Centre for Health and Social Justice

14th Annual Report

2018-2019
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Overview

It gives a great sense of achievement in placing before you the fifteenth Annual Report of the Centre for Health and Social Justice (CHSJ). CHSJ was envisioned by a group of experienced development professionals to promote health and well-being of vulnerable communities. Over the years CHSJ has strengthened bottom-up development processes in the field of health and pioneered interventions for getting men involved in efforts to bring about gender equality. CHSJ’s work has included strengthening community-based efforts along with research and knowledge production as well as through advocacy. Today it has a competent team and strong relations with various key stakeholders in India and across the world, especially in the Global South. During this year CHSJ continued its regular activities but moved ahead on an institutional growth process which had been started last year. This year we moved ahead on our plan for decentralising leadership towards setting up units working on interrelated themes across different locations.

CHSJ’s evolution in the last five years has led to a stable senior team and this team which has been leading the work of different units in CHSJ, is now ready to take their leadership process forward. Some of the strengths of CHSJ that have been reported from our partners and other stakeholders which have helped shape our understanding on how the future could be designed include:

- Mature team with relevant perspective and experience, flexible, productive and passionate
- Organisation culture which is accommodating, learning and reflective and adaptive
- Transparent, non-hierarchical functioning
- Solidarity with and goodwill among a number of existing networks and alliances

In order to move towards a more decentralised form of leadership the Board worked with the Senior Management Team to develop a joint vision. Team leaders took increasing leadership in developing project outlines as well as managing institutional challenges. We tested decentralised operations through two offices in Kolkata and Karnataka. A fund-raising manager was appointed to support the fundraising efforts of team leaders who are expected to become unit heads soon.

The year under review provided an important lesson how an organisation can plan and review and change while at the same time continue to with its ‘daily’ business. The year was not without challenges but the important lesson what the growing leadership and autonomy of the CHSJ team which was equal to all these challenges. Hopefully this report will provide the reader a glimpse of the very important and socially relevant work that was done by the team but will also give an idea of the passion and commitment that drives our work.

Abhijit Das
Managing Trustee and Director

Acknowledgements

CHSJ continues to learn and grow through the many associations, conscious and implied, formal and informal that we have with our mentors, partners, collaborators and co-travellers. Women and men from the various communities who have allowed us work with them continue to be our first teachers and collaborators. Our partners who are spread over several states and many districts across the country give us strength to continue our interventions and innovations. We have benefited from the advice of our advisors based in India and abroad and we remain grateful to our funders who have believed in the value of the work that we do. Without your trust and support our work would be incomplete and our goals would not have been achieved. Thank you all!
ORGANISATIONAL PROFILE

The Centre for Health and Social Justice (CHSJ) is a non-profit organisation registered as a Charitable Trust. It was founded in 2005 and has its headquarters in New Delhi and field interventions in more than 10 states of India. CHSJ works for the health, 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) Strengthening health services through community engagement
iii) Women’s leadership and gender equality
iv) Strengthening community-based initiatives

CHSJ is primarily a support organisation which builds capacity among individuals, organisations who work directly with communities. An important purpose of CHSJ is to change unequal gender relations and bring about gender equality in society. The organisation also supports processes through which marginalised communities are able to access public goods and services and strengthen governance.

CHSJ executes its work through a team of over 30 full time functionaries, consultants and interns who operate out of three offices Delhi, Kolkata and Bangalore. CHSJ works directly with 26 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 2018 - 19 follows.
ACTIVITIES

- Research
- Information Management
- Women Leadership and Rights
- Community Initiatives for Change - Kolkata Initiatives
- Involving Men and Boys in Gender Justice
- Strengthening Health Services through Community Engagement
Developing strategies for men and boys to become active participants and champions of gender equality has been a unique aspect of CHSJ’s work through the years. This year we consolidated the lessons from one project in Jharkhand and at the same time steered a national campaign aimed at stimulating larger social change. These efforts are already bearing fruit and are described below.

Men who care are taking up new roles in the family and community

Jagannath Nayak’s 12-year old daughter Laxmi Bharti in Bokaro’s Kamlapur village does not think there was anything unusual in telling her father when she had her first period and asking him to bring her a sanitary pad and medicines for her stomach ache. “My mother was at work and I reached out to my father instead because we have a very close relationship in which I can share anything with him.” Jagannath says ever since he became a member of the Fathers Group in his village he has become more sensitive to the needs of both his children, a boy and a girl. Instead of following the social pattern of being a dominant, controlling father he tries to understand their needs and has deepened his relationship with them.

The project ‘Enabling Men as Responsible Partners and Caring Fathers’ has been working with men in 30 villages in Ranchi, Gumla and Bokaro districts in Jharkhand with three local implementing organisations Srijan, CSS and Sahayogini. It has been able to bring about changes in child care and child rights and in attitudes of men as well as of the community regarding prevalent norms of gender inequality and discrimination and violence against women.

Many changes were highlighted through the project’s endline survey conducted in May-June 2018. Men have now started participating

<table>
<thead>
<tr>
<th>Men doing Domestic Chores</th>
<th>Do the chores (%)</th>
<th>Do it most of the times or always (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash clothes of family members</td>
<td>278(82)</td>
<td>95(28)</td>
</tr>
<tr>
<td>Cleaning house/courtyard</td>
<td>291(85.8)</td>
<td>115(33.9)</td>
</tr>
<tr>
<td>Prepare food</td>
<td>297(87.6)</td>
<td>109(32.2)</td>
</tr>
<tr>
<td>Serve meals</td>
<td>252(74.3)</td>
<td>78(23.1)</td>
</tr>
<tr>
<td>Wash Utensils</td>
<td>245(72.3)</td>
<td>73(21.5)</td>
</tr>
<tr>
<td>Fetch Water</td>
<td>301(88.8)</td>
<td>194(57.2)</td>
</tr>
</tbody>
</table>
significantly in domestic chores which is highlighted in the table below. There has also been increase in men’s participation in looking after their pregnant partners and in participating in household chores so that pregnant women can rest. Women also reported that there has been a reduction in domestic violence.

The evaluation shows men now accept that childcare is their responsibility too, realise the importance of investing in their daughter’s education, delaying girls’ age at marriage, accept the contraceptive responsibility of men, and so on. Men are participating in improving the services of ICDS, primary schools, Public Distribution System, participating in school management committees, and sensitising PRI members on gender issues.

From personal change to social change - Ek Saath National Campaign

Seven thousand young men across 70 districts in seven states across India have started taking action to change gender relations at home and in the community under the Ek Saath National Campaign.

Dipankar Das in Barbajitpur village in West Bengal’s East Medinapur district has become involved in the upbringing of his two-year old daughter, taking her for vaccinations, feeding her, giving her medicines – earlier he thought it was his wife’s responsibility only. Om Prakash, in Jai Mohoni village in Uttar Pradesh’s Chandauli district believed that housework and childcare should be done by women only. “After listening to two episodes with great interest, I realized the change that can be brought about by my contributing in childcare and household work.” Since then he has started bathing his children, clothing them, taking care of their cleanliness; he fetches water and takes responsibility for other household work. He tells other men too that “Men should take the lead in bringing about change in the functioning of the family.”

Twenty four year old Rahul Tiwari of UP’s Samogar village in Lalitpur district is one brother among four sisters and this is what he has to say. “When I listened to the episode ‘Ulta Pulta’, I realised the extent of discrimination between me and my sisters with respect to opportunities for education, health, food and clothes. I have raised the issue with family members at home.”

In Raygada district of Odisha, Gobinda Sikdar, Param Behera and Bapi Barman have started reaching out to other youth in colleges to take collective action against child marriage. In Bavla village, Deogarh district, Jharkhand 25-year old Babul Murm is waking up early to cook and fill water for his wife’s bath so that she is able to leave early for work. After she leaves, Babul gives the children food and leaves them with his mother before going to work in the fields.

“After listening to two episodes with great interest, I realised the change that can be brought about by my contribution in childcare and household work.”

“Men should take the lead in bringing about change in the functioning of the family.”
The Ek Saath Campaign is using the power of the mobile phones, audio drama and group discussion to examine deeply held beliefs about men and women’s social positions and roles. The strategy is yielding results as the stories above clearly demonstrate. In Uttar Pradesh the number of Samanta Sathis who thought that parents should take into consideration their daughter’s opinion and consent before their daughters marriage doubled within a year of starting this campaign. In Jharkhand the number of Samanta Saathis who are daily doing domestic chores like cleaning the home and washing clothes or utensils increased by 28%. In the same state more than 70% of the 700 Samanta Saathis felt that women needed to take permission from their spouse or father before going out of the house at the start of the Campaign, but by the end of the year 70% felt this was not necessary. In Odisha, during the baseline 41% of Samanta Saathis felt that if a man cries it’s a sign of weakness but by the end of the year not a single Samanta Saathi agreed with the statement. In Madhya Pradesh, 45% Samanta Saathis felt there was nothing wrong in sex determination at the start of the campaign but by the end of the year this number had reduced by half to 21%.

The work that CHSJ was doing with men and boys earlier in states like Rajasthan, Jharkhand and West Bengal has also been integrated into the Ek Saath National Campaign.

Youth practitioners from different countries learn together
Practitioners from Spain, Sri Lanka, Netherlands, Samoa, Madagascar and India have come together to share lessons through the EU supported project ‘Breaking the Cycle of Gender Based Violence’ programme. CHSJ has been one of the lead training and knowledge partners in this collaboration and helped to develop the Toolkit and compilation of Best Practices for this project. CHSJ also organised a five-day seminar which helped partners to develop or refine their theory of practice strengthen their interventions further.

Training and networking
For the second year running, CHSJ organised a South Asia workshop on gender and masculinities. Twenty participants from India, Bangladesh, UK and Germany took part in the five-day residential workshop ‘Role of Masculinities in State, Market and Community in South Asia’ held in New Delhi in December. The workshop had eminent resource persons from academia, activism and media, offered a deeper understanding of masculinities and gender relations by bringing together cutting edge theory and practice.

From Practice to Theory
CHSJ collaborated with Routledge to publish a 235-page volume titled ‘Global Masculinities: Interrogations and Reconstructions.’ https://www.taylorfrancis.com/books/e/9780429423468

The volume is a collection of 13 papers written by authors from around the world who had made presentations in the 2nd MenEngage Global Symposium 2014, New Delhi. It brings together experiences by practitioners as well as global research on masculinities and new approaches.
CHSJ has been a pioneer in developing and promoting ways for increasing community engagement to strengthen public health systems. We have not only developed new methods but have promoted this practice across India and also supported organisations in other regions of the world.

This year we developed a new mobile platform building upon our earlier work related to community monitoring of the National Health Mission. We also worked with other members of the network COPASAH (Community of Practitioners on Accountability and Social Action in Health) to strengthen the network and towards hosting the Global Symposium on Citizenship, Governance and Accountability in Health. These and other health related initiatives of CHSJ are described below.

Helping Women from Marginalised Communities secure improved Reproductive Health Services

Over the last decade or more there has been a substantial improvement in the coverage of maternal health services across the country. Institutional delivery has become common and maternal death has reduced. However, there has been evidence that in particular pockets, especially in some districts and population groups women continue to be deprived of good quality services. CHSJ has been involved in studies along with other members of the National Alliance on Maternal Health and Human Rights (NAMHHR) to identify these gaps. This year CHSJ started a project with five state level network members to help marginalised communities access improved reproductive health services. The five state level networks included Health Watch Forum - Bihar; Health Watch Forum-Uttar Pradesh; Jharkhand Women’s

The mobile app helped me to collect a good amount of data in a small period of time. We are confident enough to share evidence with concern authorities so that services can be improved.

“

In order to understand women’s experience of service delivery a mobile app ‘Swasthya Darpan’ was developed and rolled out in 33 districts in these 5 states. The experiences of nearly 1100 women who had childbirth in last six months were documented through this app and the results were visualized through dashboards. Network members were engaged in each step of the process. One network member said “The mobile app helped me to collect a good amount of data in a small period of time. We are confident enough to share evidence with concern authorities so that services can be improved.” In the next step the data generated will be shared with health functionaries at the PHC and district level to find ways to improve the services.

Mainstreaming youth friendliness in public health facilities in 2 states of India

India is a country with a very large youth population. Their sexual and reproductive health needs often remain unrealized both because of rapid social changes and a health system which is still grappling with older issues and approaches. This year CHSJ was invited by UNFPA to design and pilot a Youth Friendly Approach to sexual and reproductive health services in selected districts of Odisha and Madhya Pradesh. This included developing an approach and materials and training providers for mainstreaming this within routine public health services at facility and community level. We developed handbooks for both clinical and non-clinical service providers, as well as a set of posters to be displayed at the facility and in the community. We also trained health service providers to adopt this approach in their regular work.

Developing leadership for strengthening community engagement: Training managers

While a major part of the work of CHSJ is to strengthen communities to engage productively with health systems, we also realise that health managers and other professionals need to appreciate the value of community engagement as well. This year CHSJ offered a four-day residential training for health professional to build their understanding on contemporary reproductive health concerns and also to orient them on the concept of governance, social accountability and advocacy in health. The training was organised in SUTRA, Himachal Pradesh and this allowed participants to interact with the leaders of women groups to learn about their process of

“...What I learnt from this training was how to set an agenda in consultation with community. I was also able to connect many factors that determine women’s health... talking to women in the community added value to my learning.”
empowerment and engagement in governance processes. One participant of the training shared “...what I learnt from this training was how to set an agenda in consultation with community. I was also able to connect many factors that determine women’s health... talking to women in the community added value to my learning.”

**COPASAH: Strengthening citizenship, governance and accountability in health**

CHSJ has been a forerunner in leading community centered approaches to enhance collective power to negotiate for improved access, equitable and affordable access to comprehensive health care. To strengthen this practice at the grassroots level CHSJ is coordinating the global network of Community of Practitioners on Accountability and Social Action in Health (COPASAH) by steering its Secretariat, and also anchoring the thematic hub on reproductive and sexual health. COPASAH is a learning network with a focus on marginalised communities where practitioners learn from each other and by distilling lessons from practice and a bottom up process. CHSJ is also coordinating the communication hub of COPASAH and regularly synthesizing accountability practices by bringing out regular knowledge products like the COPASAH Newsletter – Communiqué. The Secretariat also organised a series of webinars.

As an anchor of the reproductive and sexual health thematic hub, CHSJ organised a workshop on ‘Covering the Last Mile of Maternal Health Programming: Overcoming Systemic Blind Spots Through Community Based Insights’ at the Fifth global symposium on health systems research on October 11, 2018 in Liverpool. The workshop deliberated on how routine and emergency health care services may be provided in a culturally appropriate fashion so that socially disadvantaged communities accept and utilise the necessary lifesaving services.

This year COPASAH Secretariat has busy with the preparations for Global Symposium on Citizenship, Governance and Accountability in Health, which COPASAH Secretariat is hosting from October 15-18, 2019 in New-Delhi, India. Preparations towards the Symposium included developing the website and other promotional material, facilitating different committee meetings as well as facilitating the call for participation for the Symposium and anchoring the review process of the applications. All this was done in close collaboration with other partners and members.
I don’t believe that women and girls become impure during menstruation. Old social norms bind and control us. We need to take progressive steps.” Tusi no longer puts restrictions on her daughters when they are menstruating. The commonest form of restriction is restricting menstruating women and girls from any religious rituals. “I encourage my daughters to participate in religious rituals and functions when they are menstruating,” Tusi is also very vocal about any injustice within their community. “Our women’s group in Jhorobasti was formed two years ago. We are gradually learning to protest against domestic violence,” she said. Tusi lives with her husband and two daughters in Jhorobasti, South Kolkata. Her elder daughter took the Madhyamik examinations in March 2019 and her younger daughter is still in school. Tusi supports her husband in running small family owned shops. Tusi’s husband’s family has three shops and they look after the shops jointly.

Women like Tusi are members of Samadhan Dal, women’s groups where the name means Solution Group, where women domestic workers and other women in poor communities in Kolkata have come together to claim their rights in their workplaces and their communities. Women are coming forward to now ask for their space in the local club which are exclusive male spaces and where women are considered ‘outsiders’. Tusi is a vocal leader of the community and very popular. She has positive influence and the club is frequently used for Samadhan Dal meetings. “The Club is a community space and should not be used only by men,” Tusi said.

Parichiti, the Feminist Action Centre of CHSJ is working closely with women in 12 low income colonies (slums) in South Kolkata. Women’s leadership is nurtured through regular meetings, capacity building workshops and informal discussions. Women are gradually raising their voices against injustice both within the home and outside. Women domestic workers who live in Chinamandir are negotiating three days of paid leave every month from their employers. Changes are occurring in the communities like Shahid Smriti, Chinamandir, Jhorobasti, Bosepukur, Panchanantala, Jodhpur park, Mahabirtala, KP Roy lane and others.

Acknowledging the work of Parichiti the State Bank of India, Head Office in Kolkata invited us to attend a medical camp on the occasion of the International Women’s Day on March 8, 2019. Fifty women from our work area in Kasba, Golpark and Panchanantala attended and they were also given generous gifts.
Bhanumati Suli is eighty years old and has difficulty in moving. She got married at the age of ten, and lived with her husband and his family at Talnagar for twenty years. After that, she moved to the Jhorobasti slum in south Kolkata and has been living there for the last fifty years. Her husband committed suicide forty years ago and since then Bhanumati raised her daughters all by herself, and married them off too. Sadly, two of her daughters died. Bhanumati’s lives with her youngest daughter who is married and has her own family and has been very lonely for years. “I have been coming to the Centre for the past 8 months and enjoy my time here,” she says. “I speak with my friends and we play games like we did when we were children. This place makes me happy.”

Kolkata Initiatives (KI) works to create a culture of philanthropy among people with a Kolkata connection irrespective of where they live and work. The money they donate to KI enables us to set up Seniors’ Centres for elderly women and support women like Bhanumati. Two new Seniors’ Centres were inaugurated in 2018-19 – one in Jhorobasti in Ward No 94 (3 May 2018) and another in Panchanantala Ward No 90 (14 February, 2019). In all over 120 senior women now attend the four Centres of Kolkata Initiatives.

These Centres are also helping young people find new expressions. Adolescent girls and boys learn Aikido, a Japanese Martial Art at our Community Centre in Shahid Smriti. One of the Aikido participants, Priya, and her friend, Deepa, attended a Creativity Workshop conducted by Uraan in Santiniketan in December 2018. “I loved it there! Especially because I was a group leader for the games,” said Priya (name changed).
CHSJ recognises the importance of building knowledge from the various interventions in the fields of gender and health. Every project has a learning component built in, which helps us to further refine our methodologies and strengthen the work that we do. These lessons are actively disseminated both through academic platforms such as conferences and journals, and through popular media.

As mentioned earlier the three year project on engaging men as caring partners and fathers in Jharkhand closed with a qualitative and quantitative endline assessment. A reputed feminist evaluator helped us identify outcomes which have been shared earlier in this report. The findings of the evaluation were disseminated at the field level and with different stakeholders in Jharkhand. Apart from this, a baseline study was done for a proposed intervention in Marathwada region of Maharashtra. This study sought to understand how to transform gendered social norms and address violence against women through engagement with men. We are also involved in the ongoing monitoring and evaluation support for another intervention that is being implemented in West Bengal and Uttar Pradesh. The periodic findings have been inputs for the team for course corrections and re-focusing on important issues in the field.

This year the research team worked closely with the intervention team to develop a mobile application for monitoring quality of maternal health services by grassroots activists. This mobile application allows activists to gather data, and present their key findings related to how communities are receiving health services. Earlier this process was done manually and was very tedious. The app is being piloted and will be launched formally in the coming year.

The research team also prepared two papers for academic journals, on health services received by indigenous communities in Odisha and Muslims in Maharashtra. The research being done at CHSJ was acknowledged important global convening and members of our team were invited to plenaries and panels at the 5th Global Symposium on Health Systems Research, Liverpool, World Bioethics Congress, Bangalore, People’s Health Assembly at Dhaka, Partnership for Maternal Neonatal and Child Health Partner’s Forum at New Delhi and so on. This highlights the important contribution CHSJ as a think tank in the field of community engagement in health services not only in India but globally.

“This mobile application allows activists to gather data, and present their key findings related to how communities are receiving health services.”
CHSJ has been building innovating and incorporating the use of ICT enabled methods for improving the effectiveness of its work. In addition to the use of mobile phone enabled methods like use of IVRS platforms, Audio-dramas and mobile apps we also enabled our partners to use films shot on mobile phones to strengthen their work. Partners from Uttar Pradesh and West Bengal were trained to develop photo-stories to document changes that they can see on the ground.

Mridul Malla, a grassroots activist associated with Swayam, an organisation working on violence against women and children in West Bengal, said “Learning how to make films was a dream come true. I was apprehensive how basic skills on filmmaking be learnt in only four days. But I learnt it...Since then I have been documenting stories from our field thorough mobile phones.”

An online training programme “From man to a new man”, was introduced for youth to develop their perspective on gender related issues. This online course includes digital stories, short films, inspirational videos, quizzes, games, questions and many other youth-friendly tools to engage youth in critical thinking on gender discriminatory attitudes and practices in their lives. Students from Kashi Vidyapith, Varanasi and Vivekanand College, Bijnor and from Chhattisgarh and Bihar are currently pursuing this course. We also supported the Research Team to develop the app “Swasthya Darpan” mentioned earlier.

In addition to the different ICT enabled communication tools we also worked on developing several traditional materials for training, community mobilisation and advocacy. For the Youth Friendly Reproductive Health Service delivery project we developed handbooks and a set of posters on youth-friendly health services for providers and clinics. For the “16- days of activism” campaign we developed a six sets of posters and a calendar on the theme “Men are changing for gender equality” in Hindi, Bangla and Odiya. These posters were disseminated widely among CHSJ partners in all states. For the COPASAH secretariat we developed the four quarterly issues of the newsletter COPASH Communiqué.

Learning how to make films was a dream come true. I was apprehensive how basic skills on filmmaking be learnt in only four days. But I learnt it...Since then I have been documenting stories from our field thorough mobile phones.”

Online platforms – in addition to material production the Information Management team supported the programme teams in designing and executing their strategic communication plans. These included:

- **COPASAH Global Symposium:**
  We helped to develop the branding of the Symposium by developing the official logo, symposium website and managing multiple online platforms on Facebook, Twitter, Instagram, WhatsApp, Linkedin and through mass mailer applications to mobilise participants for the global event.

- **Networking Support for CHSJ programmes -** We manage multiple online platforms for promoting our initiatives of working with men including FEM website (femindia.net), Ek Saath page as well as the Eksaath and MenEngage Delhi Facebook page, and the Menengagedilli2014.net website for sharing resources generated during the symposium.

- **We continued to provide support to online platforms on Reproductive and Sexual Health and Rights through the Reproductive Health Observatory (rhobservatory.net), and the listserv ReproHealth India. 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.

Developing an Online Payment portal:

We supported Kolkata Initiatives to develop its website with an embedded payment portal for collecting donations.
Organisational effectiveness

CHSJ has always tried to adopt the best practices for running a non-profit institution. This year the organisational development process was directed to support the process of decentralisation. A number of consultations were held with the Governing Board and Senior Management team and a three-day staff retreat was organised in Goa. The team engaged in constructive thinking around new ways of strengthening new leadership, strategic planning and team building. A fund-raising manager was appointed to support the fundraising efforts of team leaders who are expected to become unit heads soon.

All staffs were re-oriented on Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. No complaints were received by the IC in this period.

Capacity building

- Staff members participated in the National Health Assembly in Raipur and 4th People’s Health Assembly in Bangladesh.
- Staff members participated in 14th World Congress on Bioethics in Bangalore.
- Staff members represented COPASAH in the 5th Global Symposium on Health System on Research in London.
- Staff members participated in various capacity building programmes with ‘Breaking the Cycle’ project partner in Madagascar and New Delhi.
- Staff member was selected for the Gender and Health stream of the International People’s Health University (IPHU) short course on “The Struggle for Health” held in Savar, Bangladesh.
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 (IDS), Sussex, UK; Breaking the Cycle of GBV
- Advisory Group on Community Action (AGCA), a standing committee in the NRHM, Ministry of Health and Family Welfare; Common Health; Dalit Human Rights Forum (DHRF) Karnataka; Scavengers Dignity Forums — Andhra Pradesh, Tamil Nadu, Telengana and Karnataka; Forum to Engage Men (FEM); FEM Jharkhand; 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), Men and Unpaid Care Work Campaign; Madhya Pradesh; Men’s Action for Stopping Violence Against Women (MASVAW), Uttar Pradesh; National Alliance for Maternal Health and Human Rights (NAMHHHR); National Campaign on Dalit Human Rights (NCDHR); One Billion Rising (OBR); People’s Budget Initiative; Property for Her Campaign; Right to Food Campaign; Uttar Pradesh; Wada Na Todo Abhiyan; and many other state level organisations across India.

**National**
- Association for Social and Health Advancement, West Bengal; Chotanagpur Sanskritik Sangh, Jharkhand; Gram Sudhar Samiti, Madhya Pradesh; Gramin Mahila Vikash Sansthan, Maharashtra; Gramenee Punarnirmir Sansthan, Uttar Pradesh; Halo Medical Foundation, Maharashtra; Human Rights Law Network, New Delhi; ISD, Odisha; JAGORI, New Delhi; Jagrutha Mahila Sangathane (JMS), Karnataka; Jeevika West Bengal; MANJARI, Rajasthan; Marathwada Navnirman Lokayat Manavlok, Maharashtra; SAHAI, Society for Health Alternatives, Gujarat; SAHAYOG, Uttar Pradesh; Sahayogini, Jharkhand; SANGAT, Delhi; Sathiya Welfare Society, Madhya Pradesh; SPARK, Jharkhand; Srijan Foundation, Jharkhand; Support for Advocacy and Training to Health Initiatives (SATHI), Maharashtra; SUTRA, Himachal Pradesh; SWAVAM, West Bengal; Tarun Chetna Sansthan, Uttar Pradesh; VIKALP, Rajasthan; Ugam Gramin Vikash Sanstha, Maharashtra; Vimarsh, Uttar Pradesh
- 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 Joshi; Dhananjay Kakade; Enakshi Ganguly Thukral; Gagan Sethi; Jashodhara Dasgupta; Jonathan Fox; Lynn Freedman; Manak Matiyani; Marta Schaaf; Nasiruddin Haider Khan; Sanjay Srivastava; Sanjeev Sridharan; Santosh Giri; Tejinder Singh Bhogal; Vrinda Grover

**Donors**
Annexure 1:

**Academic Articles and Chapters**


**Conference Presentations**

- Pinto EP. ‘Dalits and Vulnerabilities : Unpacking structural, inter-sectional and existential layers of Dalit marginalisation and ethical challenges’ at 14th World Congress of Bioethics & 7th National Bioethics Conference, December 6, 2018, on 05 December 2018, organized at St. John’s Medical and Research Academy, Bengaluru.

- Pinto, EP. Inequities, eclipsing rights and the hope of ethics: Foregrounding ethics for claiming health rights in India, oral presentation at the 14th World Congress of Bioethics & 7th National Bioethics Conference, December 6, 2018, on 07 December 2018, organized at St. John’s Medical and Research Academy, Bengaluru

- Surekha Dhaleta ‘Manual Scavengers: March towards Dignified Life and Liberation in Karnataka: A Case Study on Advocacy Processes and Strategies of THAMATE in Tumkur, Karnataka oral presentation at National seminar on “Sanitation and Conservancy Workers-Does National Cleanliness Mission address Issues of Health, Housing and Livelihoods?” at Centre of Social Medicine and Community Health School of Social Sciences, Jawaharlal Nehru University, New Delhi, April 20, 2018

- Surekha Dhaleta, K B Obalesh (THAMATE): ‘Confronting and challenging unethical and unjust social context: A case study of manual scavengers in Karnataka and their campaign for rights and dignity’ oral presentation at 14th World Congress of Bioethics & 7th National Bioethics Conference, December 6, 2018

**Training Resources**


**Popular Articles and Blogs**


**TED Talk**

- A TEDx talk by Satish Kumar Singh, additional director, CHSJ, on ‘Why patriarchy is harmful to men’, explains patriarchy and gender constructions https://www.youtube.com/watch?v=qIwRu4jCI4w

**Partnership with the Dialogue (an online newsletter)**


• Abhijit Das ‘Bring in the men and boys to address domestic violence’ June 29 2018, The Dialogue

• Abhijit Das ‘Making India safer for women’ July 3 2018, The Dialogue
https://penforsocialjustice.wordpress.com/2018/07/19/making-india-safer-for-women/


• Abhijit Das ‘Making sense of India’s Population Conundrum’ Sept 12 2018, The Dialogue
Annexure 2:

Human Resources Staff
CHSJ Staff as on 31st March 2019

Abhijit Das, Director
Ajay Kumar, Finance Manager
Badar Uzzama, Programme Officer
Deepak Balan, Manager Fund Raising
Dheeraj Giri Goswami, Programme Associate
Eashani Malhotra, Research Assistant
E Premdas Pinto, Research and Advocacy Director
Ishu, Office Assistant
Jagdish Lal, Programme Officer
Mahendra Kumar, Programme Manager
Mohd. Alam, Driver
Rimjhim Jain, Programme Manager
Rudra Krishna Banerjee, Programme Officer
Sambit Kumar Mohanty, Programme Manager
Sana Qais Contractor, Programme Manager
Sandhya Gautam, Programme Manager
Satish Kumar Singh, Additional Director
Shreeti Shyakya, Programme Officer
Surekha Dhaleeta, Programme Officer
Sushil Kumar Maurya, Finance Associate
Tulsi Manimuthu, Admin Associate

Consultants
Alpcord Network Events & Conferences Management Company Pvt Ltd; Anushandhan Trust; Ashok Mandre; Baishakhi Karan; Dhananjay Kakade; Dhruv Infoline Private Limited; Explore Banaras Techno Pvt Ltd; Haritha Sarma; Josefina Yolanda F. Oraa; Jyotsna Sivaramayya; K.B Obalesha; Kakuli Deb; Malgi Manjula; Mallika Das; Nasiruddin Haider Khan; Paromita Chowdhury; Ranjani Murthy; Shubhra Das; Srijan Seva Samiti; Sathiya Welfare Society.

Interns
Dr. Anushri Pankajrai Chitkara; Karan Sejwal;
Maria Lebreros; Muskan Yadav; Nikita Dhanania;
Shreya Sharma; Simran Diwan; Vanshika Bhatnagar

Staff who left CHSJ during the year
Priti Sisodia, Resource and Relationship Officer
Zohra Zaman, Programme Associate

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
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, National
- Enabling Men as Responsible Partners and Caring Fathers, Jharkhand and West Bengal
- Formative Research for an Intervention with Men to Transform Social Norms around VAW in Maharashtra, Swiss Aid
- Kolkata Initiatives Social Justice Philanthropy Initiative, West Bengal
- Partner for Equality (Ek Saath Campaign), Madhya Pradesh, Uttar Pradesh, Uttarakhand, Odisha, Rajasthan, Jharkhand, West Bengal
- Partnering for Change, Uttar Pradesh and West Bengal
- Strengthen Local Resource Mobilisation Efforts and Expand Work on Community Centres for Women and Girls, West Bengal
- Strengthening Coalitions of Marginalized People’s Groups for Inclusive Reproductive Health Advocacy, UP, Bihar, South India, Jharkhand
- Towards Transforming Gender Norms, Kishor Varta, Rajasthan
- Mainstreaming Youth Friendliness in Public Health Facilities in Odisha and Madhya Pradesh
### CENTRE FOR HEALTH AND SOCIAL JUSTICE (CHSJ), NEW DELHI

**CONSOLIDATED BALANCE SHEET OF FOREIGN CONTRIBUTION & GENERAL ACCOUNT**

**AS ON 31ST MARCH, 2019**

<table>
<thead>
<tr>
<th>PREVIOUS YEAR</th>
<th>LIABILITIES</th>
<th>Schedule</th>
<th>CURRENT YEAR</th>
<th>PREVIOUS YEAR</th>
<th>LIABILITIES</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000</td>
<td>CORPUS FUND (GEN A/C)</td>
<td></td>
<td>5,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CAPITAL FUND**

- **Capital Reserve**
  - General Account: 1,260,319
  - Depreciation Reserve: 174,949

- **General Account**
  - Sch-I: 1,135,260
  - Sch-IV: 156,319

**REVENUE RESERVE**

- Income & Expenditure A/C:
  - General Account: 1,229,294 (700,241)
  - Add: Excess of Income over Exp.:
    - General Account: 66,317
    - FC Account: 505,370

**CURRENT LIABILITIES:**

- General A/C:
  - Provision for NPS: 8,191
  - Temporary Book O/D: 39,653

<table>
<thead>
<tr>
<th>CURRENT YEAR</th>
<th>ASSETS</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,923,754</td>
<td>FIXED ASSETS</td>
<td>Sch-I</td>
</tr>
<tr>
<td>858,563</td>
<td>General Account</td>
<td>Sch-IV</td>
</tr>
</tbody>
</table>

**CURRENT ASSETS**

- Security Deposits:
  - General Account: 801,629

- Current Liabilities:
  - Add: Security Refund: 3,609,589

- Balance Brought Forward: 165,500

- Less: Security Refund: 1,225,593

- Add: Security Refund: 1,586,258

- Balance Brought Forward: 169,500

**Fixed Deposits**

- General Account: 169,500

**REVOLVING FUND-MATERIAL**

- General Account: 120,719

**RESTRUCTURED FUNDS (Grants)**

- General: 15,892,516

- Foreign: 23,071,291

**Total Rs.**

- 38,836,286

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

*In terms of our even dated report Attached*

For & on behalf of:

Centre For Health and Social Justice

Abhijit Das
Managing Trustee

Renu Khanna
Trustee

Signed: [Signature]

12 Sept 2019

For Subhash Mittal & Associates

Chartered Accountants

From Reg. No. 090987 IN

Membership No. 083619
### CENTRE FOR HEALTH AND SOCIAL JUSTICE (CHSJ), NEW DELHI

#### CONSOLIDATED RECEIPT AND PAYMENT OF FOREIGN CONTRIBUTION & GENERAL ACCOUNT

**For the Period 01st April 2018 to 31st March 2019**

<table>
<thead>
<tr>
<th>PREVIOUS YEAR</th>
<th>RECEIPT</th>
<th>CURRENT YEAR</th>
<th>PREVIOUS YEAR</th>
<th>PAYMENT</th>
<th>CURRENT YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OPENING BALANCE</td>
<td></td>
<td></td>
<td>GRANTS UTILIZATION</td>
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</tr>
<tr>
<td>24,497,666</td>
<td>Foreign Contribution (Cash &amp; Bank)</td>
<td>15,540,073</td>
<td>-</td>
<td>Indian</td>
<td>3,064,311</td>
</tr>
<tr>
<td>11,893,962</td>
<td>General (Cash &amp; Bank)</td>
<td>11,242,290</td>
<td>-</td>
<td>Foreign</td>
<td>35,254,100</td>
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<tr>
<td>271,988</td>
<td>FC - Advances &amp; Imprest (Net)</td>
<td>503,267</td>
<td>-</td>
<td>Indian</td>
<td>2,867,961</td>
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<tr>
<td>535,550</td>
<td>General - Advances &amp; Imprest (Net)</td>
<td>418,011</td>
<td>27,748,592</td>
<td>CHSJ PROGRAMME EXP.</td>
<td>Indian</td>
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<tr>
<td></td>
<td>GRANTS:</td>
<td></td>
<td></td>
<td>FIXED ASSETS:</td>
<td></td>
</tr>
<tr>
<td>34,070,777</td>
<td>Foreign</td>
<td>41,111,689</td>
<td>-</td>
<td>Indian</td>
<td>1,065,239</td>
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<tr>
<td>1,263,856</td>
<td>Bank Interest-FC</td>
<td>1,165,412</td>
<td>42,277,101</td>
<td>CHSJ PROGRAMME RECEIPTS:</td>
<td>Indian</td>
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<tr>
<td></td>
<td>Indian</td>
<td>4,923,311</td>
<td>-</td>
<td>Security Deposits:</td>
<td>48,000</td>
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<tr>
<td>55,714</td>
<td>OTHER RECEIPTS:</td>
<td></td>
<td></td>
<td>CLOSING BALANCE:</td>
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<tr>
<td>1,121,863</td>
<td>Indian</td>
<td>1,019,513</td>
<td>15,540,073</td>
<td>Foreign Contribution (Cash &amp; Bank) A/-:</td>
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<td>Refund Security</td>
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<td>General (Cash &amp; bank) A/-:</td>
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<td>General - Advances &amp; Imprest (Net)</td>
<td>360,665</td>
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<td>PC - Advances &amp; Imprest (Net)</td>
<td>1,225,590</td>
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<td>Total Rs.</td>
<td>77,965,589</td>
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<td>Total Rs.</td>
<td>72,068,266</td>
</tr>
</tbody>
</table>

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

![Signature]

Renu Khanna
Managing Trustee

12 Sept 2019

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### CENTRE FOR HEALTH AND SOCIAL JUSTICE (CHSJ), NEW DELHI

#### CONSOLIDATED INCOME AND EXPENDITURE OF FOREIGN CONTRIBUTION & GENERAL ACCOUNT

**For the Period 01st April 2018 to 31st March 2019**

<table>
<thead>
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<th>PREVIOUS YEAR</th>
<th>EXPENDITURE</th>
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<td>Administrative Expenses</td>
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<td>Programme Expenses</td>
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<td>General Allowance</td>
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<td>OTHER EXPENSES</td>
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<td>Travelling Expenses</td>
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<td>Vehicle Running Expenses</td>
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<td>Interest on Fixed Deposits</td>
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<td>Subscriptions</td>
</tr>
</tbody>
</table>

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

![Signature]

Renu Khanna
Managing Trustee

12 Sept 2019