initiative, West Bengal
- Capacity Building for Health System Engagement with SRHR and Accountability perspective, National
- ★ Enabling Men as Responsible Partners and Caring Fathers, Jharkhand and West Bengal
- Network for Engaging Men and Boys through Community Mobilisation & Advocacy for Gender Equity, National
- Strategic Advocacy for the Rights of Beedi Workers, National
- ❖ Partnering for Change, Uttar Pradesh and West Bengal



Annexure 5:

Financial Summary 2017-2018

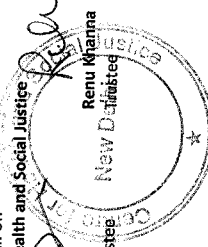
CENTRE FOR HEALTH AND SOCIAL JUSTICE (CHSJ), NEW DELHI
CONSOLIDATED BALANCE SHEET OF FOREIGN CONTRIBUTION & GENERAL ACCOUNT
 AS ON 31ST MARCH, 2018

PREVIOUS YEAR	LIABILITIES	Schedule	CURRENT YEAR	PREVIOUS YEAR	ASSETS	Schedule	CURRENT YEAR
5,000	CORPUS FUND (GEN A/G)		5,000		FIXED ASSETS		
	CAPITAL FUND				General Account	Sch-I	2,923,754
1,269,980	Capital Reserve			2,522,546	FC Account	Sch-IV	858,563
235,212	General Account		1,260,319				
	FC Account		174,494				
	Depreciation Reserve						
1,535,655	General Account	Sch-I	1,434,813		CURRENT ASSETS		
623,351	FC Account	Sch-IV	2,147,009		Security Deposit		
	REVENUE RESERVE				General Account		
	Income & Expenditure A/c				Balance Brought Forward		246,500
1,229,294	General Account			202,000	Less : Security Refund		129,000
	Balance Brought Forward			134,500	Addition during the year		48,000
	Less : Excess of Exp over Income				FC Account		165,500
	FC Account						
	General Reserve				Loan & Advance		
	General Account				General Account	Sch-II	436,202
9,100,000	Balance Brought Forward			590,146	FC Account	Sch-V	503,267
1,937,909	Addition : Surplus during the year			271,888			
	Less : during the year				Bank & cash Balance		
	FC Account				General Account		11,242,290
	General Reserve				FC Account		15,545,023
789,738	Balance Brought Forward						
	Less : during the year						
	FC Account						
	Revolving Fund-Material						
120,719	General Account						
	FC Account						
	RESTRICTED FUNDS						
20,809,845	Foreign Grants	Sch-VI					
	CURRENT LIABILITIES						
54,596.00	General Account	Sch-II					
37,711,300							
	Total Rs.		31,674,600	37,711,300			31,674,600

The schedules referred to above, including Accounting Policy Notes form an integral part of the financial statement

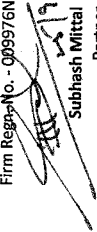
For & on behalf of:

Centre For Health and Social Justice
 Abhit Das
 Managing Trustee



In terms of our even dated report Attached

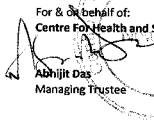
for Subhash Mittal & Associates
 Chartered Accountants
 Firm Regn.No. - 099976N
 Subhash Mittal
 Partner
 Membership No.083619



CENTRE FOR HEALTH AND SOCIAL JUSTICE (CHSJ), NEW DELHI
CONSOLIDATED INCOME AND EXPENDITURE OF FOREIGN CONTRIBUTION & GENERAL ACCOUNT
FOR THE PERIOD 01ST APRIL 2017 TO 31ST MARCH 2018

PREVIOUS YEAR	EXPENDITURE	Schedule	CURRENT YEAR	PREVIOUS YEAR	INCOME	Schedule	CURRENT YEAR
8,869,077	Trust General Grants Programme Expenses		-	5,727,631	Trust Grants General (incl. Interest) Received During the year		-
1,415,376	Administrative Expenses		-	4,556,822	Add : Unutilized as on 01/04/2017		-
				-	Less : Unutilized as on 31/03/2018		-
2,779,598	CHSJ Programme Programme Expenses	Sch-III	1,571,261	1,910,733	CHSJ Programme Received During the year	Sch-III	1,453,714
946,636	Administrative Expenses		1,571,261	3,593,774	Add : Unutilized as on 01/04/2017		-
							1,453,714
58,352	General Admin. Expenses Online Course		8,819	803,902	Trust Income Bank Interest		863,409
	Consultancy Fee		26,088	19,781	TDS Interest Received		20,940
	Office Expenses		128,896	100,435	Consultancy		-
	Travel Expenses		55,789	18,064	Registration fees		47,514
	Donation in Kind		8,500	120,719	Income from training material		-
	Exhibition Fee		35,400	36,229	Dep. trf from Capital Reserve Fund		9,661
	Loss on Sale of Vehicle		156,612				941,524
	Trustee Meeting Expenses		218,180				
	Vehicle Running Expenses		12,022				
487,534	CHSJ Salary		285,625				
							935,931
216,160	Depreciation						244,673
120,719	Transfer to Revolving Fund - Material						343,615
1,937,909	Transfer to Reserve Fund-Programme						
	FC Foreign Grant Programme Expenses	Sch-VI	35,051,008	33,249,697	FC Grants foreign (incl. Interest) Received During the year	Sch-VI	34,354,343
19,794,613	Administrative Expenses		4,220,664	9,558,228	Add : Unutilized as on 01/04/2017		20,809,845
2,203,467				(20,809,845)	Less : Unutilized as on 31/03/2018		15,892,516
	General Admin. Exp. Salary						39,271,672
	Depreciation						
111,205			1,614,214				
			60,718				
789,738	Transfer to General Reserve			153,909	Other Income Bank Interest		104,805
				635,829	Interest earned on Fixed Deposit		875,445
							980,250
				111,205	Depreciation transferred from Capital Fund		60,718
					Transfer from Revenue Reserve		633,964
56,729	Excess of Income over Expenditure-Non FCRA						700,241
39,787,113	Total Rs.		44,042,084	39,787,113	Total Rs.		44,042,084

The schedules referred to above, including Accounting Policy Notes form an integral part of the financial statement

For & on behalf of:
Centre For Health and Social Justice

 Abhijit Das
 Managing Trustee


 Renu Khanna
 Trustee

In terms of our even dated report Attached

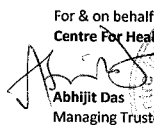
for Subhash Mittal & Associates
 Chartered Accountants

 25/7/2018
 Subhash Mittal
 Partner

CENTRE FOR HEALTH AND SOCIAL JUSTICE (CHSJ), NEW DELHI
CONSOLIDATED RECEIPT AND PAYMENT OF FOREIGN CONTRIBUTION & GENERAL ACCOUNT
FOR THE PERIOD 01ST APRIL 2017 TO 31ST MARCH 2018

PREVIOUS YEAR	RECEIPT	CURRENT YEAR	PREVIOUS YEAR	PAYMENT	CURRENT YEAR
12,643,033	OPENING BALANCE Foreign Contribution (Cash & Bank)	21,327,695	21,998,079	FOREIGN GRANTS UTILIZED: (As per Receipt & Payment A/c.)	39,271,672
15,042,310	General (Cash & Bank)	11,893,962			
(3,084,805)	FC - Advances & Imprest (Net)	271,888			
3,425,446	General - Advances & Imprest (Net)	535,550	34,029,095	10,284,453	
				INDIAN GRANTS UTILIZED: (As per Receipt & Payment A/c.)	
33,206,157	FOREIGN GRANTS (As per Receipt & Payment A/c)	34,070,737			
833,278	Bank Interest	1,263,856	35,334,593	3,566,598	1,571,261
				CHSJ PROGRAMME A/C EXP: (As per Receipt & Payment A/c.)	
5,727,631	INDIAN GRANTS: (As per Receipt & Payment A/c.)			138,436	
				FIXED ASSETS (As per Receipt & Payment A/c.)	1,065,208
1,910,733	CHSJ PROGRAMME RECEIPTS: (As per Receipt & Payment A/c.)	1,453,714		705,522	2,393,533
1,062,901	OTHER RECEIPTS (As per Receipt & Payment A/c.)	1,121,863			
90,000	Refund Security	129,000			48,000
				OTHER EXPENSES (General & FC) (As per Receipt & Payment A/c.)	
				Security Deposit	
				CLOSING BALANCE (As per Receipt & Payment A/c.)	
				Foreign Contribution (Cash & Bank) A/c.	15,545,023
				General (Cash & Bank) A/c.	11,242,290
				General - Advances & Imprest (Net)	428,011
				FC - Advances & Imprest (Net)	503,267
70,856,684	Total Rs.	72,068,265	70,856,684	Total Rs.	72,068,265

The schedules referred to above, including Accounting Policy Notes form an integral part of the financial statement

For & on behalf of:
Centre For Health and Social Justice

 Abhijit Das
 Managing Trustee


 Renu Khanna
 Trustee

In terms of our even dated report Attached

for Subhash Mittal & Associates
 Chartered Accountants
 Firm Regn. No. - 009976N

 Subhash Mittal
 Partner
 Membership No. 083619



Centre for Health and Social Justice

Basement of Young Women's Hostel No. 2,
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Email: chsj@chsj.org, Website: www.chsj.org

