CHSJ AND ADVOCACY OF SEXUAL HEALTH AND RIGHTS

(2007 – 2010)

A REVIEW REPORT
OF PROJECT SUPPORTED
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Review Conducted by

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CHSJ and Advocacy of Sexual Health and Rights: A Review

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Anchita Ghatak
Consultant

Introduction

The Centre for Health and Social Justice (CHSJ) entered the health policy arena in India as a new player in early 2006, with a focus on building a bridge between people's lived experience and the policy intentions around health issues. The objective was to contribute towards creating a more equitable society and a more responsive state with a healthier population. CHSJ was very lucky in having a number of well wishers who gave CHSJ the space and opportunity to start its work through a few collaborative projects and consultancies. The project "Advocating for Reproductive and Sexual Health and Rights" was the first project with CHSJ in the lead implementing role and it was approved for financial support by Packard Foundation, Ford Foundation and Population Foundation of India. The project was conceived for two years, but due to procedural delays the project was finally extended to three years.

The project "Advocating for Reproductive and Sexual Health and Rights" completed its extended lifetime of three years on March 31, 2010. Prior to completion, it was felt necessary to distil some key lessons from this project and its implementation processes. Ms Anchita Ghatak, a well known feminist development specialist with long experience in working with the development sector in Eastern India kindly agreed to conduct this review process. The focus of CHSJ's state level interventions in this project was primarily the eastern states of Bihar. Jharkhand and Orissa, and one of the guiding principles of CHSJ's interventions has been the recognition of gender inequalities as a key determinant of health. Ms Anchita Ghatak's background and experience was considered very appropriate for helping CHSJ identify important lessons for developing its work in the future. We would like to appreciate her efforts putting together this report in the very short time available to her. We would also like to thank our partners and associates who took the time to share their experiences, views and concerns about CHSJ and its work with the consultant. In the final count CHSJ work is completely dependent upon the needs and feedback of its partners.

This review also meshes into a larger institutional review and development process that CHSJ has been undergoing since late 2009.

We in CHSJ look forward to taking the lessons from this review process as we develop our strategic plans for the future to make our work more meaningful and more effective.

Abhijit Das

Director

The Review of CHSJ and Advocacy of Sexual Health and Rights

Objectives of the Review

1. To review the activities and achievements of the project in accordance with the project objectives.
2. To identify the additional resources and opportunities that were leveraged through this project.
3. To identify key achievements, gaps and lessons at the national and state levels, as well as at the policy level and among the civil society advocates.

Methodology of the Review

CHSJ appointed a Consultant for the review. The review was conducted by a) reading various CHSJ documents like proposals and project reports (b) reading and reviewing different publications of CHSJ (c) conducting telephone interviews with the Director of CHSJ, partners and associates. A list of people interviewed and documents consulted is appended. The telephone interviews were based on a set of questions developed together by CHSJ and the consultant.

The methodology described above was thought to be the most appropriate in terms of time, objectives of the review and cost effectiveness. There were no field trips.

Structure of the Report

This report has an introductory section about the organisation, the project and this review. This section is followed by a brief overview of CHSJ's work in the three states of Bihar, Orissa and Jharkhand during the project period. After this, a collation of responses to questions that were asked to partners is presented, followed by an analysis of strengths and points to ponder on.

The section comprising strengths and points to ponder on is based on CHSJ literature, interviews with partners and the consultant's observations.

Centre for Health and Social Justice

The Centre for Health and Social Justice was initiated to strengthen the claims of citizens to the many health related fundamental rights that have been promised through the Constitution as well as those which have been identified through international human rights treaties. The idea behind the Centre for Health and Social Justice (CHSJ) emerged from the growing concern of a group of public health practitioners and field based researchers on the different influences which are shaping public health discourse and practice in India today. The Centre works with a multi-pronged approach that includes policy research, building leadership and operational capacities as well as strengthening advocacy efforts. The mission of CHSJ is to promote human development, gender equality, human rights and social justice with specific reference to the field of health, in its widest interpretation.

The Centre for Health and Social Justice is a research and training organization in the Health Sector which aims to occupy a middle space between NGOs, Alliances, People's Movements, the Government, and International Organisations – institutions which all work for development and social change. The Centre for Health and Social Justice also provides support to NGOs, networks and alliances through information and capacity building.

CHSJ was registered as a public Trust in March 2006, with its registered office in Delhi. CHSJ also has an office in Lucknow, UP. It is governed by a Governing Body and its activities are guided by an Advisory Council. Over the last four years the work of CHSJ has expanded and today it is spread over 14 states, most of which are in the northern, central and the eastern parts of the country, where human development indicators are the worst. CHSJ's work is currently divided into four broad thematic areas and two strategic interventions. These four thematic areas are:

- Reproductive and Sexual Health and Rights
- Health rights and marginalised communities
- Community Action for Health Rights
- Men and Gender Equality

The Project

Project Introduction

This is the review of a project of CHSJ supported by the Population Foundation of India (PFI) and the Packard Foundation and Ford Foundation. This project aimed to strengthen the process of advocacy and monitoring on Reproductive and Sexual Rights, especially in the context of National Policies and Programmes. Originally, the project was for a two-year period but due to circumstances like delay in receiving FCRA prior permission for one component of the project, the project extended to a three-year period. The project objectives and activities are outlined below.

Project Objectives

1. To build evidence on the ground level realities of policies and programme implementation (NPP, NRHM, RCH2, NACP3, etc.) in the context of their stated objectives related to fulfilment of health related rights of marginalized communities.
2. To strengthen civil society advocacy networks at the state level for rights based interventions on SRH issues.
3. To collect and share information resources on SRH issues to support advocacy action at all levels.

Project Activities

The activities that were expected to fulfil these project objectives were:

- Concurrent evaluation / programme reviews to understand programme impact, especially on the marginalised including training of part
- Conduct annual meeting of networks.
- Support state level network secretariats in selected states.
- Conduct workshops to build specific advocacy skills.
- Provide information and technical support on request.
- Develop and update website regularly.
- Disseminate information relating to relevant laws, policies and programmes are available on the web/email.
- Disseminate data and information relating to sexual and reproductive health available on the web.
- Disseminate all documents produced by the Centre.
- Develop writing / documentation skills among partners.
- Produce and distribute weekly health news updates.
- Coordinate issue based email listservs eg. ReproHealth Listserv.
- Collate and distribute health and social justice related information.
- Issue email alerts and launch email based campaigns if the situation warrants.
- Any other activity as may be necessary.

Project- Expected Outcomes

The key project outcomes that were envisaged in the project document were as follows:

1. There will be partnership with at least three state level civil society coalitions and at least one national civil society coalition around health and social justice. The partnership with the Centre will have resulted in collaborative research and documentation or advocacy action based on the research.
2. The Centre will have supported the process of knowledge creation from grassroots experiences by supporting the documentation of lessons and experiences.

3. The Centre will have participated in at least one advocacy effort to change reproductive and sexual health related service delivery practice which will be directly related to respecting of, protection or promotion of sexual and reproductive rights of women.
4. The Centre website/ portal will emerge as an important web resource for health and social justice issues in India.

Overview of State Level Support

This section summarises the main concerns that CHSJ has tried to address in the states of Bihar, Jharkhand and Orissa. CHSJ works through local partners and tries to create avenues of exchange between local, state and national concerns and priorities. This section is based on information obtained from CHSJ documents and publications and personal interviews with partners and the Director of CHSJ.

Personal interviews with partners were guided by a list of questions. A collation of answers to those questions are also included in this report.

Bihar

The Health Watch Forum, Bihar (HWFB) has been functioning as a platform / network for organisations and activists to raise health issues. CHSJ had discussions with HWFB, organisations working on health, organisations working on issues of social justice including issues of women's rights. It was decided that the sexual and reproductive health issues important for Bihar, were:

- Implementation of NRHM
- The two child norm, and
- Engagement with the ICPD+15 process

In 2007, a network called Jan Adhikar Manch (henceforth Manch) was formed to address issues of sexual and reproductive health. This included members of HWFB as well as those who were not members of HWFB. According to activists in Bihar, the Manch served to widen the network of people engaged in issues of sexual and reproductive health. It was no longer limited to people / organisations working on health issues alone. People working on environment issues, child rights and dalit rights were brought in. Issues concerning sexual and reproductive health were mainstreamed as it were.

The issue of the Two Child Norm proved to be a point around which many groups in Bihar came together. In 2000, in part as a response to the Government's signing of the ICPD Programme of Action, the Government of India passed the National Population Policy (NPP). The NPP's stated immediate objective, to "address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care", includes a commitment towards "voluntary and informed choice and consent of citizens while availing

reproductive health care services, and continuation of the target-free approach in administering family planning services." The policy's affirmation of target free and voluntary approaches to family planning falls in line with the tenets of the ICPD and addresses the historical precedence of coercion recalling the Emergency in India. However, in as much as the policy upholds these principles, it also continues the Two-Child Norm, naming the "small family norm" as one of the 14 goals for 2010: to "promote vigorously the small family norms to achieve replacement levels of the fertility rate." Activists say that replacement levels of the fertility rate (TFR) are achieved when couples limit their number of children to two, thus aligning with a 2.1 target for fertility. So, in effect, the "small family norm" of the NPP is a two child norm.

The Two Child Norm was introduced in Bihar and would affect the potential candidates who wished to get elected to either the panchayats or the urban local bodies (ULBs). Organisations in the state felt that this measure would become a means to exclude both women and Dalits from benefitting from the 73rd and 74th amendments. Organisations working on PRIs, those working on women's rights, health rights and Dalit rights all felt the need to come together on a common platform and this led to the formation of the Manch.

It was also pointed out that CHSJ has played a significant role in involving organisations in the civil society review of the NRHM. Members of the Manch were concerned that NRHM has ignored the role of 'dais' or traditional birth attendants (TBA) in the reproductive health scenario of the country. This review enabled them to get a clearer picture of the NRHM and provided an impetus for forming a Dai Sangh to articulate the concerns of dais.

Orissa

Orissa has been in turmoil because of certain socio-political reasons. In recent years, sixty nine Special Economic Zones (SEZs) have been established in Orissa. The creation of these zones has brought with it the trauma of inevitable displacement of large numbers of people causing further exclusion of marginalised populations. CHSJ has enabled groups to link issues of health services and maternal health to the present socio-political scenario in the state.

Groups working in Orissa emphasise the fact that the trauma of displacement of *adivasi* populations has created serious situations and zones of conflict in the state. The comunal disturbances in Kandamahal when Hindu Right Wing militants killed and attacked Christians heightened the sense of insecurity already prevailing in the state and increased the sense of marginalisation amongst the poor and excluded.

The NRHM has a big focus on institutional deliveries. Interaction amongst different organisations in the state and CHSJ has emphasised the need for critical thinking. In a scenario of marginalisation and social exclusion that is prevailing in Orissa, how do we look at the question of safe deliveries. Some of the poorest people live in hilly, far flung places which have no roads or public transport to speak of and getting to a health facility in

time for a delivery is a challenge. Infrastrucuture at health facilities is inadequate. More often than not, institutions are unwilling to take the risk of handling complicated deliveries. So, poor people have to face the harassment of multiple referrals where they are referred from one institution to another.

The citizens' review of the NRHM also led to involvement with the community monitoring process of the NRHM. CHSJ played an important role in bringing organisations together and creating an interest in getting involved in this process. They also built capacity of organisations so that they felt confident of their skills to monitor such a programme. Only a pilot of the community monitoring process has been conducted in Orissa as yet. The entire process needs to be 'scaled up'.

CHSJ has engaged with many organisations in Orissa and tried to bring in different perspectives. It has engaged quite consistently with the National Alliance of Women's Organisations (NAWO), Orissa and looked at violence against women as a public health issue. This has also promoted discussions on the role of men in resisting and ending violence against women. Activists say that this is leading to initiatives about understanding masculinity that are translating to closer co-operation between men and women on the ground on contentious issues like violence against women.

Since 2004, organisations in Orissa had been consistently raising awareness against enforcing the Two Child Norm both and demanding its immediate repeal from the Orissa PRI Act. As a lead up to the general elections in 2009, a campaign planning meeting was held in September, 2008 to organize a broad-based and united campaign against the Two Child Norm comprising civil society organizations, the media, lawyers, key officers in the government and so forth. The object was to help bring this issue to the notice of all stakeholders, and place it on the agenda of the political parties and policymakers alike.

Despite the campaign against the Two Child Norm, the party that came into power did not withdraw its support from the Norm. Activists feel that since the ruling party has been unequivocal in its support for the Two Child Norm, it is becoming difficult to carry on a campaign to create public opinion against the issue.

Jharkhand

CHSJ invariably works with several groups and promotes coalition building. Attempts at coalition building lead to a collective exploration of issues and problems. Activists in Jharkhand feel that CHSJ has succeeded in involving a large number of groups in discussions about public health in general and women's health and reproductive and sexual health in particular. These discussions have promoted an understanding of health beyond an absence of disease. Health is seen as an outcome of the interaction among knowledge, practice, resources and social, religious and cultural norms. The role of the state is seen as an important determiner in the quality of health services available to the people, especially the poor and excluded sections.

Discussions guided by CHSJ have also drawn attention to the usefulness of international instruments. The CEDAW sections on health have proven to be an effective tool in shaping and directing campaigns. It has also enabled groups to focus on the principles of equalty and non-discrimination, as well as women's rights in their attempts to secure health rights.

Organisations in Jharkhand have been concerned about the neglect of traditional skills and knowledge in the NRHM. A very obvious example of such neglect in the original NRHM design is the lack of acknowledgement of the role of Traditional Birth Attendants (TBAs) or dais. This lack of acknowledgement led to faulty planning because a valuable resource in the community was ignored and there were no provisions for using their knowledge, skills and experience and neither were there any means to provide dais with training to upgrade their knowledge and skills.

CHSJ enabled groups in Jharkhand to discuss the issues in maternal health that have been reflected in the policy framework of NRHM. During these discussions, organisations emphasised the fact that maternal health also includes the desire not to become a mother. The absurdity of an over emphasis on institutional delivery in a country like India with very poor health infrastructure was also discussed. There is a need to create, develop and upgrade infrastructure.

Organisations in Jharkhand are working to create a forum of dais. TBAs want to assert their traditional expertise and claims in the domain of childbirth. TBAs can be a valuable resource and support to the state health care system. While the option of an institutional delivery should be available to all women, it is possible for healthy women with uncomplicated pregnancies to deliver babies safely at home. TBAs can play a significant role here. Consequently, a *Dai Sammelan* or Conference of TBAs is planned in partnership with the state government.

Referring to CEDAW has enabled organisations to make the link between violence against women and health. Discussions organised by CHSJ at the state level and national level have enabled organisations to appreciate and assimilate new perspectives. Jharkhand is well known for the practice of labelling women as 'dain' or witches. Single women- unmarried, separated/ divorced, widows- are often labelled 'dain' by members of their community and attacked. A major reason for this kind of labelling is to deprive the woman of any property or wealth she may have, even if it is a humble hut or a small plot of land.

Again, women often have terrible headaches, experience fits and go into trances. Many women who have these experiences are also those labelled 'dain'. Analysing these experiences has prompted discussions on women's mental health, as well as appreciating the need for effective treatment of epilepsy including easy availability of affordable medicines. Guided by CHSJ, organisations have begun making the links between violence against women and health, and the links between mental and physical health. There is a growing understanding that efforts have to be undertaken to see mental health services as integral to the public health system.

Facilitated by CHSJ, groups in Jharkhand have often come together to discuss issues and work together. The Citizens Report on NRHM and the piloting of the community monitoring initiative of the NRHM are two such examples. Two years ago, groups felt the need to form a coalition entitled Matritwa Swasthya Suraksha (Adhikar?) Manch. Despite the felt and expressed need for such a coalition, activists admit that the coalition has not really begun functioning effectively.

Questions for State Level Partners

1. ***Are they able to set the agenda when they work with CHSJ? Are they able to articulate their own issues and experiences? How? Examples.***

All those interviewed agreed that CHSJ enabled groups to come together to raise issues that were important in their state. Issues to be worked on at the state level are decided after discussions with organisations in the state. The process of deciding on issues is a collective one and a fit is decided in accordance with the issues identified, the interests and capacity of the organisations working to take the issues forward and the objectives of CHSJ for partnering with organisations in the state.

Some issues that have been articulated in different states are:

- Concerns regarding NRHM were voiced during the Citizen's Review of NRHM across several states namely, Bihar, Himachal Pradesh, Jharkhand, Orissa, Rajasthan, Uttarakhand and Uttar Pradesh.

- The campaign against the introduction of the Two Child Norm in Bihar and Orissa.

- Understanding the notion of men and masculinities in Orissa

- Exploring the links between maternal health and human rights in Jharkhand

Partners have pointed out that when it intervenes in a state, CHSJ is able to raise a) concerns that have been / maybe suppressed and b) concerns of marginalised sections. Several states have raised the issue that the significant role played 'dais' or Traditional Birth Attendants (TBAs) and the services provided by them have been ignored in the NRHM.

Again, CHSJ and its partners have been able to focus on the violation of rights caused by the introduction and enforcement of the Two Child Norm. Concerns on this matter have been brought to the attention of MLAs in Bihar and Orissa, and also several MPs.

2. ***Is CHSJ contributing to capacity building in their organisation and / state?***
    - ***Understanding an issue in all its intricacies***

- ***Advocacy***

Partners felt that CHSJ has played a significant role in building capacity on issues of public health and sexual and reproductive health. CHSJ has conducted workshops in different states and also national workshops where focus has been on a rigorous understanding of issues in all its dimensions. There is a focus on theoretical understanding and an equally strong focus on collecting evidence from the ground and building an argument and analysis based on that evidence.

CHSJ enables its partners to share information across organisations and across states. This facilitates a strong macro level analysis. For example, after comparing data from different states it was apparent that the training of ASHAs had been left incomplete.

CHSJ conducts specific workshops to help organisations and activists build their advocacy skills. It also initiates and support advocacy efforts in different ways, for example,

- Holding workshops at the state and national levels, where representatives of the government are present
- Organising meetings with people's representatives
- Initiating and supporting advocacy efforts at the state and national levels

3. Has CHSJ facilitated coalition building in the state? How? What has been the role of local groups?

CHSJ is committed to building coalitions and alliances. In its work in different states during this project period it has worked with existing coalitions / networks. It has helped to strengthen existing coalitions. In some states, it has also initiated new coalitions. For this review we are looking at efforts in Bihar, Jharkhand and Orissa.

The Health Watch Forum, Bihar (HWFB) has been functioning as a platform / network for organisations and activists to raise health issues. In 2007, a network called Jan Adhikar Manch (henceforth Manch) was formed to address issues of sexual and reproductive health. This included members of HWFB as well as those who were not members of HWFB. According to activists in Bihar, the Manch served to widen the network of people engaged in issues of sexual and reproductive health. It was no longer limited to people / organisations working on health issues alone. People working on different issues like environmental concerns, child rights, Dalit rights, and women's rights were brought in. Issues concerning sexual and reproductive health were mainstreamed, as it were.

Swapan Majumdar of Bihar Voluntary Health Association (BVHA) explained how grassroots advocacy supported by CHSJ helped to strengthen movements and coalitions. The campaign against the Two Child Norm sparked off a half day protest march in 19 districts. Fifty thousand letters were sent from across the state to protest the imposition of the Two Child Norm.

In Orissa too, there is a forum called the Health Watch Forum (HWF, Orissa). The activists who were interviewed for this evaluation emphasised the fact that the HWF, Orissa was an 'informal' platform. This could be understood as a network without any definite structure and / or procedures, who come together to raise a collective voice whenever necessary.

The Director, CHSJ said that although no new coalitions have been formed in Orissa, they are in touch with many groups and networks. Activists have said that CHSJ believes in collaborating with other organisations and is committed to strengthening and building coalitions. They have pointed out that CHSJ has worked closely with National Alliance of Women's Organisations (NAWO), All India Democratic Women's Association (AIDWA), Orissa Voluntary Health Association (OVHA) and Jana Swasthya Abhiyan (JSA), especially during the campaign against the Two Child Norm.

Partners of CHSJ in Jharkhand say that there is a need to have a broad based coalition in the state focusing on sexual and reproductive health. In 2008, CHSJ had supported an effort to form a coalition entitled Matritwa Swasthya Suraksha Manch (some say the coalition was called Matritwa Swasthya Adhikar Manch). Despite demonstrated enthusiasm and commitment to the coalition, it has not really taken shape.

However, groups in Jharkhand say that discussions around sexual and reproductive health have to be kept alive in the state. These discussions will enable activists and organisations to deepen their own understanding of issues concerning reproductive and sexual health. Enhanced knowledge and understanding will provide a push to activism and coalition building around issues.

4. ***Is it useful to have CHSJ in Delhi? Is it a bridge between groups working in the state and those making policy at the national level?***

There seems to be unanimous agreement about the fact that it is very useful to have CHSJ located in Delhi. Being in Delhi, the Director of CHSJ and consequently, the organisation, have been able to form strong links with Ministries and Departments of government. Of course, these links don't happen *ipso facto* but being in Delhi is an enabling factor.

CHSJ has been pro-active in liaisoning with government departments and ministries. The organisation's track record and reputation along with its availability in the national capital has ensured that it is invited to participate and contribute to significant forums like committees, sub committees, consultations and meetings. This has enabled CHSJ to carry civil society voices to policy making forums and also articulate civil society concerns.

Partner organisations have drawn attention to the fact that people visit Delhi fairly frequently on work. So the fact that CHSJ is in Delhi makes it easy for partner organisations to contact them and interact with them. CHSJ often helps other NGOs with 'small' but time consuming and often tedious matters, like making appointments with senior officials or Ministers.

CHSJ is well informed about national events, both government and non-government. It shares this information with its partners in different states and encourages them to participate in events that are in line with their experience and interests. CHSJ often helps partners prepare for national events so that advocacy efforts are well co-ordinated and cohesive.

Partners feel that CHSJ's presence in Delhi is a tangible example of inputs from the ground (from CHSJ's partners) informing policy decisions at the national level. Organisations working at the grassroots in different states feel that CHSJ's focus on working at the policy level has provided them the opportunity to enter and intervene in the policy space.

Located in Delhi, CHSJ works in several states in northern and eastern India. It also has effective relationships with organisations in western India. National meetings organised by CHSJ enable partners and associates from different parts of the country to come together. This provides an opportunity for partners to share experiences and learn from each other.

5. Has CHSJ supported advocacy at the state level? How? (Slight overlap with 2b)

Partners have said that CHSJ plays a significant facilitative role in enabling organisations to come together at the state level and discuss issues of common concern. It also supports and promotes advocacy efforts at the state level. A range of strategies are used to make the advocacy campaigns relevant and effective for example, consultations, research, documentation, publications, mobilsation at the grassroots and linking with national level campaigns and efforts. Two illustrative examples are presented below:

The campaign against the Two Child Norm in Bihar where the stricture was withdrawn at the panchayat level is an example of a successful, well coordinated, multi locational state level advocacy campaign. It was built on the CHSJ strategy of building partnerships and coalitions. Rigorous discussions and planning at the state level helped in identifying an issue that was relevant for activism in the state. Many groups, even if they were not opposed to the Two Child Norm *per se* felt that the imposition of this norm on those seeking election to the panchayat or the municipality was an effective means of keeping Dalits and women from seeking office.

The Citizens Report on two years of the NRHM (2007) across six states identified achievements and also raised several pertinent questions at the state and national levels.

For instance, in Jharkhand it pointed out the following achievements:

i. The NRHM has already been launched and some headway has been made despite many hindrances and constraints. The momentum has begun.
ii. After many years of neglect, the health infrastructure is being assessed so that holistic planning can take shape. Fortunately, many agencies are eager to help the government in this matter.
iii. Recruitment, equipment, renovation and innovation are all taking place simultaneously, thus we can hope for the better.

iv. This year, a state PIP has been made and we can hope for inclusion of state-specific needs.
v. JSY is one intervention where we can suggest alternative models for safe maternal health services and we have found that the government is open to listening.
vi. Lastly, the proverb goes, slow and steady wins the race. Though it is very difficult to achieve the targets with a very weak health infrastructure and a dilapidated system, Jharkhand, the young state, had the guts to accept the challenges before it and resolved to fight to improve the poor health scenario.

The challenges too were presented:

The challenges of the NRHM in Jharkhand are as follows: The message of seven years of structural reconstruction of the health system to be able to respond to the health needs of the rural poor had not reached the masses, not even to the key actors like the PRIs, SHGs, AWWs, Sahiya and ANMs. So it is very optimistic to expect that it should have percolated to villages automatically and that people could reap its benefits. As the message did not reach its key actors, expecting them to respond positively is pointless and hence is a big challenge to get the desired results. Awareness levels are quite low and need strengthening.

i. Every level should be reinforced to cope with the pressures of unmet field needs particularly in Sahiya selection, training, engaging her so that she may be able to deliver her services and benefit her community.
ii. The VHSCs still need to be oriented and properly activated so that they may take up ownership of the programme by planning and executing village health plans holistically. They should not be ornamental but should be actual performers for decentralised planning. They should have authority, powers and funds to pursue their health plan.
iii. Untied fund is a posed threat if proper orientation and monitoring is not done. A mechanism of inbuilt transparency should be in place to make the system more accountable to people. Even the untied funds for VHSC should be released in a transparent manner.
iv. The RKSs are still on papers and the biggest challenge is to have right persons in these samitis. Let them act on behalf of the public for their entitlement to quality ensured services. Till date they are used as rubber stamp to hide all anomalies of hospital management and promoting corruption.
v. While implementing JSY, the latest national guideline should be followed and it should be ensured that women get their full entitlements. There is a need to study in more depth whether this scheme actually helps save the lives of mothers and children or promotes unnecessary trouble of institutionalisation at the cost our cultural, traditional values hampering our right of free choice. There is corruption, harassment, extra expenditure, discomfort, lack of safety and all these should be removed and replaced by ensured quality services with all facilities of CEmOC including blood bank and referral facilities within easy reach of community. Even preference for the women in question should be honoured by also having trained TBAs available for home births. In all manner, the reproductive health rights of citizens should be respected.

vi) Availability of 24x7 services should mean the availability of doctors with emergency arrangements, all basic amenities, infrastructure and working equipment. Otherwise, it is a very harsh joke on the public for whom the services are intended. There is a dire need of strengthening the entire system.

vii) Monthly Health Day - It is a real challenge to equip our ANMs and Sahiyas to upgrade their skills of recognising early pregnancies, to be able to ensure EDDs, to carry out the patient's physical check-up, to be able to identify all high-risk pregnancies and to be skilful enough to counsel them. They also need sensitisation training.

viii) Upgradation of PHCs as per the IPHS is not known to MOs and ANMs or any paramedical staff of the health department. So the first challenge is to orient them and make them responsive to the public need. Then there is another huge task of making the public aware of his /her health rights as per the IPHS and service guarantees. The people's health charter, the service guarantees and IPHS should be displayed in the local language in hospitals at prominent places.

Partners feel that CHSJ has played a key role in driving home the point that advocacy efforts should be focused on certain common issue(s). The issues have to be well researched, arguments should be substantiated and efforts need to be co-ordinated.

6. CHSJ's sharing of information useful? To what extent?

- Online materials like Health news update, discussion list
- Written / printed materials
- Materials produced in local language(s)

Partners and associates all agree that the learning material and publications of CHSJ are necessary, timely and useful. They have the relevant information, lay out the issue(s) well, present different sides / aspects of the argument, are detailed but simple and precise.

Most people interviewed spoke about ReproHealth, an e-bulletin, which is a collaboration between CHSJ and Sahayog. They said that ReproHealth was a valuable source of information. Some said that they often translate material from ReproHealth into their local language / dialect and distribute it to people who a) may not have access to the Inernet (b) don't know English.

The set of pamphlets created for Gains & Gaps – ICPD+15: A Civil Society Review in India illustrate the points made in the earlier paragraph. There are a dozen pamphlets focusing on different aspects of the Plan of Action (PoA) of the International Conference on Population and Development (ICPD) , for example, ICPD Promises and Reality, Abortion in India, Contraception: Issues and Concerns, Men as Responsible Partners, Financial Commitments in ICPD. It is also to be noted that these pamphlets were developed in collaboration with partners. Each pamphlet has been authored by an organisation(s) / individual(s) with the relevant experience and expertise.

A briefing sheet for Parliamentarians entitled Population and Development Promises was also prepared as part of this package. It comprises several brief sections outlining the

ICPD, the PoA, the relevance of ICPD to the MDGs, areas of the PoA that are of importance to India at present and ends with specific action points for MPs. This is a succinct document that informs and educates the reader about a significant international event and the promises that emerged from it, explores the aspects of reproductive health that remain signficant in the present context in India and also articulates demands for action.

CHSJ's publications are usually in English and Hindi. Having materials in Hindi is a huge adavantage because it is easy to translate material into other local languages from Hindi. People said that it would be impractical to expect that CHSJ would be able to produce material in the local language of each of the states it works in. However, collaborations with local organisations could be worked out. This would be a valuable contribution, indeed.

Swapan Majumdar of BVHA said that documentation and publications are an area of strength of CHSJ. However, it was unfortunate that the planned process documentation of the Campaign Against the Two Child Norm in Bihar could not be carried out. It is necessary to be able to capture ground level processes in all their intricacy because they are an important resource for learning.

Strengths of CHSJ

This section highlights the strengths of CHSJ as have emerged during this review.

1) Public health, sexual and reproductive health and rights and accountability

Partners have pointed out the effectiveness of having an organisation like CHSJ focused on working on the aspects of reproductive and sexual health in public health in India. CHSJ emphasises the need for an effective public health delivery system in a country like India if people's right to health has to be protected.

CHSJ is keen to ensure that public health policies are designed to protect the rights of the poorest women. It highlights the need to look consciously at the rights of women of marginalised castes and communities. It is important to remember that CHSJ is keen to ensure that well formulated policies are put in place but these intentions cannot remain only on paper. Policies have to be implemented if people are to benefit. CHSJ's interventions are aimed at ensuring that promises are delivered. The piloting of the community monitoring initiative for NRHM is an example of CHSJ's commitment to use the policy space to bring concrete change at the grassroots.

CHSJ asserts that the state has a significant role to play in ensuring that public health services reach all citizens especially, the poorest and the most marginalised. It works closely with government departments and Ministries to ensure a responsive public health system. Partners have consistently remarked on the credibilty CHSJ enjoys with

government. Although CHSJ enjoys a good reputation with the government it doesn't hesitate to voice questions and concerns about government policy and practice.

CHSJ understands the need to make people's representatives responsible for change. At the national level, it makes use of opportunities to engage with MPs. It also works with state level partners to approach MLAs at the state level and also to be actively engaged at the panchayat and municipal level.

2) Policy advocacy

CHSJ emphasises the need for strong evidence to build arguments. It collects evidence from the ground and analyses the evidence rigorously with its partners. Advocacy efforts are built on strong research, rigorous analysis and cogent arguments.

Partners have pointed out that CHSJ makes a special effort to reach information to its partners. It shares information in myriad ways e.g answering queries from partners, sending electronic bulletins, publishing reports, pamphlets and information kits, hosting consultations, meetings and workshops. It is also important to remember that partners have said that CHSJ always responds quickly to requests for information.

CHSJ is playing an important role in training and capacity building of personnel from government, academia, NGOs and people's movements in issues concerning public health, sexual and reproductive health, research methodology and techniques, health policy and advocacy. Training and capacity building are seen as very important strategies in creating a skilled and informed civil society voice.

3) Creating and building knowledge

Partners and associates all agree that the learning material and publications of CHSJ are necessary, timely and useful. They have the relevant information, lay out the issue(s) well, present different sides / aspects of the argument, are detailed but simple and precise.

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4) From information to analysis

CHSJ's emphasis on training and capacity building, and research, documentation and publications is a well thought out strategy to promote critical thinking and analysis. CHSJ looks at the question of health rights in the backdrop of an effective public health system. Effectiveness is demanded from the health system and it is expected that the state will be

accountable to the people for reaching sexual and reproductive health servces to the most marginalised people.

CHSJ training programmes, meetings and workshops all provide an opportunity for exchanging information, ideas and experiences. Viewing different experiences through a lens of reproductive health and rights enables participants to build a critical perspective. The focus then is no longer limited to assessing whether the public health system delivers what it promises but extends to reflecting on whether the promises address the rights of the marginalised.

The publications of CHSJ are an effective means of supporting critical reflection and thinking. The publications are written in simple language but usually present different sides of an argument succinctly. This enables organisations / activists to question their own perspectives and positions on issues. For example, activists get a chance to think how incautious arguments opposing sex selective abortions may actually end in compromising the right to abortion.

An important contribution of CHSJ to the area of sexual and reproductive health is the emphasis on male responsibility. CHSJ's idea of male responsibility came from its earlier experience with MASVAW, an organisation of men fighting violence against women. I believe that men have to take responsibility to stop violence against women. However, this responsibility needs to be assumed in a spirit of equality and the humility to appreciate the fact that the leadership of the struggle against violence against women rests with women.

5) Building effective linkages

There is unanimous agreement about the fact that it is very useful to have CHSJ located in Delhi. CHSJ has been pro-active in liaisoning with government departments and ministries. The organisation's track record and reputation along with its availability in the national capital has ensured that it is invited to participate and contribute to significant forums like committees, sub committees, consultations and meetings. This has enabled CHSJ to carry civil society voices to policy making forums and also articulate civil society concerns.

CHSJ is well informed about national events, both government and non-government. It shares this information with its partners in different states and encourages them to participate in events that are in line with their experience and interests. CHSJ often helps partners prepare for national events so that advocacy efforts are well co-ordinated and cohesive. Organisations working at the grassroots in different states feel that CHSJ's focus on working at the policy level has provided them the opportunity to enter and intervene in the policy space.

National meetings organised by CHSJ enable partners and associates from different parts of the country to come together. This provides an opportunity for partners to share experiences and learn from each other.

6) Strengthening collaborations and coalitions

It is important to appreciate CHSJ's emphasis on collaborations, partnerships and coalitions. CHSJ is working to create a responsive effective and accountable public health system. However, it is trying to ensure that there is a co-ordinated civil society voice that is able to support people's movements and also carry their concerns and anxieties to the appropriate forums. Working collaboratively is an integral principle of creating a co-ordinated civil society voice and this spirit of working together is reflected in almost all aspects of CHSJ's work. Some examples:

- Hosting the ICPD+15 Secretariat
- Producing publications in collaboration with other organisations
- Strengthening existing coalitions
- Letting new coalitions develop at their own pace

7) Mobilising additional financial and technical resources

During the life time of this project CHSJ was able to mobilise resources for strengthening its work along the same objectives that this project had. This enabled the objectives of this project to be fulfilled in more substantive ways. Four additional sources of financial support which strengthened the work were from Ministry of Health and Family Welfare, Government of India (MoHFW), United Nations Population Fund (UNFPA), The Hunger Project (THP) and University of Washington Population Leadership Project(UW-PLP). The MoHFW support helped develop the entire concept of Community Monitoring which emerged from the systematic civil society review process which was initiated within the contours of this project. The community monitoring project covered 9 states and 35 districts, increasing the reach of CHSJ. UNFPA India supported CHSJ efforts to build capacity in civil society to conduct rapid assessment of government health programmes, a process that was initiated under this project. This capacity building process also received technical support from the School of Public Health of University of Washington. THP provided financial and human resource support to the campaign against two child norm in Bihar, again a process initiated under this project. Technical capacity was also made available by University of Washington through in Population Leadership Programme for supporting advocacy training for state level partners to strengthen state level advocacy on Reproductive and Sexual Health and Rights issues – a key objective of the project.

Points to ponder

The section on strengths is followed by a section entitled points to ponder. Most of the issues in this section have been articulated by partners and associates and have been presented as aspects that need thinking about. Therefore, I thought it appropriate to call this section 'points to ponder'.

1) Quality and sustainability

Partners from the state were satisfied with campaigns that they have worked on as part of state coalitions. Some associates of CHSJ from international organisations have expressed concerns over the 'follow up' of successful campaigns. Concerns have been expressed about coalitions promoted by CHSJ being 'event oriented'. For example, the Campaign Against the Two Child Norm had gathered huge momentum in Bihar. Is enough being done by the Manch to sustain and even increase the momentum that had been generated?

CHSJ is committed to delivering work that is of high quality. However, it was not very clear how they determine 'quality' of an initiative. The indicators in the project proposal, for instance, focus on quantity and deadlines. Questions about quality and sustainability maybe easier to resolve if specific indicators are drawn up to assess such aspects.

Organisations in the states have said that CHSJ's emphasis on coalition building has been an effective strategy for bringing back the focus on reproductive and sexual health rights. Exisitng coalitions have been strengthened in many places and new, more broadbased coalitions focusing on sexual and reproductive health have been formed. Partners, however, have pointed out that coalitions are most effective if they are well administered and co-ordinated and a modest financial support from CHSJ for administering and managing the coalition(s) will go a long way in keeping up the momentum of work.

2) Frequent changes in staff

Partners have pointed out that CHSJ personnel have high levels of competence and work dedicatedly. However, many have also said that there is a high turnover of staff and the Director continues to remain their constant point of reference. This high turnover of staff also affects processes on the ground because individuals and organisations have to build relationships with new CHSJ personnel at very short intervals.

Partners did point out that frequent changes in staff disturbed the momentum and continuity of processes. Follow-up action was also hampered. Some partners also said that if CHSJ were able to develop a stable team it would add great depth to their training efforts. At present, they say the Director is tasked with providing training support most of the time and there is a limit to how much one person can do.

3) Presence at the state level

Partners are unanimous in their view that CHSJ's location in Delhi is an advantage for policy intervention and national advocacy. Although they are keen that local groups retain their autonomy, most people interviewed felt that if CHSJ had a regular presence at the state level, it could be more hands-on for capacity building and coalition building processes. They feel that CHSJ could play a more active role in state level advocacy too, and efforts at the state level could be better co-ordinated.

In the context of a state level presence, some did wonder whether it was feasible to expect CHSJ to have a branch office in every state that they are working in. However, some also

suggested that maybe new states like Jharkhand could be prioritised by CHSJ for a 'state presence'.

There is also the question of defining the geographical spread of CHSJ, which sets great store by having meaningful partnerships with grassroots organisations. Has CHSJ decided on which states it will work in for the next five years? What is the basis for determining the geographical spread?

4) A founder centric organisation?

Abhijit Das, a doctor, and the Founder and present Director of CHSJ is seen as a hardworking, analytical and inspiring person. He has a good reputation amongst civil society organisations and the government and is respected and trusted by them. While not wishing to take away from the Founder's contribution and abilities, it is important for the Governing Board and staff to work out how CHSJ and Abhijit may both help each other grow without one becoming synonymous with the other.

I know from earlier interactions with CHSJ and its partners that the Deputy Director of CHSJ is the 'public face' of the organisation with the section that works actively to mobilise men to work to stop violence against women. However, during this review the Deputy Director did not really emerge as someone the partners related to strongly.

5) Alliances and coalitions: definitions and strategies

CHSJ works to ensure that a struggle for equality and democracy is waged in the movement for sexual and reproductive rights by men and women. However, it must not lose sight of the fact that the battle cannot be waged by men alone. Men are welcome in the struggle as co-travellers. It would be illuminating to know whether CHSJ makes special efforts to ensure that women get a chance to assume positions of leadership and responsibilty in different forums, as well as in the struggle.

Again, it is not very clear whether CHSJ looks at gender equality from an essentialist, heteronormative standpoint. From CHSJ literature, it appears that the prevailing understanding is that there are two genders - male and female - and the struggle is to address the powerlessness of women. The Citizen's Report of NRHM too has not said anything about the multiplicity of sex/ gender identities and alternate sexualities.

Considering that CHSJ works on sexual and reproductive health, there is very little discussion on HIV and AIDS. Abhijit Das has an earlier history of being persecuted by the state government of Uttaranchal for a report on HIV and AIDS, when he worked with Sahayog, of which he was one of the founders. It is possible that CHSJ has taken a decision to leave well alone as far as HIV and AIDS is concerned.

CHSJ will need to define its role vis-a-vis other coalitions that work on issues of public health nationally, for example, the People's Health Movement. Of course, CHSJ sees itself as a research and training organisation. However, there is no denying that it plays a strong

advocacy role and is an effective mobiliser of civil society opinion. Therefore, it becomes imperative for CHSJ to define its role with respect to other coalitions both at the national and state levels. Is CHSJ's role in coalitions only that of a research and training organisation? Perhaps CHSJ needs to reflect on its different roles as it strengthens, initiates and sustains coalitions.

CHSJ is adept at forging links with possible allies. Undoubtedly, the media could be a valuable ally for advocacy. During its campaigns, CHSJ partners have used local media effectively. An effective media strategy could help CHSJ consolidate its successes and also take its messages to a much wider and diverse audience.

List of Materials Consulted

List of documents

1. CHSJ brochure
2. Project proposal
3. Revised workplan
4. CHSJ annual reports (2007-08, 2008-09)
5. Reviewing Two Years of NRHM (2007)
6. Project reports (2007, 2008)
7. The Role of Traditional Birth Attendants in National Rural Health Mission: A Report (2008)
8. Responding to the Two Child Norm (by Claire B.Cole)
9. Gains &Gaps – ICPD+15: A Civil Society Review in India

www.**chsj**.org
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www.endvawnow.org/pampa/.../**masvaw**_documentation_by_scs_2008.pdf

List of Persons Interviewed

Name	State and relationship
Bihar	
Rakesh Sinha	Bihar – convenor of advocacy forum
Bimal Kant	Bihar – The Hunger Project, secretariat of 2CN campaign
Sanjay Kumar Singh	PFI Bihar office, supported advocacy
Swapan Majumdar	BVHA, part of Health watch Bihar from beginning
Vinoy Ohdhar	Action AID Patna. Supported 2CN campaign
Orissa	
Sashi Bindhani	NAWO-Orissa – part of Maternal Health coalition
Gouranga Mohapatra	BGVS – Orissa part of MH related partnership (JSA Orissa)
Usha Rani	BGVS Orissa
Sudarshan Das	Part of Com Monitoring partnership
Almas Ali,	Lead person on RHR from PFI for Orissa
Jharkhand	
Kalyani Meena	Prerna Bharati Jharkhand – part of MH advocacy campaign
Raj Kumar Gope/ Prasant Tripathi	Ekjut Jharkhand – do-
Lindsay Barnes	Jan Chetna Manch – Jharkhand – do
Suranjeen Prasad	CINI Jharkhand – part of MH and Community monitoring work in Jharkhand
Other states	
Ajay Khare	JSA MP – associated with MH advocacy work
Indu Capoor	CHETNA – associated with MH advocacy work and Community Monitoring
Sebanti Ghosh (Dr.)	Part of MH coalition nationally and from West Bengal
National	
Sarojini N.B.	SAMA – aware of CHSJ work not directly associated
Sudipta Mukhopadhyay,	Currently with CEDPA.Earlier with PFI – coordinated Bihar advocacy with her
Jashodhara Dasgupta,	Sahayog,-Coordinated MH advocacy with her

Ruchi	The Hunger project – supported Bihar 2CN campaign
Namrata Jha	Currently with IIE supporting Packard funded fellows in Bihar. Earlier with Packard Foundation
Leila Caleb Varkey	Part of MH coalition nationally
N-Paul Divakar	NCDHR-have been part of both 2 CN and MH work of CHSJ
STAFF	
Jayeeta Chowdhury	Earlier Project Manager of this project (left)
Devika Biswas	Earlier project officer for supporting state level action within this project (left)
Gitanjali Bhatia	Associated with national activities like National Consultations and report preparation (left)