



Health as a Human Rights

INTRODUCTION

"It is my aspiration that health finally will be seen not as a blessing to be wished for, but as a human right to be fought for."

—United Nations Ex. Secretary-General Kofi Annan

Health as a human right has long been accepted in international human rights law. The most important International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966 recognized "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." Many countries around the world have recognized the right to health and healthcare. The Alma Ata Declaration of "Health for All by 2000" in 1978 was a beacon of hope for everyone. But as year 2000 came closer, it was clear that the Millennium Development Goals were far from being achieved. On the other hand, increasing inequalities and social injustices in health and healthcare were emerging from different parts of the world. With globalization, these health issues could not remain regional and thus, a new global level movement was born to uphold health as a human right and address key issues on health and health access. The concept of People's Health Assembly can be traced to the WHO's World Health Assembly and serves as an alternative people-centric approach.

CEHAT (Centre for Enquiry Into Health and Allied Themes)

Important Links

- * [National Health Innovation Portal - India](#)
- * [Patients Rights Web Portal - CEHAT](#)
- * [Health and Human Rights - WHO](#)
- * [Video: health – my right - WHO](#)

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INTRODUCTION

This People's Health Assembly brought together various networks, groups, organizations, alliances and movements related to health as well as other allied issues who have been involved in the health sector and development related work.

The first Jan Swasthya Sabha (National Health Assembly) in India was held at Kolkata in November-December, 2000 where Jan Swasthya Abhiyan (JSA), the Indian chapter of People's Health Movement was founded. This was followed by the first international level People's Health Assembly in Dhaka, Bangladesh in the same year. The movement is guided by the principles laid out in the People's Health Charter that supports the Alma Ata Declaration of 1978 and "affirms health as a social, economic and political issue but above all, a fundamental human right."

Jan Swasthya Abhiyan aims to establish health and equitable development as major priorities "through comprehensive primary health care and action on social determinants of health". JSA brings together over 20 network, 1000 organisations and numerous individuals committed to the cause of health rights and their ideals are enshrined in the Indian People's Health Charter that was the result of deliberations of first Jan Swasthya Sabha. Since its inception, CEHAT along with its sister organization SATHI have been part of the National Co-ordination Committee as resource groups contributing in various activities. Sharing the ideals of the movement, CEHAT's commitment is well reflected in its rights based approach to health through socially relevant health research, action and advocacy.

Consequently, CEHAT has participated in many JSA campaigns over the years, one of the most important was the Right to Health Care Campaign started in 2004. The Right to Health Care Campaign was a unique initiative in collaboration with the National Human Rights Commission where deficiencies and denial of healthcare cases in public healthcare system were highlighted through public hearings at regional and national level.

"The right to health does not mean the right to be healthy, nor does it mean that poor governments must put in place expensive health services for which they have no resources. But it does require governments and public authorities to put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time. To ensure that this happens is the challenge facing both the human rights community and public health professionals..."

**- United Nations High
Commissioner
for Human Rights, Mary
Robinson**

**INTRODUCTION****Possible “ingredients”
in a rights-based approach
to health**

- *Right to health*
- *Information*
- *Gender*
- *Human dignity*
- *Transparency*
- *Siracusa principles*

- *Benchmarks and indicators*
- *Accountability*
- *Safeguards*
- *Equality and freedom from discrimination*
- *Dissaggregation*

- *Attention to vulnerable groups*
- *Participation*
- *Privacy*
- *Right to education*
- *Optimal balance between public health goals and protection of human rights*
- *Accessibility*
- *Concrete government obligations*
- *Human rights expressly linked*

- (Source: World Health Organization, 2002)

The aim was to create awareness among the people about their health rights and influence the government authorities to take correctional measures against the systemic deficiencies. This campaign was successful and consequently the government launched the National Rural Health Mission in 2005 to strengthen the public health system. There were important changes in the new programme which reflected the JSA recommendations as some of the members were consulted in the planning. In order to monitor and generate positive criticism for the new Mission, JSA started the People’s Rural Health Watch. This campaign has been ongoing with many community based initiatives by JSA members.

**Upcoming Public hearings by
Jan Swasthya Abhiyan with National Human Rights Commission**

The first public hearing for the western region held at

Venue: Tata Institute of Social Sciences (TISS), Deonar,

Date: on November 18 and 19

But many serious issues still remain in the public health system and additionally, the growing privatization and public-private partnerships have given rise to many others. In this context, once again the Jan Swasthya Abhiyan is collaborating with National Human Rights Commission to hold another series of regional public hearings across the country. These public hearings will bring to light cases of health rights violations in public health system, private health sector, under publicly funded private provided healthcare insurance schemes and through Public Private Partnerships in health sector. This event will serve to strengthen our movement and further bring the issue of health rights in a wider arena.

In anticipation of the upcoming public hearing, this bulletin presents the case for establishing health and healthcare as a human right and gives a deeper understanding of its various facets and complexities.



INTRODUCTION

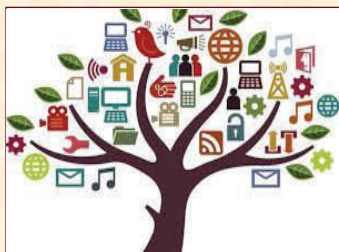
Patients Rights Web Portal



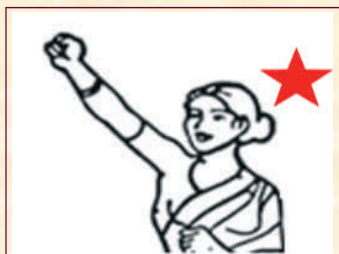
In addition, CEHAT has also recently launched a patients' rights themed web portal which serves as a platform for people to gain information about their rights as patients, to share their experiences and struggles while seeking healthcare and to keep themselves updated on current news and incidents related to health and patient rights. We believe that these interactions between healthcare users will not only make them more alert and informed 'consumers' of health services but also generate a strong body of evidence for creating robust laws for health rights in India. (Visit our [Patients' Rights website](#) to know more about Patients Rights in India)

Follow us on:

- * For Facebook click here: [Patients' Right's portal Facebook](#)
- * For Twitter click here: [Patients' Right's portal Twitter](#)



OTHER ORGANIZATIONS WORKING WITH JSA



AIDWA



- **All India Democratic Women's Association (AIDWA):**

AIDWA is concerned with myriad issues related to women in India which is reflected in its multidimensional work carried out by thousands of selfless activists in different parts of the country. AIDWA's struggle for justice finds expression in its involvement with the problems of urbanization, migration, uneven development and terrorism as well as issues related to employment, health, education, self help groups, and rights of minority and dalit women.

Visit Website for more information: [AIDWA](#)

- **Breastfeeding Promotion Network of India (BPNI)**

The Breastfeeding Promotion Network of India (BPNI) was founded on 3rd December, 1991 at Wardha, Maharashtra. It is a national network of organisations and individuals dedicated to promote mother and child health through protection, promotion, and support of breastfeeding.

Visit Website for more information: [BPNI](#)

See the Resources: [Resources](#)

- **Centre of Social Medicine and Community Health (CSMCH)**

Centre of Social Medicine and Community Health is a part of the Jawaharlal Nehru University, which recognizes the critical need of both delineating a field of enquiry in the discipline and generating a data base for public health in India. Under the overall objective of creating academic programmes for making health services meaningful to the people of the country, the CSMCH set out its objective to understand the health problems and health needs of the Indian people with a view to find workable solutions for them in the existing social structure and to examine the social structure itself to delineate the structural constraints which limit the scope of health interventions.

Visit Website for more information: [CSMCH](#)

- **Christian Medical Association of India (CMAI)**

CMAI serves as a Christian network of hospitals and healthcare professionals promoting medical care in hard-to-reach communities through its member institutions or by direct technical inputs.

Visit Website for more information: [CMAI](#)





OTHER ORGANIZATIONS WORKING WITH JSA

- **Forum for Creche and Child Care Services (FORCES)**

FORCES is a national network of organisations and individuals concerned with issues relating to women working in the unorganised sector and care of their children.

Visit Website for more information: [FORCES](#)

See the Resources: [Resources](#)

- **Federation of Medical and Sales Representatives' Associations of India (FMRAI)**

FMRAI is the only national trade union of the Medical and Sales Representatives in India having its affiliates in each states of the country and offices in 300 cities and towns. FMRAI, since a long time has been campaigning for a Rational Drug Policy and access of essential medicines for people. It has also worked with the national pharmaceutical companies in the platform of National Working Group on Patent Law to resist the changes in the Indian Patents Act, 1970 to defend the self reliance in drug industry. FMRAI has also worked with the organisations in the science movement for self reliance and for reduction of drug prices.

Visit Website for more information: [FMRAI](#)

- **Joint Women's Programme (JWP)**

JWP runs health centres, which handle preventive and curative aspects of health. Major concerns are community health and training of health workers, who in turn can organize people to recognize the problems of ill health as part of the total question of oppression and demand better conditions of living.

Visit Website for more information: [JWP](#)

See the Resources: [Resources](#)

- **Medico Friend Circle (MFC)**

The Medico Friend Circle (MFC) is a nation-wide platform of secular, pluralist, and pro-people, pro-poor health practitioners, scientists and social activists interested in the health problems of the people of India.

Visit Website for more information: [MFC](#)

See the Resources: [Resources](#)





OTHER ORGANIZATIONS WORKING WITH JSA



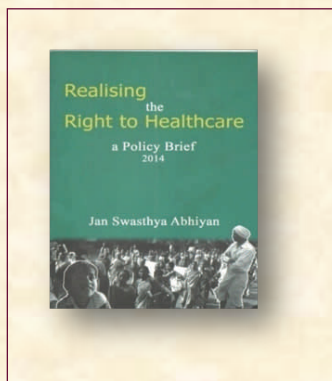
- **Sama – Resource Group for Women and Health**

Sama is a women’s group working on women and health, and seeks to locate the concerns of women’s health and well being in the larger context of socio-historical, economic and political realities.

Visit Website for more information: [Sama](#)

See the Resources: [Resources](#)

Book: The Right to Health - A Policy Brief 2014; Jan Swasthya Abhiyan



Sama, on behalf of Jan Swasthya Abhiyan (JSA), published policy briefs, which outlines the key features of the current healthcare system, based upon which it makes a set of feasible policy proposals to move ahead.



- **Voluntary Health Association of India (VHAI)**

VHAI advocates people-centered policies for dynamic health planning and programme management in India. We initiate and support innovative health and development programmers at the grassroots with the active participation of the people.

Visit Website for more information: [VHAI](#)

See the Resources: [Resources](#)



- **Support for Advocacy and Training to Health Initiatives (SATHI)**

SATHI works on health rights issues, through partnerships with civil society organizations, and facilitates advocacy at the local, district, state and national levels.

Visit Website for more information: [SATHI](#)

See the Resources: [Resources](#)



OTHER ORGANIZATIONS WORKING WITH JSA



- **Society for Community Health Awareness Research and Action (SOCHARA)**

Society for Community Health Awareness Research and Action [SOCHARA] is an independent community health resource center registered under Karnataka Societies Registration Act 17A (1960).

Visit Website for more information: [SOCHARA](#)

See the Resources: [Resources](#)

- **All India Peoples Science Network (AIPSN)**

AIPSN is a National Network of Peoples Science Movements of India. It was established in the first All India Peoples Science Congress, organized in 1988 at Kannur in Kerala State. The attempt to establish a national platform for science organizations in India started in the late 1960s.

Visit Website for more information: [AIPSN](#)

See the Resources: [Resources](#)

- **Prayas:**

Prayas (Endeavour) is a voluntary organization working for social, political and economic development in Chittorgarh district of Southern Rajasthan. Established in 1979, Prayas, as its name suggests, is distinguished primarily by its evolving orientation. It has taken up many kinds of issues and undertaken a variety of projects with several, sometimes divergent approaches.

Visit Website for more information: [Prayas](#)

See the Resources: [Resources](#)

- **All India Drug Action Network (AIDAN)**

AIDAN is working towards a world where all people, especially the poor and disadvantaged are able to exercise their human right to health, which requires equitable access to affordable quality health care and essential medicines.

Visit Website for more information: [AIDAN](#)

See the Resources: [Resources](#)





CEHAT RESOURCES

Health care is not a privilege. It's a right. It's a right as fundamental as civil rights.

- Rod Blagojevich

- Vivek, Neelakantan. [Tracing Human Rights in Health](#). Background Paper Series 4. vi,50 p., October 2006. [ISBN 81-89042-47-5]

This paper is an endeavor to situate the evolution of right to health in a historical context. It highlights the debates within the newly emergent discipline of Health & human Rights. Paper has sections on genesis of public health & human rights, justifiability of health rights from the International Law point of view, human rights issues affecting the enjoyment of health right, experience of developing countries and India in implementing the health right. The conclusion reflects on the aspect of operationalizing right to health Movement.

- **Report of the National Workshop on Right to Health Care**, September 5, 2003 and National Consultation on Health Care as Human Right, September 6, 2003. Mumbai: CEHAT, ii, 21 p., January 2004

The report consists of the proceeding of the workshop on right to health care and Health care as human right. The workshop included a series of presentations, which provide the background to the issue of health care as a human right, and also looked at key elements of health care for most vulnerable groups, women, children, adivasis, displaced people, communities under conflict, people affected by HIV.

- Schuftan, Claudio. **Health and Human Rights Readers**. Mumbai: CEHAT, viii,111 p., September 2003 [ISBN 81-89042-17-3]

This book is a compilation of fifty-two 'Readers in Human Rights', The Readers discuss a wide range of issues such as Human Rights based planning; the role of the state, UN and civil society; Health sector reform and the unmet needs of the poor; Health Care Financing; vulnerability, access and discrimination; the role of NGOs; globalization, health rights and health sector reform; the right to adequate nutrition; the difference between project and process; and health rights and the law.

- Mahabal, Kamayani Bali. **Health and human rights are inextricably intertwined**. 4(21), 1-15 December 2003, pp.15-17.

- Shukla, Abhay. **Right to Health Care**, *Health Action*, Vol. 14(5), May 2001, pp. 6-10

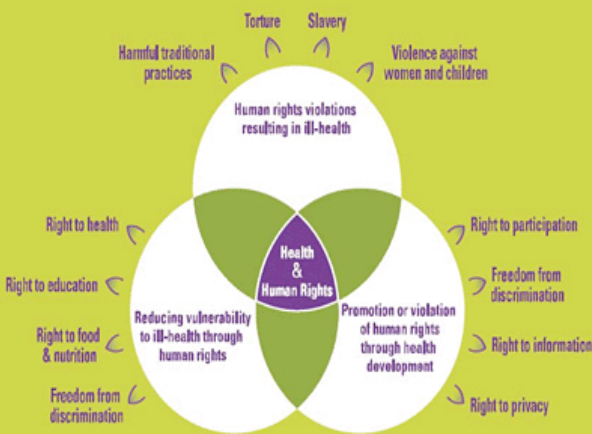


Health as a Human Rights

CEHAT RESOURCES

- Chatterjee, Chandrima B. **Human Right Approach: A Paradigm Shift in Understanding Health.** *Express Healthcare Management*, 6(11), June 16-30, 2005, pp.10-18

Examples of the links between Health and Human Rights



- Shukla, Abhay. Healthcare: A right..and health for all.' Humanscape," X(9), September 2003, pp. 20-23
- Duggal, Ravi. Health Care as Human Right, *Radical Journal of Health*, Vol. III(3) (New Series), July-September 1998, pp. 141-142.
- Phadke, Anant. **Right to health care: Towards an agenda.** *Economic and Political Weekly*, 38(41), 11-17 October 2003, pp.4308-4309

- Shukla, Abhay. The right to health care moving from idea to reality. *Asian Social Forum*, January 2003, 11 p.
- Shukla, Abhay and Pitre, Amita. **The Right to Health Care**, "Advocacy Internet, Volume 3(5), September – October 2001, pp. 5-8
- Pitre, Amita. **Health Rights Experiments**, *Health Action*, Vol. 14(5), May 2001, pp. 11-14
- Shukla, Abhay. Advocacy for Right to Health Care, *MFC Bulletin*, No. 262-63, July-August 1999, pp. 7-10
- Jesani, Amar. From Philanthropy to Human Right: A Perspective for Activism in the Field of Health Care, *Indian Journal of Social Work*, Vol. 59(1), (Special Issue Towards People-Centred Development – Part 2), January 1998, pp. 291-320
- Duggal, Ravi. Operationalising Right to Healthcare in India. *Asian Social Forum, Hyderabad*, January 2003 (also presented revised version at the CSIH International Conference on Right to Health Ottawa, Canada) October 2003, 26p.

Health is Human necessity; Health is Human Right.

-James Lenhart

CEHAT RESOURCES



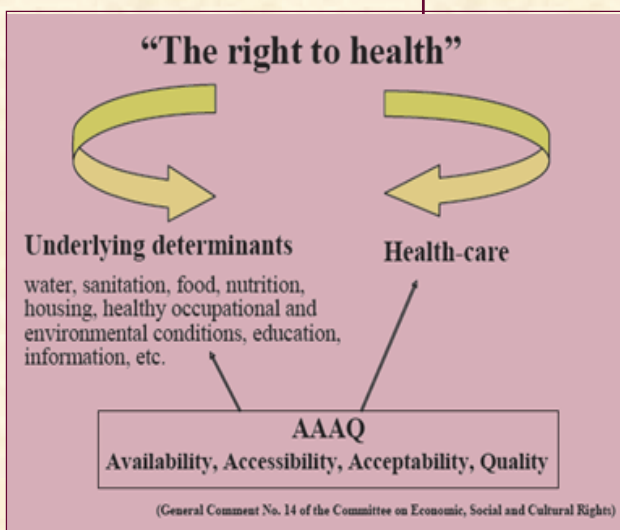
"A tremendous amount of needless pain and suffering can be eliminated by ensuring that health insurance is universally available."

- Daniel Akaka

- Duggal, Ravi. **Operationalising right to healthcare in India.** *ICFAI Journal of Healthcare Law*, August 2004, Vol 2, No. 3, pp. 13-42.
- Khot, Anagha and Menon, Sumita. **Monitoring Right to Health in India**, Paper presented at the Annual meet of the International Federation of Health and Human Right organisation, Netherlands, May 27, 2002, 12.
- [Human Rights Violence and Health](#), *CEHAT's Work on Human Rights and Health Care 1991-98*, October 1998, 18 p.
- Chaterjee, Chandrima and Sheoran, Gunjan. [Vulnerable Group in India](#). Mumbai: CEHAT, iv,28 p., May 2007. [ISBN 81-89042-52-1]
 The document identifies the vulnerable groups in India, their health and human rights concerns while exploring the degree and kinds of their vulnerability vis-à-vis their location and identity. The document is based on the research on the vulnerable groups in India done through the project, Establishing Health As A Human Right.
- Mistry, Mani. [Health rights of the urban poor](#), Paper Presented at the Medico Friend Circle Annual Meet on Resurgence of Infectious Diseases and the Indian Society, Wardha, January 1-3, 1998, 7 p.
- Shukla, Abhay. **Village Health Care is Our Right**, *Health Action*, November 2000, pp. 16-17
- Chaudhari, Leni. [Disability, Health and Human Rights](#). Background Paper Series. Mumbai: CEHAT, v,44 p., 2006 [ISBN: 81-89042-48-3]
 This paper addresses the issue of disability and its public health implications within the human rights framework. It also throws light on people with physical disabilities at least get noticed but those with mental illness not only suffer from physical problems but also bear the brunt of social ostracism and stigma. November 2006.
- Mahabal, Kamayani Bali. **Healthy ageing and human rights.** *Express Healthcare Management*, 5(20), 16-30 November 2004.

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- Mahabal, Bali Kamayani. **Right to Mental Health and the Barriers.** *Express Healthcare Management*, 6(24), March 2006, 26 p.
- Chaudhuri, Leni. **Adolescent Health and Human Rights Concerns.** *Health Action*, October 2007, 20(10), pp.32-34



- Phadke, Anant. **Doctors do not have the right to refuse treatment to HIV-positive patients.** *Issues in Medical Ethics*, XI(3), July-September 2003, pp.77-78

- Khanna, Akshay. **The Right to Health and Sexuality.** Mumbai: CEHAT, v,20 p., 2007 [ISBN: 81-89042-49-1]

This paper highlights how much the politics of sex and sexuality play a significant role in the health status of so called normal people. The paper also attempt to highlight the manner in which the conceptualization of the sexuality of the ‘general population’ as heterosexual, monogamous and marital, acts as a mechanism of exclusion and violence against those whose realities do not fit this framework.

- Menon, Sumita and Contractor, Qudsiya. **Dalits and Health**, *Paper presented at The World Conference against Racism and Xenophobia and related discrimination, South Africa, Durban*, August 2001, 6 p.
- Nidhi, Amulya. **Cast-Class Dynamics in Relief Work**, *MFC Bulletin*, No. 284-285, May-June 2001, 10 p.
- Mahabal, Kamayani Bali. **Right to health behind bars.** *Express Healthcare Management*, 5(4), 1-15 March 2004, 14p.
- Mahabal, Kamayani Bali. **Access to essential drugs: a human rights issue.** *Health Action* 17(12) September 2004, pp. 35-37.
- Contractor, Qudsiya. **Involuntary Resettlement of a slum in Mumbai: A human rights perspective.** *Urdhva Mula*, 4(1), August 2005.

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- Mahabal, Kamayani Bali. **Dying with dignity- A human right?** *ICFAI Journal of Healthcare Law*, 2(4), November 2004 pp.28-36.
- Chatterjee, Chandrima, B. **Identities in Motion: Migration and Health in India**. Background Paper Series 3. Mumbai: CEHAT, viii,41 p., October 2006. [ISBN 81-89042-40-8]

This paper addresses the issue of migration and its public health implications within the human rights framework. Migrants have always been conceptualized as problematic in the context of policies both nationally and internationally. This mindset has led to complex public health issues posed by migration. Understanding migrants' health extends to capturing the underlying determinants including adequate nutrition, housing, healthy environment, and occupational conditions, access to health related education and information as well as access to health care and education.



- Jesani, Amar and Iyer, Aditi. **Abortion: Who is responsible for our rights**. *In Our lives, Our Health, New Delhi, Coordination Unit, World Conference on Women, Beijing, Edited by Malini Karkal, August 1995, pp. 114-130*
- **Appropriate Role for the Private Sector in Health Care in India**. *Health for Millions*. Oct-Dec 2012 Vol.38, No.4.
- Jesani, Amar and Pilgaokar, Anil. **In the pink: Need for asserting patients' Rights**. "Keemat, Vol. 24, No. 3, March 1995, Pgs.12-14.
- Duggal, Ravi. **User charges and patients' rights**. *The Indian Journal of Social Work*, Focus Issue, **Patients' Rights**, LIV(2), April 1993, 193-197p.
- Jesani, Amar. **Medical ethics and patients' rights**. *The Indian Journal of Social Work*, Focus Issue, **Patients' Rights**, LIV(2), April 1993, pp. 173-188.
- Jesani, Amar and Pilgaokar, Anil. **Patient's autonomy: Throwing it to the winds?**. *Medical Ethics*, 1(1), August-October 1993, 6-7p.

**CEHAT RESOURCES**

" It is health that is real wealth and not pieces of gold and silver. "

- Mohandas Gandhi

- Kurian, Oommen C. [Charitable Hospitals: Charity at Market Rate.](#) *Economic and Political Weekly*, 47(39) September 29, 2012, pp. 23-25.

- Jesani, Amar [Laws and Health Care Providers](#), January 1996, Pgs.135
This book aims to review analytically health laws and legislation, as they exist in India with the help of expert lawyers. This important book advocates comprehensive legislation for ensuring right to health care and universal access to health services.

- Desai Mihir and Mahabal Bali, Kamayani (ed.). [Health Care Case Law in India](#), August 2007, Pgs.6+200 [ISBN 8171289042753-X]

This Reader mainly looks at the Constitutional recognition and judicial pronouncements. These case law form the foundation of the right to health care and can support any further public interest litigations on various other areas of public health. The attempt has also been to demystify the laws and make the information accessible to common people , so that the judgments can be used as an effective tool for demanding the right to health care. An awareness of these judgments does not mean that they will be implemented easily, but it is certainly important for further action and the evolving of future strategies, legal or otherwise, towards realizing the right to health.

- Kurian, Oommen C., David Siddarth (2013). [Free Medical Care to the Poor: The Case of State Aided Charitable Hospitals in Mumbai.](#) Mumbai: CEHAT, 2013.

This study by CEHAT intended to look at the literature on the history of state aided charitable hospitals in Mumbai, and appraise the nature of engagement between the private sector and the state aided hospitals.



Health as a Human Rights

CEHAT RESOURCES



∞ [Charter of Patients Rights \(English\)](#)

∞ [Charter of Patients Rights \(Marathi\)](#)

∞ [Brochure of Patients Rights \(English\)](#)

• **Charter and brochure on Patients Rights (2008).** Mumbai: CEHAT.

The Charter of patients Rights have been adapted from the draft rules framed under the BNHRA (Bombay Nursing Home Registration Act) Act. This Charter and Brochure gives a brief description of the Rights of patient vis-à-vis Patients responsibilities. To celebrate the World health Day on 7th March 2008, the Jan Swasthya Abhiyan (JSA) Maharashtra had organised a Campaign from 7-10th April 2008. The main theme was on Patients Rights. The Patients Rights Charter was disseminated during this campaign. Copies of the Charter and brochure are available in English and Marathi.

News paper clippings on Health Rights

* [NHRC will probe medical negligence complaints in Mumbai](#)

The Times of India, 9th September, 2015.

In a major breakthrough for the patient rights movement, the National Human Rights Commission (NHRC) will conduct a national-level probe into complaints of medical negligence in the public and private health sectors. The first public hearing for the western region will be held at the Tata Institute of Social Sciences (TISS), Deonar, on November 18 and 19...

* [Top Mumbai hospitals ignore poor patients: Survey](#)

By Iyer, Malathy

The Times of India, 25th February, 2015.

Cehat (The Centre for Enquiry into Health and Allied Themes) worked out that among the city's charitable hospitals, including the well-known Breach Candy, Lilavati, Hiranandani , Jaslok, Bombay, Saifee and Kokilaben Ambani hospitals , there are 1,600 beds—800 free and another 800 concessional—that are not being made available to the patients who need them the most...

* [Hospitals contest NGO report on treatment of poor patients.](#)

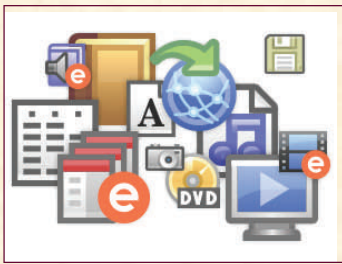
The Times of India, 26th February, 2015.

The Cehat (Centre for Enquiry into Health & Allied Themes) report showed barely 2% of reserved beds-10% free and 10% subsidized-in charity hospitals were used between 2009 and 2011...



Health as a Human Rights

CEHAT Library Resources



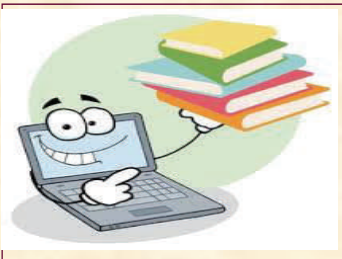
Library Collection

CEHAT's library has sizeable collection of resources in varied areas, including [Child health](#), [Patients Rights](#), [Health and Human Right](#) etc.

- * **Types of Resources:** include books, Journals, articles, films, CD's, Posters, Documentaries, Reprints, other print & Non-print materials, Reports of other institutions, Government publications-Reports, institutional unpublished documents. Statistical data etc.
- * **Training materials:** includes Course materials of Health & Human Rights course, Violence against women and role of health care providers course, Comprehensive Healthcare Response to Survivors of Sexual Assault Course, Responding to Violence Against Women through Feminist Counseling Course, Integrating Gender In Medical Education Training.
- * **Health database:** It covers Information on various aspects of the health Sector in India is spread over numerous sources. The main objective of the database was to bring information of health sector in India together under one umbrella and to use it to promote research and advocacy. one umbrella and to use it to promote research and advocacy.



[April - June 2015](#)



[Reference Sources](#)

UPCOMING PUBLICATIONS



- ◆ Policy Paper on Maternal Health in Bihar
- ◆ Policy Brief on Maternal Health in Bihar
- ◆ Policy Paper on Maternal Health in Odisha
- ◆ Policy Brief on Maternal Health in Odisha
- ◆ Policy Paper on Maternal Health in Jharkhand
- ◆ Policy Brief on Maternal Health in Jharkhand
- ◆ Right To Maternal Health in India: are we there yet? A Report



Health as a Human Rights

HIGHLIGHTS OF THE MONTHS

Feminist counseling course in Marathi



**Five days Feminist counseling course. Organised by: CEHAT
Date: 22nd to 26th June, 2015. Venue: Saint Pius College,
Goregaon.**

CEHAT conducted a five-day course on feminist counselling from 22nd June to 26th June 2015 at Sarvodaya Department, Saint Pius College, Goregaon. There were 12 participants from non-governmental organizations of Maharashtra and Goa. Maharashtra participants were from different places like Chandrapur, Bhandara, Sangli, Yavatmal, Beed, Jalgaon, and Mumbai. The participants were counselors and social workers with minimum 2 years experience on the issue of violence against women. The objective of the course was to provide participants with a different lens with which to approach their work - a feminist lens which empowers women to question oppression and respond to it. [For more information](#)

Feminist counseling course in Hindi



**Five days Feminist counseling course. Organised by: CEHAT
Date: 4th to 8th May, 2015. Venue: YMCA International
House.**

CEHAT conducted a five-day course on feminist counselling from 4th to 8th May at YMCA International House. There were 21 participants from non-governmental organizations of Madhya Pradesh and Maharashtra. The participants were lawyers and social workers with experience on the issue of violence and atrocity. The objective of the course was to provide participants with a different lens with which to approach their work - a feminist lens which empowers women to question oppression and respond to it. [For more information](#)

HIGHLIGHTS OF THE MONTH

CEHAT IN NEWS

* [What makes the two-finger test so controversial.](#)

By Wal, Aradhna.
DNA, 9th June, 2015.

Padma Deosthali, coordinator for the Mumbai-based Centre for Enquiry into Health and Allied Themes, who was one of the experts working on these guidelines, says that the two-finger test is a forensic examination and the P/V exam is used to determine injuries and infections and is commonly used on pregnant women...

* [Aruna Shanbaug, also the face of brutal sexual assault in workplace.](#)

By Koppikar, Smruti
Hindustan Times, 19th May, 2015.

“Nurses at both levels, the sister in charges (SIC) and staff nurses (SN) stated they face abuse from senior doctors, labour staff, relatives and patients,” found well-known researchers Padma Deosthali and Sangeeta Rege...



CONFERENCE ALERT

* **2nd International Conference on Public Health Strategies and Priorities (ICPHSP Vlorë 2015)**

Organized by: Faculty of Public Health, Vlorë, Albania

Deadline for abstracts/proposals: 10th October 2015

Date of the conference: 6th to 7th November 2015

Place: Vlorë, Albania

Contact person: Aurela Saliq

For More Details See the: [Website](#)

The purpose of this conference is to discuss the situation of public health according to the specific profiles of our countries, as well as to promote the priority needs in the community health services.

* **Third International Conference on Global Public Health 2015**

Organized by: Umeå University, Sweden and International Center for Research & Development, Sri Lanka

Date of the conference: 10th to 11th December 2015

Place: Colombo, Western, Sri Lanka

Contact person: Prabhath Patabendi

For More Details See the: [Website](#)

Global Public Health 2015 is an interactive platform to connect and reconnect colleagues around the world. Meet 2012, 2014 participants as well as new participants in our conferences. GPH 2015 conference is the premier knowledge building event in GPH.



About CEHAT...

CEHAT, is the research centre of Anusandhan Trust. CEHAT was established twenty years ago when a group of researchers and healthcare professionals decided to create an alternative health research institution which is at the interface of activism and academics. CEHAT comprises of a multi-disciplinary team such as doctors, lawyers, social workers, public health experts and counselors.

CEHAT through its research, intervention, education and advocacy, has been addressing issues of right to health care to all as well as preventing violence and caring for survivors. All projects are periodically reviewed for scientific rigour and ethical compliance by external review committees. A democratic mode of decision-making is the cornerstone of CEHAT's functioning.

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