

CommonHealth Meeting **8th to 10th June, 2018, Mumbai**

As per the schedule, the first day i.e. 8th of June 2018 of the three day CommonHealth (CH) meeting schedule was meant for meeting of the steering committee (SC) with the external consultants involved in CommonHealth evaluation exercise undertaken in the previous financial year. The second and third day (9th and 10th) or the General Body Meeting (GBM) involved meeting of general members. Given the presence of new members, the agenda included introduction of members, introduction to CommonHealth, discussions on the findings and recommendations of evaluation, highlights of steering committee decisions in light of these discussions, and organisational development exercise, agenda, goals, objectives, roles and responsibilities for next five years, status of existing activities or projects, discussions on new proposals, discussions on organisational issues and elections to the steering committee. The detailed agenda is available in *Appendix 1*.

The detailed deliberations at the three day meeting are as follows:

Steering Committee Meeting with External Consultant

8th June 2018

10 am to 5.30 pm

Members present:

- Alka Barua
- Nilangi Sardeshpande
- Pawan Sheokhand
- Priya John
- Renu Khanna
- Sanjeeta Gawri
- Satish Gogulwar
- Subha Sri

Facilitator: Manisha Gupte

The meeting started with a round of introductions with everyone introducing themselves and their association with CH. Manisha introduced herself as a “friendly outsider” who was here to “help us see things” with a different pair of eyes.

The agenda for the first two days was discussed by Manisha.

- She elaborated her role in the evaluation – Padma Deosthali had conducted the reviews, interviews, etc; Manisha helped her with the analysis, developing frameworks, culling out the concerns, recommendations etc.
- It was decided that as specified in the agenda, on the first day SC members would talk about their ‘take aways’ from the evaluation exercise. Following this, Manisha would talk about the salient findings and the recommendations emerging from the evaluation. SC members would then look at the existing vision-mission statement of CH in the context of these findings and recommendations, and work towards revising them if necessary. It was planned that this would be done by the SC members and would not be opened out for discussion at the next day’s General Body

Meeting (GBM). If time permitted, SC members would also work towards goal setting and a theory of change and plan the next day's agenda.

The SC members then were asked about what their take away points from the evaluation were.

- *Evaluation findings:* Alka kicked off the discussion by saying it would have been good if different perspectives were highlighted in the evaluation in terms of what CH members had said, and what others, eg. donors, had said. Manisha responded that in fact, external persons had only good things to say about CH. She mentioned that CH members critically reflected and critiqued CH, raising several issues such as – should CH be doing advocacy in Delhi, is its agenda being hijacked by other organizations, is it a research organization, who represents CH at different meetings, should it be registered or not, etc. This ability according to her was a very healthy trend.

There were discussions on a range of organisational issues which came up along with the discussion on evaluation findings. These were as follows:

- *Governance issues:* Alka then raised specific concerns such as the possibility of increasing numbers, wide range of member profile and interests leading to a need for revision of mission statement and difficulty in striking a balance between flexibility and firmness in our governance. She also wondered if this called for a need to have some formal criteria for the membership. Manisha echoed this and talked about how SC should decide what CH core should be and retain it – for example should it be reproductive health, or sexual and reproductive health. Satish pointed out that membership criteria should be decided more clearly. Renu said it was the responsibility of the SC to address some of the concerns emerging about the governance structure.

Manisha also pointed out some of the other areas that needed to be discussed such as who should help us with our programmes and administration and at what level of experience, whether the work done by members should be voluntary or paid, what type of work should be paid, what should be our relationships with collaboration partners, how should we address concerns of fund holding organizations on legal issues related to finances, what should be the rights of CH vs the responsibilities of the fundholder and how should we achieve a balance of power and equality in this.

It was discussed that SC members should commit time to work on CH. Priya shared that she should be able to devote at least one weekend every month to CH and devoting time like this amidst one's schedule would be useful. Questions were asked as to how does one enforce such time commitment. It was felt that this had to be self regulated as a measure of accountability. CH should institutionalize a culture of each SC member submitting a periodic report of how they had contributed.

Concerns were also expressed regarding time taken for decision making. Manisha suggested that some of the processes should be streamlined and that it may be worthwhile to consider a 3 day retreat for the SC for this.

- *Activity focus:* Renu said in addition to these, CH should also look at some concerns around the content of CHr work – should newborn health remain as its core area, is

maternal health too restrictive as a framework and should CH broaden its work area to reproductive health?

Priya pointed out that it would be useful to have CH position papers on issues like sex work, sexual violence etc.

There was a short discussion on research. It was felt that if CH wanted to be seen as a research organization, it should have stronger research methods and built in ethical reviews. However, it was pointed out that CH by being viewed primarily as a research organization, runs the risk of becoming field research outsource organisation with members becoming data collectors for the research.

- *National advocacy*: Several members raised the issue of advocacy at national level. There were also concerns as to whether CH was ever present at the national level. Some SC members pointed out that CH had contributed to UPR, discourse building on SDGs and also CEDAW. Manisha pointed out that during evaluation, respondents discussed on what national advocacy meant. A few respondents has said CH should be in Delhi, some others said CH should continue to work 'here as well as be there', and some others that there should be nothing at national level, all advocacy should be at grassroots. The question was whether CH should be there at national level or should CH and its view be adequately represented at these forums and who should be designated to do this. Satish brought up the example of JSA and talked about how while one organization held the secretariat, there was understanding on who would be the face of what campaign.

There was also a discussion on the prevailing larger political scenario and how this affected CH decisions. How does CH continue to be liberal left and take political positions vis-à-vis SRHR? How does the fund holding organizations view this – are they aware of and in agreement with these positions?

Nilangi brought out the issue of how does one articulate a position as CH. Sometimes, nuanced positions needed to be taken and member is not confident if she/he can do this on behalf of CH or as an individual. Manisha pointed out that there should be a balance between always parroting a party line versus the anarchy of consulting over 200 members on every single position one takes. The possible solution suggested was to discuss this with the theme leader who should then start consultative processes within the SC if necessary. As long as members are talking in consonance with the vision, mission, goals and objectives of CH, it would be good to give visibility to CH' positions. However, if there was a newer issue, especially technical, then it may be better to consult again.

- *Working as a coalition*: Nilangi brought up the issue of communication within the SC as a huge challenge. It was pointed out that communication was prompt in some scenarios like deciding on whether to endorse something or not, but more lax when it came to project related matters.

Manisha pointed out that everybody in the evaluation had said that CH was a democratic organization; so if there is a problem within communication and decision making within the SC, this should be addressed and sorted out at the earliest.

Subhasri pointed out that the fact that CH was a coalition gave it several strengths, while also leading to operational difficulties. The question was how do we keep these strengths while addressing the operational difficulties. Priya seconded this saying that we need to retain the beauty of working in a coalition and set the house in order without dismantling what we have.

Renu expressed concerns that we should not have very purist vision of a coalition and that there should be scope for engagement with different members on issues. Priya and Alka countered this by saying there could be different positions, however there should be certain non negotiables, eg. position relating to abortion. It was then felt in the discussion that followed that there was a difference between deciding on non-negotiables and being exclusivist and that engagement is fundamental as many issues are very nuanced. Manisha contributed to this by saying that while the above discussion was appropriate for members, there should be checks and balances as to who enters the SC and some gatekeeping should be done on this.

- *Articulating achievements:* Manisha pointed out that while CH is self effacing in taking credit for what it has achieved, it also resents others taking credit for it's activities and achievements. The example of certain past collaborative projects was discussed as to whether CH got short changed in these by offering almost all the technical support while not getting either funding or visibility for it.

One SC member talked about appreciation for the values that CH represented, eg. democracy, inclusion, Manisha pointed out that while these were appreciable, one should not see CH as limited to these. CH should articulate its achievements and should be able to quantify these as evaluable measures. She suggested that CH should develop an annual factsheet of achievements and should also be able to articulate these achievements at meetings and other fora. Alka pointed out that for this, CH language needs to be in consonance with that used by people in such fora.

Some suggestions were made regarding increasing visibility through social media engagement and that CH should hire a person for the same.

- *Vision statement:* Considerable time was spent on looking at CH's vision statement in the context of evaluation findings and discussions that followed. The questions that arose were: Should it be limited only to the three issues that had been identified earlier? Would expanding it to SRHR result in it later changing to something very different?

Priya pointed out that CH has made efforts to build alliances with different groups in the last few years. CH should take this forward in the three theme while adhering to the values of public health and gender and social justice. Manisha pointed out that there were two options to consider:

- Continue with the themes of CH while connecting with other organisations working on broader related issues
- Expand CH vision and mission content to be all inclusive with the relevant changes in vision and mission

The current vision and mission statement is:

“A society that ensures maternal-neonatal health care and safe abortion for all women, especially those from marginalised communities in India.”

It was decided that while terms / words such as a society, ensures, all women, especially marginalised and India should be retained, whether CH should expand the focus from “maternal – newborn health and safe abortion”

Renu pointed out that “health care” did not capture determinants and bring out a rights perspective. She also questioned whether CH agenda on maternal health and abortion had been achieved. If not, what was the rationale for expansion? She felt that diffusion may not be good.

Subhasri pointed out that we are anyway expanding our agenda, for example we were now trying to expand to maternal morbidity. She asked whether deepening versus expansion had to mutually exclusive. According to her this was organic expansion.

It was felt that CH should add the phrase “right to highest attainable standard of” to be in consonance with international human rights language. It was also felt that CH should opt for “human right” instead of “right” to ensure universality of the right as opposed to a state given entitlement. There was then a discussion on whether sexual rights should be included. Was CH membership in agreement with that? Did CH have the time to do relevant work?

Alka responded that CH should keep its vision broad. It’s mission can be more focused taking into account practical limitations. Nilangi felt that “women’s health” was too broad while “maternal health” was too narrow. CH should expand it to SRHR with a specific focus on safe abortion - abortion to be specifically mentioned so that it doesn’t get subsumed. Renu suggested that CH should state “reproductive and sexual rights” rather than the clichéd SRHR pushed by donor agencies and also problematised differently. This would also convey that CH focus area was reproductive health.

There was considerable discussion on whether CH should retain new born health. CH had done nothing on this because of the lack of an anchor. Several views were expressed on this:

- As long as CH spells out in its name “maternal – newborn health”, it is ok if it actively does not work on it.
- Counterviews were expressed as to if CH does not plan to work on it and it is not part of the organic continuum of the issues CH works on, then why include it?
- New born health reflected the quality of maternal care most, it did not need to be mentioned explicitly. CH would continue to work on it if it worked on maternal health.
- New born health was more a technical area and not really CH’s strength.

A consensus was then reached after discussion, that CH would remove new born health as a core focus area, but continue to work on it as a continuum of maternal health.

There was a discussion on whether CH should replace “all women” with “all”. Most members felt that it should be “all” to convey the universality of the human right. There was a concern that CH politics revolved around the understanding that women were most marginalized. But there were other constituencies like LGBTQI who may be excluded if CH just says “all women”. It was finally decided that CH would say “all, especially women and marginalized communities”.

Based on all these discussions, the new vision statement was formulated as follows:

“A society that ensures maternal-neonatal health care and safe abortion for all women, especially those from marginalised communities in India”

A decision was also made to reflect CH focus on reproductive health and safe abortion in the tagline which would now be “Coalition for Reproductive Health and Safe abortion”.

- *Mission statement:* It was felt that given the new vision statement, instead of adapting the old mission statement, a new one must be articulated afresh. Some discussions around these were as follows:
 - CH should not limit advocacy to influencing policy and programmes as it is at multiple levels.
 - CH had taken to articulate gender and social justice explicitly and there was some discussion on whether to include “feminist’ in the mission statement. While it was agreed that it was a core value of CH, it was felt that putting it out explicitly would alienate some of its own members such as those from the LGBTQI community. In a coalition with varied people, certain terminologies may result in questions on such “isms”. It was also agreed that CH should explicitly state its core values in a value statement and that working with women does not necessarily mean working for gender justice.

Based on these discussions, the following mission statement was drafted:

- To raise visibility of the unacceptably high mortality, morbidity among mothers and newborns and the lack of access to safe abortion services, especially among the disadvantaged.
- To mobilise advocates from different constituencies to:
 - ❖ ensure effective implementation of relevant policies and programmes.
 - ❖ contribute to the development of new policies and change existing ones when needed
 - ❖ to build a rights based and gender sensitive perspective within communities, health care providers, researchers, academicians, administrators, elected representatives and the media.

- *Organizational concerns:* The evaluation report had raised several areas of concern organizationally and it was felt that discussions on these need to be prioritized. Some of these issues were therefore taken up and discussed one by one.
 - Representation: Issue discussed was which member should represent CH as an organization in any meeting or conference. The following were suggested:
 - When CH was invited in its own right, then it based on thematic leadership or the person invited/designated should represent CH.
 - In case the invited member is unable to go, after internal discussion within the SC decision should be taken about representation with prioritization for representation for SC members
 - In a situation where a member is invited in her/his individual capacity, it is desirable, especially in national fora, that the member owns her/his affiliation to CH.
 - When an SC member is attending a meeting representing CH, there is an added responsibility on that person to report back to CH.
 - Ownership of ideas: This was discussed in the context of collaborative work. “Hijacking” of issues and agendas had been raised as an area of concern in the evaluation. While at one level, Ch supports the notion of “may a thousand flowers bloom”, at another level, there should be acknowledgement of CH’s contribution to any piece of work.

There was someone discussion on how do you determine ownership of ideas? There is a lot of cross-learning between CH and its members, so how do you attribute where an idea originated? It was discussed that the relationship between CH and its members should be symbiotic and not parasitic. Often lines are blurred between individual and CH’s contribution, but it is important to determine if there is a pattern to hijacking the work or it is a one-off occurrence and if there is any conflict of interest. It was also proposed that in view of the fact that CH’s contribution though mentioned in such forums, is not often shared with CH. An acknowledgement template should be developed and shared.

- Use of CH’s name: It was felt that members use CH’s name to give them credibility. It was also said that often, such increase in visibility piques donor’s/funders’ attention and can result in tensions as to whose contribution it was and who receives funding. It was said that often the name of the fund holder organisation needs to be included for legal reasons whenever anyone did a programme. Discussions concluded that all this should be acceptable if it raised visibility for the issue but if members used CH name only for personal growth, this should be cause for concern.
- Registration: This had come up as a key issue during the evaluation and was discussed at length. In absence of CH’s registration and facility for fund holding, fund holding organizations shouldered a lot of responsibility legally and financially. This was seen as an unfair distribution of burden between the fund holder and CH. On the other hand, it was felt that registration would come with its own set of problems including requirement to adhere to legal

financial procedures which could be intensive and time consuming. There were multiple views on the issue:

- It is not always possible to identify a member organization which has both the willingness and capacity to act as fund holder but there is a need to nurture such organizations from within CH membership.
- Some felt that without FCRA funding was not going to easy in the near future, registration would ease funding opportunities. Others felt that CH is not looking to be a large funded organization. It is a coalition that has brought together different groups to work in a spirit of collectiveness. Also
- One member shared the experience of another network where registration had brought in so much effort to be put in for legal compliances that the spirit of the coalition was lost.

Following this discussion, it was decided that instead of registration, CH should address the CH related administrative workload on fund holding organisation by appointing a full time administrator/programme manager. It should develop Terms of reference and appoint a person and not raise this issue for at least another 3 years.

Following this, some time was spent on planning the agenda for the next day before closing the meeting for the day.

Steering Committee Members' Meeting

8th June 2018

6 to 9 pm

Members present:

- Alka Barua
- Anand Pawar
- Nilangi Sardeshpande
- Priya John
- Renu Khanna
- Sanjeeta Gawri
- Subha Sri
- Pawan Sheokhand (Special invitee)
- Satish Gogulwar (Special invitee)

The *agenda* of the evening meeting was to plan for:

- Steering committee constitution
- Organisational elections
- Theme leaders
- Organisational development retreat
- Hiring of administrative person
- Finalisation of report of this meeting

The decisions taken at the SC meeting were as follows:

- *Steering committee membership:*
 - Expand the SC membership from 9 to 11 and increase the number of invitee participants also. Instead of two the number will be increased to three invitees.
 - Invite Pawan, Satish and Souvik to join the SC. All the three members agreed (Sauvik agreed telephonically) to be SC members.
 - Subha Sri would write to Dr. Evita thanking her for her support as SC invitee and request her to continue to support as a general body member. Leelaben would continue as an invitee.
 - Nilangi agreed to be the Chairperson but on the condition that SC members would commit their support. Priya committed to giving 2 days a month for CH work. Alka said that she *can* support documentation, proposal writing, report writing and mentoring for research.
 - Sanjeeta offered to be the Financial Advisor but she mentioned that she was likely to be out of the country for three months.
 - Office Bearers would change after the OD retreat i.e. from January 1 2019.
 - East, North East and South India representation is very poor. There would be focus on ensuring regional representation. Also, all genders, of issues/constituencies eg dalit women, positive women etc. would be requested to become members. Members who have been active and have been attending meetings would be requested to undertake the responsibility of motivating these potential members to join CH.

- *Organisational elections:*
 - Priya and Anand would conduct the elections on June 10

- *Theme groups and theme leadership:*
 - Maternal Health: Priya will lead the group. Group members would include Subha Sri, Satish Gogulwar and Renu Khanna,
 - Abortion: Bhuvana's personal circumstance do not currently permit her to devote time to lead the group, Alka has agreed to be the theme leader. Other members of this group include Nilangi, Sanjeeta, Bhuvana and Anand.
 - After the elections on 10th, members would be invited to join the thematic groups of their interest.
 - Theme Leaders and their teams would develop Concept Notes for funded proposals, the Vision-Mission-Goals-Strategies exercise and present these in the OD retreat for finalisation.

- *Organisation development retreat:*
 - OD retreat was tentatively scheduled from 7th to 9th of December 2018 in Pune or Khandala. Nilangi and Alka respectively will find out rates of venues. Renu will prepare the agenda.

- *Hiring of administrative person:*
 - As the CH work and membership is expanding, it was decided that the SC would hire a suitable person to be located within SAHAJ which is the fund holding agency for CH. Nilangi and Subha Sri will draw up a Job description, reporting structure and terms and conditions based on the learnings of the earlier two experiences of Sukhbir and Leena Uppal. If necessary, advice of found members (Sundari) may be sought.

- Subha Sri and Nilangi will write to IWHC for budgets for retreat and hiring of administrative and programme person.
- *Finalisation of meeting report:*
 - Subha Sri and Priya would send in their Reports of June 8 and 10 to Alka by June 17.
 - Renu would compile the 2 Group Work reports (on Goals and Strategies and the Action Plans) by June 24.
 - Alka would then pull together the report by mid July. And it would be put up on the website thereafter.

Schedule and responsibilities for June 10 were finalised and it was decided that the meeting would end early on 10th in light of the threat of rains and flooding in Mumbai.

CommonHealth General Body Meeting, Day 1

9th June 2018

10 am to 5.30 pm

CommonHealth General Body Meeting, Day 2

10th June 2018

10 am to 5.30 pm

Day 2 of the GBM was devoted to discussions on

- Regional reporting
- Organisational issues
- Ongoing projects
- New proposals
- Organisational website Future planning
- *Regional meeting reports:* Day 2 of CH's GBM commenced with a reporting of regional meetings by members.
 - Northern regional meeting, Chandigarh, 21-22 July 2017
 - Mr. Pawan Kumar reported about the meeting.
 - The meeting was attended by civil society organisations working on reproductive and sexual health issues in Punjab, Haryana, Himachal Pradesh, Chandigarh and Jammu and Kashmir. Members of the media were also present at the meeting.
 - It was shared that perspectives regarding reproductive health rights have definitely changed in the region. Pawan gave his own example of how through training and dialogue his anti-abortion perspective had changed and he had become more accepting of abortion needs of women. At the meeting it was emphasised that many in the region have worked considerably on sex determination and therefore there is a conflation of the PCPNDT Act and the MTP Act.
 - It was decided that maternal death reviews would be carried out in Punjab, Haryana and Jammu and Kashmir. Discussions also centred around collective safe abortion advocacy.
 - Subha Sri who had attended the meeting added that the meeting was quite interactive. There were several heated debates and discussions as sex selection

is a major concern in the area. The meeting concluded with a discussion on how the work will be done collectively.

- She also spoke in memory of Mr. Manmohan Sharma, a public health activist who was long associated with VHAI and was present at the meeting. He passed away in March. CH acknowledged his contributions to public health in Punjab, Harayana and Chandigarh. Renu added that Mr. Manmohan Sharma was a crusader of public health concerns and it is huge loss for all. She urged members to remember his legacy and to continue his work.
- Southern regional meeting, Chennai, 20-21 January 2018
 - Kalavathy made the presentation in Tamil which Subhasri translated for members
 - The meeting was another step towards alliance building with different constituencies and organisations. The meeting was attended by the members of the Postive Women's Network (PWN), Dalit women's organisations, organisations working with adolescents, tribal women representatives etc.
 - There was participation from Karnataka, Kerala and Tamil Nadu. The participants from north Karnataka spoke of the high number of hysterectomies in their areas and other hysterectomy related concerns.
 - Concerns of HIV Positive women's raised during the meeting included access to drugs and diagnostic kits, women in Kerala being unnecessarily put on ART, the side effects of the drugs being largely ignored, doctors compelling pregnant positive women to undergo an immediate termination and lack of knowledge of SRH among these women.
 - On Day 2 of the meeting, future planning was done. PWN shared that they would be undertaking reproductive monitoring for the benefit of HIV positive women while RUWSEC would be taking this up for Dalit women. Jagrit Mahila Sangathan, a collective of Dalit women planned to organise a month long campaign on maternal health.
- North east regional meeting, ****, **-** 2018
 - Meeting details were presented by Nilangi.
 - ANT (Assam) was the main organiser of the regional meeting. The meeting was well attended. Participants included academics, organisations working on health, representatives from UNICEF, state planning, SDG Cell and UN women.
 - Enakshi Dutt (ANT) added that on Day 2 representatives from the government were present in the meeting. They accepted that there are challenges in ensuring appropriate and accessible infrastructure and services. However, they wished that their work thus far in the region wouldn't draw only brickbats from civil society. They asked for some acknowledgement that progress has been made. It was affirmed that infrastructure level improvements have been seen in the area. However, there continue to be concerns related to service delivery and staffing.
 - Concerns related to the living conditions in settlement camps were raised. The camps were prone to flooding during the rains.
 - Representatives of HRLN shared that they have filed several petitions related to health concerns of women workers in tea estates in Assam.

- A National Coalition (name?) shared that they carried out a study to understand concerns related to treatment of women in health facilities. The focus of the research was respectful care of women in facilities.
- *Organisational Issues:* The discussions on organisational issues began with CH elections 2018 for special invitee/observers in the steering committee.
 - Special invitee / observer elections
 - Priya explained the CH rules and regulations related to elections. The roles of Steering Committee (SC) members were shared so that the general body members understand the expected level of commitment and responsibility of SC members. She also shared that it had been decided to increase the number of members of the SC from 9 to 11.
 - In the previous GBM, Dr. Satish Gogulwar, Souvik Pyne, Pawan Kumar, Dr. Leela Visaria and Dr. Evita Fernandes were invited to be a part of the SC as observers. At the end of year one, Dr. Satish Gogulwar, Souvik Pyne and Pawan Kumar had become SC members. This had resulted in 3 vacancies in special invitees/observers position which needed to be filled.
 - The members were requested to either nominate themselves or to nominate other members whose work they are aware of.
 - Before the nominations were carried out the general body was requested to bear in mind balanced representation of all genders, regions and constituencies. Currently there were no members from the North East and East. Also different constituencies e.g. organisations, collectives or individuals working with dalit communities, persons with disability, sex workers, LGBTQI etc. needed to be represented.
 - She shared that SC members would have to allocate time to CH related work. Ideally, as a member one would need to dedicate a minimum of 2 days a month. Apart from thought leadership which is an essential role of an SC member, it is important for prospective SC members to be prepared to take on numerous administrative tasks e.g. organising logistics, sending email invites, finalising venues etc. Sanjeeta reiterated the need for SC members to contribute to administrative tasks and also talked about the responsibility of taking CH's work forward and contributing as per one's strengths. Anand highlighted the need to travel for meetings in other states. Subha Sri emphasised the accountability of SC members for CH's work/projects. She asserted that it is expected of members to be prompt in responding to CH emails. She went on to share that the sense of responsibility towards CH is not limited only to SC but must extend to all members.
 - Subsequently, six members were nominated/self nominated. These were Rahi Riyaz from J&K, Dr. Arvinder Nagpal from Punjab, Dr. Anita Rego from Hyderabad, Bijayalaxmi Rautray from Odisha, Rajendra Singh from Bihar and Kuldip Chand from Punjab. All those nominated were given the opportunity to address the general body to share how they see themselves taking CH's work forward as SC special invitees or observers. Those present were reminded that only those who are members of CH can vote in the elections. All present in the GBM were members of CH.
 - Post-voting tally declared three new special invitees to the CH-SC. These were Bijayalaxmi Rautray who received 29 votes, Rahi Riyaz who received 21 votes and Dr. Arvinder Nagpal who received 16 votes. The election was

concluded with a thank you to all the nominees who participated and a warm welcome to the elected special invitees.

- Sharing of factsheets and other CH documents: Renu shared details of CH factsheets which are available on the website.
- Thematic Leadership & Sub-groups: Subha Sri shared that the discussions held on 8 June, prompted the SC to identify the two primary themes for CH viz. Maternal Health and Safe Abortion. The decision was to remove the Newborn Health theme from CH's mandate with an acknowledgement that newborn health is integrally linked to maternal health.

She told members about the thematic sub-groups and new leaders for the themes from within the SC. She informed them that the sub-groups would be responsible for working on specific issues, identify relevant opportunities, prepare thematic CH statements and support /coordinate theme-related meetings in states or regions. The thematic sub-group would operate as the point of contact within CH. She encouraged members to be part of the sub-groups.

The Maternal Health theme would be led by Priya and the members for the sub-group from the SC are Renu, Subha Sri and Dr. Satish. From the general body member, Indu, Dr. Wani, Dr. Hilal, Dr. Arvinder, Bijaylaxmi, Dr. Anita, Rahi volunteered to be a part of the thematic subgroup.

The Safe Abortion theme would be led by Dr. Alka Barua and the members of the subgroup from the SC are Pawan, Dr. Nilangi, Sanjeeta, Anand. From the general body, Bhawana, Preet, Amita, Dr. Sundari, Radha, Manjula, Rahi, Rajindra volunteered to be a part of the SA subgroup.

It was emphasised that although theme-wise groups have been formed, members are encouraged to contribute to both groups based on their interests, expertise and experience. The groups would form Whatsapp/email groups to discuss opportunities and ways in which CH can contribute. It is the responsibility of members of the group to state clearly if they are unable to take time out for a task.

- Mr. Nandlal was interested in understanding why CH does not have its own voucher/bills? Subha Sri clarified that CH is not a registered organisation. It works through the support of institutional friends. The membership fees are managed by RUWSEC which is the reason that a RUWSEC receipt is given when fees are paid. On the other hand, the IWHC funds are routed through SAHAJ.
- *Ongoing projects*
 - CREA SAAF CH project: Alka Barua presented the progress and current status of the CREA-SAAF project that CH is a part of. The project is being implemented in Punjab, Haryana, Delhi, Uttar Pradesh and Maharashtra. The project aims to train and mobilise safe abortion champions in the selected states. The training programme is designed to cover the MTP & PCPNDT Acts, how to interpret sex ratio, understanding gender and rights vis-à-vis safe abortion etc. It is carried out over a period of 5 days through interactive sessions, discussions and presentations. The

materials used in the CREA-SAAF have been translated to Hindi. Feedback provided pre and post sessions helps to capture what has been effectively communicated. The training strategy and content is revised according to the feedback. She informed members that though the funding for the project is over, CREA and CH are keen to continue the work. At present, it is under consideration whether other states can be added in the project; CH would like to add Bihar and Tamil Nadu.

- Equal Measures 2030: Renu shared with members that SAHAJ was invited by ARROW to participate in the Equal Measures 2030 project and to become its Indian partner.

The focus of the project is to work on the targets of Sustainable Development Goals related to gender equality (goal 3) and health and well-being (goal 5). The main objective of the project is data-driven advocacy. Mostly the sources of data on the indicators is the Ministry of Statistics and Programme Implementation. Under the project local organisations and activists will be involved to make sense of the report. Data may not reflect field realities which is where the local groups would step in. Civil society reports will be prepared, shared with organisations and activists in the area, modified according to their feedback and then based on the report an advocacy plan would be developed. Eventually, as part of the project this advocacy plan will then be implemented.

Six states have been identified for the purpose of the project. Of these Assam, Madhya Pradesh and Gujarat are the primary states while Bihar, Punjab and Kerala are the secondary states. The first step is to prepare a report based on secondary data on specific indicators. In the primary states, the reports are to be shared with local civil society organisations to get their inputs on main concerns in their contexts. The collation of the civil society discussion organised in Gujarat and Assam is ongoing.

Currently mobilisation of activists who SAHAJ or CH has been associated with, is being done as a part of this project. Wada Na Todo, JSA, legal experts, budget experts have been involved in the consultation process. An advisory committee meeting would be held in August.

At the end of the session Rahi Riyaz said that in J&K most of their work is self-funded and so it would be great if they could be involved in such projects.

Mr. Nandlal talked about the need to work in backward regions such as Bihar and UP. Subha Sri acknowledged the need to work in the backward regions of UP and Bihar.

- Rights based monitoring: SubhaSri talked about the CH workshop in January 2018 wherein discussions had led to the development of a tool for comprehensive monitoring of SRH of different marginalised communities.

The 3-days workshop had generated considerable discussion on CH's position in doing this monitoring and whether it should be purely a research tool or it should be used as a governance tool. The discussions also centred around who is the most affected or vulnerable, what are the drivers and pathways to reproductive health, what would be the appropriate actions to address the inequities etc. It was largely understood that the focus needs to be violation of health rights especially among marginalised groups.

The tool was seen a medium to mobilise and educate communities that would capture the SRH pathways of women, their experiences of violations; the interface between providers and users (non-users), their perspectives and the contextual factors at policy and programmes level affecting specific groups. Alka observed that the issues faced by providers should be added in the tool.

It was decided that this evidence building exercise with marginalised communities will be taken forward with the new one year grant from IWHC. It is proposed that tools will be developed with different groups for the purpose of gathering evidence. The evidence will in turn be used to inform the work of CH.

Subha Sri then asked whether some members would be open to taking this work forward through their collaborations with existing interested constituencies. The volunteers were:

1. Dr. Anita Rego – People living with HIV
2. Bijayalaxmi Rautray & Dr. Arvinder Nagpal - migrants
3. Dr. Satish Golgulwar – adivasi groups

- *New Proposals*

- ARROW-CH right to safe abortion services: Sundari shared that this project is centred on safe abortion related evidence building and developing an evidence based advocacy plan. The advocacy plan should clearly explain the theory of change i.e. it must be established as to how and why would this plan work. In the India the project will be carried out in two contrasting states – Bihar and Tamil Nadu. The districts identified in Bihar is Navada and in Tamil Nadu Kancheepuram district is selected. Sundari is the mentor for this project.

The evidence building phase would be launched soon. A situation analysis would be carried out for an overview of MTP utilisation, government and private abortion services available, treatment in different settings etc. This analysis would also seek to assess attitudes and perceptions of different stakeholders within the study area. Panchayati raj members, SHG leaders, women across sections would be approached for the purpose of the study. Visits to institutions to assess the services at different levels would form a part of the situation analysis.

In the study districts, a local organisation has been identified that would inform the research with their knowledge of the area, provide logistics support and share contacts for the purpose of data collection. Dr. Padma Deosthali will be anchoring the research in Bihar while Bhuvana will be anchoring the work in Tamil Nadu.

- *CH Website*: Nilangi went through the CH website in detail to show how new members can use the resources available online in their work. She showed the members where they can find factsheets, reports, data etc. on the CH website.
- *Future planning*: Renu facilitated the session. The participants were asked to assemble in their regional groups to prepare plans for the future. They were asked to bear in mind CH's revised vision and mission, the existing projects in CH, what are the needs in the state and how CH can support the work . They were requested to

return to the plenary in half hour with their regional plans. The participants were asked.

The future plans prepared for each region were as follows: **Table**

There were some questions and comments after these presentations.

- Northern region plans:
 - Renu shared that it is important to review the material used and messages given regarding safe abortion and maternal health.
 - Bhavna pointed out that it is important to incorporate respectful care in all types of patient care.
- Eastern region plans:
 - Renu observed that we would have to sift through the plan to understand what will be undertaken by CH.
 - Regarding the question about financial support from CH Renu clarified that CH has about two projects at the moment. We do not have funds to support work. Swarupa responded that the request for support would only be for data collection and local travel purposes.
- Other points regarding plans:
 - Sundari pointed out that several small studies on abortion have been carried by members in different parts of the country. She suggested that this should be pulled together as a policy brief by CH.
 - Amita Pitre volunteered to support the integration of gender and tuberculosis related inquiry in any reproductive health study. She added that the incidence and prevalence is not currently available.
 - Renu asked as to how the members proposed to report back on activities identified in the future plans. Sundari suggested that the plans can be uploaded on the website and it can be used as a form of self monitoring.
 - Members of the Southern region group shared that there is a pamphlet on Anaemia in Tamil. CH members can translate the pamphlet for use in other states.
 - Dr. Satish Gogulwar and Dr. Anita Rego suggested organic kitchen gardening as a way to address Anaemia.
 - Sanjeeta recommended intra-member exchange (of e.g. tools) so we can draw on each other's strengths.
- *Final observations, feedback & recommendations:* Nilangi shared that it is important that CH members contribute for GB meetings as CH has limited funds. She also requested the members to be prompt in confirmation of attendance.

Rahi asked for a clarification about the need for permission to use CH logo in local meetings. SC members confirmed that if the CH logo is to be used then an email must be sent to the Steering Committee to seek permission. Response from the SC would be prompt.

Sundari shared that interesting and engaging methods were used for sessions conducted on the 9th of June (previous day). Using such methods should be carried forward in future meetings. They help in extracting substantial contributions in a timely manner. She also pointed out that the GBM is a space for members to share

what they have accomplished the previous year. However, in the meeting the members were not able to share their work in the GBM.

The meeting came to a close with a vote of thanks by Nilangi.

**CommonHealth General Members Meeting
YMCA Mumbai Central, June 9-10 2018**

Time	Agenda	Facilitator	Remarks
June 9, 2018			
9.30-11 am	Welcome and Introductions, Finalising the agenda and the schedule	Dr. Subha Sri Sanjeeta Gawri	
11.30-12.00 pm	Introduction to CommonHealth	Dr. Nilangi	
12.00 -12.30 pm	Findings of the Evaluation and Recommendations Discussion	Dr. Manisha Gupte	
12.30 -1.00 pm	Highlights of Steering Committee Meeting the previous day	CH SC member	
2.00 -3.30 pm	Agenda Setting for next five years - Members' expectations from CH in relation to the context in their states and their organisational priorities. And what can members contribute to CH	Small Group Discussions and Plenary Presentation Moderated by Dr. Manisha Gupte	
4.00-5.30 pm	Goals and Objectives for next 5 years	World Café Summaried by Dr. Alka Barua	
5.30 – 6.30 pm	Summarising outcomes of the day, Tying threads with the Outcomes of the June 8 SC discussions.	Dr. Manisha Gupte CH SC member	
June 10, 2018			
9.00-10.00 am	Discussions based on Members' reports	Moderated by Dr. Subhasri	
10.00 -11.15 am	Organisational issues – elections, action plans based on evaluation recommendations etc	Moderated by Renu Khanna	
11.30 -1 pm	Reporting by SC members – work done, CREA CH Project, EM 2030 project,	Moderated by Dr. Nilangi Sardeshpande	
2.00-3.00 pm	New Proposals - ARROW CH Right to Safe Abortion Services, IWHC Proposal	Moderated by Dr. Renu Khanna	
3.00-4.30 pm	Planning for the year 2018-19 Taking responsibilities Evaluation of meeting Goodbyes	-	