

**Expanding
Access to
Reproductive
Rights: Using
the Law to
Guarantee
Sexual &
Reproductive
Health and
Rights**

**Date: 2nd & 3rd November,
2019**

**Venue: Anchal Samiti Hall,
Roing, Arunachal Pradesh**



Report of State Level Consultation
On

Expanding Access to Reproductive Rights:
Using the Law to Guarantee Sexual &
Reproductive Health and Rights

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ACRONYMS-

IMR- Infant Mortality Rate

IPHS- Indian Public Health Standard

JSY- Janani Suraksha Yojna

JSSK- Janani Sishu Suraksha Karykaram

MMR- Maternal Mortality Rate

NICU- Neonatal Intensive Care Unit

NCDs- Non-Communicable Diseases

NHM- National Health Mission

PIL- Public Interest Litigation

Introduction:

Health has been characterized as a state of complete physical, mental, social and spiritual well-being, and not merely an absence of disease or infirmity. However, it was soon realized that there are wide disparities within and across countries based on income, gender, locations and social segmentation which push vast majority of the citizens experience adverse health consequences. Therefore, health has become a political and governance issue but above all it is a fundamental human right.

The public health services are inadequate in India. Maternal mortality rates and infant mortality rates are declining is slower than the neighbouring countries. Pregnant women in villages and tribal areas are still not able to access medical care because the sub health centres, primary health centres and community health centres are not functional in the manner as they should be. Another important aspect of sexual and reproductive services is accessibility to safe contraceptive methods. Despite several options for contraception, there is a constant push to promote sterilizations, the whole burden of which falls on women. Quality parameters during sterelisation operations are often found to be below the par due to which large number of sterilisation failure and death cases are reported every year.

Only a very inclusive health policy can increase the status of health in our country and reduce MMR and IMR. Accessibility to good quality health care at affordable rates can help India achieve the goals set by the health policy. For this we need an increase in the health budget as well as demand for free medicines and diagnostics scheme which will reduce the burden on the families while getting medical treatment and will also help eradicate irrational medicines from the market. To attain the goal of universal health care, a separate law is needed to make public health a right. One of the most important aspects in increasing the health standards of a nation is improving the sexual and reproductive health services in the country.

Article 21 of the Indian Constitution provides "*Protection of life and personal liberty*" that clearly states that "*No person shall be deprived of his life or personal liberty except according to procedure established by law*". Right to Life is one of the fundamental rights that encompasses right to health. One can achieve a good quality life only if she or he attains a high standard of health. Through legal intervention the constitutional mechanism can be used to bridge the gap between government assurances and the abysmal ground realities of the sexual and reproductive health delivery services.

Introduction to the Consultation

In light of the above evidences and indicators, it is very important to ensure that Sexual and Reproductive Health and Rights stay intact. With this objective, Prayas and Human Rights Law Network (HRLN) since past some years have been engaged in promoting sexual and reproductive health rights through varied advocacy measures, one of them being the legal route. In past about five years, Prayas and HRLN have identified more than a thousand incidents from different parts of the country citing diverse violations and denial of sexual and reproductive health and rights and through citizen-based advocacy and legal tool tried to claim justice in those cases. The State Consultation on ‘Sexual and Reproductive Health and Rights in India: Reviewing Laws, Policies and Practices’ jointly was organized by Prayas and HRLN at Anchal Samiti Hall, Roing, Arunachal Pradesh on 2nd & 3rd November 2019. Purpose of this consultation was to create a platform where the experience of interventions around SRHR through legal advocacy could be shared with other likeminded individuals and groups and at the same time the current laws, policies and practices that impact SRHR can be deliberated upon to identify gaps and areas where focused efforts are required. Around 97 participants joined in this consultation including health activists, legal experts, civil society groups, women organizations, marginalized groups, doctors, lawyers, students, government representatives and media to help understand how using law accessibility to sexual and reproductive health and rights can be expanded.

Objectives of the Consultation

- To create a forum for sharing and discussing good practices, lessons, as well as the barriers and constraints in realizing sexual and reproductive health and rights in India
- To review the existing policies, programmes, schemes and legislations (including international obligations) related to sexual and reproductive health in India
- To deliberate on achievements, challenges and processes in claiming sexual and reproductive health and rights using law
- To sensitize and build capacity among judicial and legal fraternity around sexual and reproductive health and rights
- To equip CSOs and NGOs, especially those working in marginalized communities, with tools and information to make effective use of law in advocacy for sexual and reproductive health and rights

- To identify and draw consensus on issues and agenda for further advocacy, research and action around sexual and reproductive health and rights.

Welcome and Background to the Consultation

Dr Narendra Gupta, Prayas

Dr Narendra Gupta started with providing the background to the consultation. He also welcomed the Additional Deputy Director of the Lower Dibang Valley. He noted that there should be a concept of comprehensive healthcare including physical, mental, hygiene, sanitation etc. He also discussed key points in



relation to the NFHS of Dibang Valley in 2015-2016. He presented his observations around the sex ratio, BMI etc. He pointed out that although the data after the survey might have changed there still exists disparities in seeking health care especially among women and adolescent girls. He briefly pointed out the framework for Ayushman Bharat launched by the Government of India. He elaborated on the concept of health and wellness centres to be set up under the scheme including health centre. Later, The Additional Deputy Director also addressed the participants on health systems and various health program in the district.

Dr Narendra pointed out that there is a need to expand access to health rights especially reproductive rights as women share most of the burden and the inclusion of males in the same conversation is very important. He stressed that as women share most of the burden there needs to laws and rights to protect their health seeking and agency with respect to reproductive rights. Under this program, adolescent's girls are also kept in consideration to avoid any complications that occur due to various social norms such as child marriage, early pregnancy, menstrual hygiene etc.

Right to Education, Adolescent Health and Early Child marriage

Anjali Mihu, Childline

Anjali Mihu, Childline and colleagues briefed the participants on the provisions of Right to Education and its interlinkages with Adolescent Health and Early Child Marriage. She also

raised a concern around early pregnancy among teenage girls due to a taboo to talk around the issues of sex and reproduction in vulnerable areas. As a result, they suffer mental and physical torture in their living environment leading to



abortions increasing neonate and maternal deaths. She stressed upon making ourselves aware about rights especially at an adolescent age. Her colleagues briefed the participants on child marriage protection act and its effects on a children's right to education, increase the rate of infant deaths, etc.

Adv. Olivia Bang, HRLN

Adv. Olivia Bang, HRLN also described the provisions of the RTE related to schools being in neighbourhood, learning equipment, toilets and other infrastructure in school. She also stressed that under the provisions of RTE, no child should be denied admission especially to the economically weaker sections. Such complaints can be filed with the Directorate of education if the school doesn't satisfy the criteria as mentioned under the act. Various scheme of issues such as public schools seeking donations, fee hike, provisions regarding scholarships for minorities were discussed. Later discussion related to the role of sex education along with right



to Education when there is a lack of student and teacher interaction was raised by a participant. In the discussion there were other issues such as Quality education, non-availability of teachers, lack of infrastructure, and poor quality of Mid-day meals were also raised.

Poor Nutrition Impacting Health of Women: How Effective are Anganwadis and NFSA? Significant cases taken up by HRLN Itanagar on this issue

Adv. Deepak Singh, HRLN

Adv. Deepak briefly discussed the provision of the NFSA scheme. He elaborated the entitlements under the scheme where a woman gets 6000/- for the birth of two children. He explained that the entitlements under the new scheme has reduced to 5000/- and shared the same with JSY scheme. He also



stated the provisions of early registration from the last menstrual cycle to claim the first instalment under the scheme. The second instalment atleast after first ANC and the last instalment after institutional delivery and child birth registration. The HRLN team briefly discussed the cases taken up on this issue. They stated that as per the IPHS guidelines a report is prepared on health systems and services available at those facilities as fact finding considering various reproductive health issues. There have also been cases on holding health facilities accountable to provide services as per the guidelines.

Adv. Madan Milli, HRLN

Adv. Madan briefly stated that HRLN filed 26 PILs in 2017 for various Aanganwadi centres. Blood bank in rowing district was possible because of a PIL filed by HRLN. He also discussed other various results such as implementation of NRHM in Arunachal, recruitment of health staff (n~201), medical officers (n~12) and Aanganwadi workers (~1400), provision for medical equipment and ambulance.



Implementation of sanitary Pads among adolescent girls overview

Adv. Sunny, HRLN

Adv. Sunny pointed out the initiatives of the government regarding distribution of sanitary pads for Adolescent girls of 6-12 grades in school. She stressed the objective with which the scheme was introduced in 2013 to reduce drop-out rates from school due to inadequate infrastructure



regarding menstrual hygiene. She elaborated the allocations for the scheme and its disbursement over the years to girls directly to their bank account. She also noted the mechanism for disposal of sanitary napkins in schools to avoid any hygiene hazards and promote scientific process for the same. She also pointed out that through efforts and collaborations of various civil society organisations and pressurize the government to install incinerators in schools along with gender sensitization programs and awareness campaigns.

Public Interest Litigation during these challenging times: How to do a PIL

Adv. Olivia Bang, HRLN

Adv. Olivia Bang initiated the conversation by interacting with the participants on Right the live and other rights that the government is obligated to protect. She also briefly explained the meaning of PIL and its existence and how it derives out of The



Constitution of India. She pointed out who can file a PIL and a mechanism for upholding those rights is majorly done by vulnerable section of the society when their rights are violated. The person whose rights are violated can file a PIL by writing a simple letter to the judiciary, mostly High Courts. Any organisation, individual or civil society can file a PIL with no requisite format, hence making it easy for people to claim their rights that are violated. She briefly

discussed the provision of Article 14, 19 and 21 of the Constitution of India to demand relief case in the form of a PIL and discussed the costs, need for a lawyer to file the same.

A participant also addressed the participants and shared some inspiring words highlighting challenges in her time. She stressed on recognizing one's capabilities and special focus should be paid on education.

Day 2

Entitlement of free & Generic Medicines and Controlling Drug Pricing

Dr Narendra Gupta, Prayas

Dr Narendra Gupta addressed the participants by asking them about their patterns of purchase for medicines in Arunachal and out of pocket expenditure. He discussed the introduction of such scheme in Rajasthan where generic medicines are given free of cost. He also provided the background to why such a scheme is needed. He elaborated that as



vulnerable populations have to buy medicines out of their pocket, they are pushed to poverty, many children drop out of school, lack of nutritious food and other basic services to live become difficult to manage. The citizens should demand availability of health services at all levels free of cost which indeed is a basic human right.

He mentioned challenges of health seeking behaviour and lack of people's trust on health system due to non-availability of quality health services and free of cost. Normally a person spends a lot of money only on purchasing medicines. He also briefly talked about the money business of pharma companies earning almost 4000% by selling generic medicines privately rather than a subsidised scheme to the government, which might in-turn benefit the vulnerable population. An episode of Satyamev Jayate was screened for the audience. He also briefly discussed the provisions of Permanent Lok Adalats and their functionaries and covers all public utility services.

Right to food Initiative: Supplementary nutrition, provision of compensation and nutritional support to Children, pregnant women and lactating mothers.

Jeni Mihi, CDPO

Ms. Jeni Mihi discussed about various schemes around women nutrition. Beti Bachao program and other schemes should focus on girl nutrition especially during adolescent age. Nutrition for first time mothers is important and needs at that time increase to 4 times along with other nutrients, immunization and check-ups. If not monitored this can lead to anaemia, low haemoglobin levels during and after child birth. She discussed about various awareness campaigns for vitamin A for neonates. She also stressed the role of Iodine in health progress of both mother and children and safeguards them from external infection. She also linked nutrition, education and health as an important factor for healthy behaviour and living. She also reiterated the provisions of PMBVY scheme for lactating mothers for information of the participants. She also mentioned that there needs to a major focus on children upto 6 years on their mental and physical health for their future healthy living.

Implementation of JSSK and JSY and its Challenges in Arunachal Pradesh

Adv. Deepak kr. Singh, HRLN

Adv. Deepak stated the provisions of JSSK and JSY schemes on entitlements in cases of institutional deliveries. In cases of home deliveries there might be complications and no entitlements are rendered. It was launched in 2005 where states were categorized into high and low performing states with respect to institutional deliveries. The purpose of the scheme is largely to promote institutional deliveries. The mother would get 1400/- rural and 1000/- urban for a successful institutional delivery. The participants mentioned that only those with bank accounts get entitlements but vulnerable populations are not able to access the banks. He urged ASHAs to help the beneficiaries to open bank account in order to fulfil entitlements under the JSY scheme. He also discussed some figures from NFHS around institutional delivery, ANC check-ups, and BMI. He also provided insights on JSSK entitlements and the key factor is around institutional deliveries and to reduce infant and maternal mortality. He also stated the provisions around NICU in district hospital in rowing district.

The consultation was concluded with vote of thanks, and certificates were distributed to the participants.



Annexure:

Agenda

Day 1 (2nd November, 2019)		
Time	Session	Speaker/Facilitator
9:30 AM- 10:00 AM	Registration	
10:00 AM- 10:15 AM	▪ Welcome	Bengia Yalyo, HRLN Itanagar
10:15 AM- 10:30 AM	▪ Inaugural Address /Background	Miss. Chhavi, Coordinator, Prayas
10:30 AM- 10:40 AM	Tea/Coffee Break	
10:40 AM- 11:00 AM	National Health Protection Scheme (NHPS)	Dr. Narendra Gupta, Director, Prayas
11:00AM-11:10AM	Discussion	
11:10 AM- 11:30 AM	Right to Education, Adolescent, Health and Early Child marriage.	Anjali Mihui, Child Line, Roing
11:30AM-11:40 AM	Discussion	
11:40 AM- 12:00PM	Poor Nutrition Impacting Health of Women: How Effective are Anganwadis and NFSA? Significant cases taken up by HRLN Itanagar on this issue	ICDS/ CDPO; Adv. Madan Mili, HRLN Itanagar

12:00 AM- 12:20 PM	Discussion	
12:30 PM- 01:15 PM	Lunch	
01:15 PM- 01:35 PM	Implementation of sanitary Pads among adolescent girls overview.	DDHS Roing Adv. Sunny, Adv. Madan Mili, HRLN
01:35PM- 01:45 PM	Discussion	
01:45 PM- 02:05 PM	Public Interest Litigation during these challenging times: How to do a PIL	Adv. Madan Mili, HRLN Itanagar, Adv. Olivia Bang, HRLN Delhi
02:05PM-02:15PM	Discussion	
02:15 PM- 02:20 PM	Tea/Coffee.	
Day 2 (3rdNovember, 2019)		
10:00 AM- 10:15 AM	Registration & Recap of the day	Bengia Yaliyo, Researcher, HRLN Itanagar
10:15 AM- 10:35 AM	Implementation of JSSK and JSY and its Challenges in Arunachal Pradesh	Yapi Mena, Project Manager, NRHM, DH Roing
10:35 AM- 10:45 AM	Discussion	
10:45 AM- 11:05 AM	Entitlement of free & Generic Medicines and Controlling Drug Pricing	Dr. Narendra Gupta, Director, Prayas
11:05 AM- 11:15 AM	Discussion/ Tea Break	

11:15 AM- 12:05 PM	Right to food Initiative: Supplementary nutrition, provision of compensation and nutritional support to Children, pregnant women and lactating mothers.	Adv. Deepak Kr. Singh HRLN Patna
12:05 PM- 12:15 PM	Discussion	
12:15 PM- 12:35 PM	Right to Education Initiative: Strengthening of RTI, and provision and safeguarding of children's rights	Adv. Olivia Bang, HRLN Delhi
12:35PM-12:45PM	Discussion	
12:45 PM- 01:05 PM	Cases filed on reproductive Health rights in the last five years by Arunachal Unit. Achievements and Key Challenges.	Duyu Anga & Team, HRLN Itanagar
01:05 PM- 01:15 PM	Open Discussion	
01:15 PM- 01:25 PM	Tea/Coffee Break	
01:25PM- 01:40 PM	Group Activity & Presentation	
01:40 PM- 01:50 PM	Plan of Action & Concluding Remarks	HRLN Team
01:50 PM- 02:00 PM	Vote of Thanks	
02:00 PM-	Lunch	