



Champions of Change

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A Newsletter of
CENTRE FOR HEALTH AND SOCIAL JUSTICE

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Date of Publication:

February 2011

Publishers:

CHSJ.

Disclaimer:

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Circulation only.

Place:

New Delhi

Edition:

2011/ February

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The Centre for Health and Social Justice (CHSJ) emerged as an independent organization in 2006 as a result of a growing concern of a group of public health practitioners and field based researchers on the different influences which were shaping public health discourse and practice in India (and South Asia). In this period spanning nearly five years, CHSJ has successfully carved a niche in an effort "To support and create equitable and accountable Public Health Systems in India where...

- **citizens/citizen groups** are part of functioning feedback and planning mechanisms at all levels;
- **people** are actively engaged in **providing feedback**, setting agenda, are engaged in monitoring of public programs at all levels;
- the **public health agenda** is informed by & is responsive to people's needs;
- **mechanisms** have been put into place for identifying & addressing inequities, poor quality, rights violations and denial of service at all levels;
- **public policy making** on health includes or addresses **private health care** delivery systems & **social determinants** of health."

Some of our successes in the last five years include:

- Co-managing (with PFI) the national secretariat of the Community based monitoring process of NRHM which was implemented by GoI in nine states
- Research from CHSJ has been published as papers in international and national journals as well as been published as a book
- Research from CHSJ has been used for advocacy around maternal health and family planning at the state and national level by advocacy networks
- Research reports of CHSJ have been referred to in Government sponsored review process
- Large scale experiments on involving men on work around Violence prevention and women's health have been initiated in UP and Maharashtra.

From the Editor's Desk

With great pleasure we bring to you the first edition of our bi-monthly newsletter where we have begun with highlighting the themes of CHSJ. In future, we hope to inform and regularly share the activities of CHSJ as well as build perspectives around the issues of health and social justice. We encourage your comments and feedbacks and will try to include these in upcoming editions also.

Signed- Editors

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- Abhijit Das
- Ajay Kumar
- Anita Gulati
- Deepti Morang
- Ishu Das
- Lavanya Mehra
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CHSJ Interns:

- Jyotiranjana Rout- SRM Institute, Chennai
- Karikalan- SRM Institute, Chennai

Within the thematic focus on **Reproductive and Sexual Health and Rights** CHSJ has done a detailed analysis of questions raised around these issues in the Parliament during the 15th Lok Sabha from July 2009 to Nov 2010 and during 15th Rajya Sabha from August 2009 to Nov 2010. One question and the answer are given below:

Question 1471 dated 22.07.2009 by Sh Sajjan Singh Verma:

- (a) the number of failed tubectomy and vasectomy operations reported during the last three years and the current year, Statewise;
- (b) whether any compensation has been given to such people by the State Governments; and
- (c) if not, whether the Union Government will direct the State Governments to give compensation to the affected persons to ensure effective and accelerated implementation of this national programme?

Answer - MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) Number of failed tubectomy and vasectomy operations reported during the last three years and the current year, State -wise is, at annexure.

(b)&(c) The union government has introduced Family Planning Insurance Scheme (FPIS) w.e.f 29th November 2005 to give compensation to such people.

For the period from 29.11.2005 to 31.12.2007, the scheme was being run through Oriental Insurance Company, Thereafter is being run through ICICI Lombard from 01.01.2008 to 31.12.2008 and further up-to 31.12.2009. The payment of the compensation for failure is made by the Insurer directly to the beneficiaries.

Our Comment - *The annexure shows 1903, 3001 and 395 tubectomy and 510, 133 and 53 vasectomy claims were reported for the periods 2006-07, 2008 and 2009. No records of failures per se are maintained and the trends indicate that either quality has improved dramatically or the insurance procedure is becoming inefficient!*

As part of its work on **Health Rights and Marginalized Groups**, CHSJ supervised the study of an intern from University of Washington, Seattle, on the *Qualitative Assessment of the Tuberculosis Care System for Migrant Urban-Industrial Workers Living in Kapas Hera, New Delhi*. A focused ethnography approach was taken to better understand the “Knowledge, Attitudes, and Practices” (KAPs) amongst private providers TB care, public providers of TB care, and MUIW diagnosed with TB while living in Kapas Hera.

The study showed that with a single CHC functioning in the area, health care provisioning was mostly private - from private practitioners and *jholachaps*. The government hospital was the last resort owing to the high direct and indirect costs involved. Once the DOTS (Directly Observed Treatment Shortcourse) alleviates the majority of a patient’s symptoms, inconvenience and the length of treatment regimen become the most important deterrents to completing the therapy. The study found that most private providers in the area will not attempt to cure a case of active pulmonary TB because it is considered too risky and their knowledge of the RNTCP and DOTS is generally low. The public providers acknowledge that a cooperative relationship with *jholachaps* would contribute to the RNTCP’s TB control efforts, but they also understand that a formal public-private mix collaboration between *jholachops* and the RNTCP is not bureaucratically feasible. The staff at the Kapas Hera CHC felt that they have not been provided the resources to expand facilities and services needed to meet the booming population of Kapas Hera.

Employee in focus:

Anita Gulati-
Admin Officer



I have been associated with CHSJ for more than 4 years.

What I enjoy in CHSJ

- Non Hierarchical Structure
- Freedom to Speak
- Chances of Personal Growth

Main learnings

- Working in team
- Negotiation for Rights
- Coordination Skills

Favourite Quote

When many work together for a goal, great things are accomplished. It is said a lion cub was killed by a single colony of ants.

Anita in One Word

(by colleagues)

- Patient
- Good Communicator
- Systematic
- Hardworking
- Efficient
- Good Coordinator
- Gets work done



Mobilising men to challenge violence against women in institutional settings is a project under the thematic area of **Men and Gender Equality**.

The flourishing of masculinities work with men in recent years, much of it concerned with violence against women, has yet to come to grips with the institutionalised nature of male violence within labour unions, student groups and human rights organisations.

An interesting case in point was that of Vikas Dubey, student at BHU who till two years back hardly noticed any injustice being done towards women. However, his mindset and perspective about society underwent a drastic change when tragic events unfolded in his elder sister's life when she lost her husband. He realized that male dominance is stifling every aspect of female life and women are hardly treated with dignity and respect by men. His personal belief, that all men and women have equal freedom, was shattered. Vikas joined the mobilizing men project and whole heartedly plunged into the project activities. Vikas adopted different strategies at different levels. He conducted face to face meetings with different people and tried to convince them about why men should come forward to eliminate GBV.

He also helped circulate information on a Supreme Court verdict, popularly known as Vishakha guideline, on sexual harassment.

At a personal level, Vikas has observed a sea change in his own thinking process as a result of working on this project. Vikas says *"Before working on the project I saw this issue superficially and from one side, but this project has sharpened my observation skill and enabled me to think on this issue more critically"*

Centre for Health and Social Justice is working with The Humanity in Bolangir district, Orissa on a project around community action around health expenditure within the thematic area of **Community Action for Health Rights**. A community enquiry across 12 villages shows that people incur an expenditure of about 5000 to 6000 rupees on normal deliveries that fall. The community spends up to Rs 2000 for common ailments like cough and cold. The use of public health facilities for common illnesses is very low with people preferring to go to private clinics – both formally trained and informal providers. The community level enquiry is based on the Participatory Rural Appraisal methodology, that includes Community mobilization / context setting, Health Mapping, Free listing and matrix ranking of diseases and costing of health problem, Personal / in-depth interview, Collection of case studies. This is a very poor tribal region and many families reported debts for meeting health related expenses. Most of the families took loans from private money lenders at interests as high as 30% per month. A similar exercise is currently underway in Chirang district of Assam with our partner The ANT. This project is supported by International Budget Partnership.

Event organized by CHSJ

National Coalition on Population Stabilisation, Family Planning and Reproductive Rights- A Roundtable on 'Contemporary Challenges and Opportunities' was organized on 12th January 2011 in collaboration with Population Foundation of India. This event addressed some continuing concerns and emerging priorities around the themes of Incentives and Disincentives in Family Planning, Quality of Care, Increasing Increasing the Basket and Informing the Choices. Dr Gita Sen, Dr. Hemant Shah, Dr Suneeta Mittal, Dr Abhijit Das were some of the eminent speakers.

CHSJ Publication

Reaching the Unreached- Rapid Assessment Studies of Health Programmes Implementation in India. This book is a product of training on Rapid Assessment of Health Programmes (RAHP) organized in 2008 by CHSJ in collaboration with Population Leadership Program, University of Washington and UNFPA.



List of workshops attended in January by staff:

- 1) *Universal Access to Health Care* organized by MFC- Medico Friend Circle Meet in Nagpur – 7-9th January 2011
- 2) *Condolence meeting* in Memory of Bharati Roy Chowdhury, founder of the Action India Women's Programme, on 21st January 2011
- 3) Discussing and contributing to the Preamble for the Civil Society groups inputs for the Approach Paper of the 12th Five Year Plan

CHSJ staff Sangeeta Singh reviews the movie *Astitva*, directed by Mahesh Manjrekar, released in year 2000.

"I had tears in my eyes after watching *Astitva* as it shows a woman struggle when her husband finds out that he is not the biological father of their son. The husband now does not want to keep any relations with his wife, even though they have been married for 20 years. The son also thinks his mother is immoral. But the husband does not understand that his wife also has physical needs, however he himself satisfies his needs whenever he wants- even outside marriage. In the end, the wife decides that she has a right to live her life as she chooses. She decides to move towards a new life, leaving behind her husband, her son and her home. I really liked this movie, and her decision, as every woman has the right to live her life. Women also have their needs - why should they remain dependent on others or under someone's control?"

Activities of Interest in CHSJ

- 1) Film Screening- "Once Upon a Boy". The movie depicts gender, socialization, sexuality and the issue of peer pressure influencing the decisions of an individual
- 2) Film Screening- *Haule Haule*. Issues raised by the movie include early marriage, contraceptives, son preference, spacing of children, Purdah system
- 3) Discussion- *Burqa Ban* in France and the issues of religion and politics, women's choice and rights.