

Annual Report of Activities

April 2011 – March 2012

Sama-Resource Group for Women and Health

Highlights of activities during this year:

I. Right to Health and Health Care

I.A. Public Tribunal on Women's Right to Health

Sama in collaboration with Bharat Gyan Vigyan Samiti (BGVS), Jan Swasthya Abhiyan, Orissa, AAINA, NAWO and NAMHHR, organised a State Level Women's Health Tribunal in Bhubaneswar on 15 December 2011, concerning issues related to women's health. The tribunal focused on denial of right to health and health care with particular focus on marginalized communities – women, adivasis, dalits, muslims, who are particularly vulnerable to increased health right violations. About 100 participants from all over the state, including health activists, representatives from organisations and networks working on issues of health, livelihoods, disability, education, and from the media, were part of the Tribunal.

The jury for the tribunal comprised of Mr. Khirod Rout, Senior Advocate, Odisha High Court, Ms. Jyoti Panigrahi, Chairperson, Orissa State Commission for Women, Mr. Prafulla Das, Senior Journalist, The Hindu, Dr. Almas Ali, Senior Public Health Expert and Dr. S.G. Biswal, Director, Public Health, Government of Odisha has presented to response the issue.

The tribunal sought to:

- reflect on the ground realities, thereby providing evidence towards strengthening monitoring and advocacy efforts.
- reflect on some of the existing schemes and programmes and to advocate for their better implementation.
- provide a platform for poor and vulnerable women to share their experiences with regard to violations/ denial of health rights.
- highlight and address the issues of violations before the media, the appropriate authorities, and to draw their attention towards these.

The following are a brief presentation based on the key recommendations proposed by the jury members of the Tribunal:

- Women's health cannot be seen in isolation from other public health issues, which needs to be immediately addressed.
- It is important to have a holistic and more comprehensive understanding of women's health, in terms of the linkages between the social determinants of health and women's health; and implications for women's health in the context of their absence.
- There is an urgent need for a well equipped and accessible public health system, providing quality services. The hospitals at the district and at the sub- divisional levels are also not adequately/ properly equipped to handle even routine delivery cases.
- Over emphasis on the disease-doctor paradigm and the over medicalisation of women's bodies are also major concerns that need to be addressed.

- Considering that most of the victims whose health rights have been violated also belong to the economically marginalised section, compensation and free legal assistance should/would be provided by the state to those who have suffered because of sheer medical negligence.
- Delays and non-payment of entitled cash assistance were experienced in institutional as well as home births. Urgent need for redressal systems in the instances of denial of entitlements.
- Addressing the large scale violation of patients rights, emanating from the State's failure to perform its duty, falls within the purview of NRHM. Apart from the Public Health Sector improvement, regulation of private sector has been a long standing concern. The significant dominance of the private sector at the primary, secondary and tertiary levels of health care are well known. Moving beyond simple registration of facilities, it is now essential to identify key patient's rights in this sector in order to concretise and detail the components to be included in regulation of this sector.
- The Tribunal also highlighted many concerns with regard to the increasing trend towards family planning in the state. While the Family Planning Insurance Scheme (FPIS) has been operational since some time, lack of information regarding it was evident through the testimonies. The provision of compensation following death, failure and complication post operation has not been systematically disseminated. Quality of care needs to be given priority with regard to the operationalisation and functioning of such schemes. There is a need to move beyond the targeted approach, and ensure that only a limited number of operations are performed. However, it needs to be pointed out that while schemes such as FPIS are a positive step forward, insurance can neither be seen as the solution nor an alternative for a strengthened public health system.
- Further, conflicts, displacement, sexuality, mental health, disability, violence needs to be taken into cognizance while talking about women's health.

The Tribunal jury members referred to specific situations and narratives presented in the tribunal in the course of making recommendations.

I.B. Free Treatment in Private Delhi Hospitals

I.B.i. National Consultation on "Universal Access to Health: Impediments and Solutions

This was jointly organized by Sama, Prayas and Oxfam India Trust on 12-13 October, 2011 in Delhi to disseminate the information from four studies conducted in partnership with Oxfam India towards understanding of the challenges in Universal Access to health and health care, Promote dialogue between civil society, medical and scientific community, research organisations and policy makers.

Sama's study on provision of free treatment in private hospitals in Delhi was presented. About sixty participants from Delhi and other states including health activists, academics, researchers, policy makers and media professionals were part of the two day consultation.

I.B.ii. Seminar on Free Treatment: Dissemination of the study and Action Plan

A half day seminar / orientation to discuss and deliberate the findings from the study, emerging concerns with regard to accessible and quality health care for the poor and marginalized in Delhi and possible future action plans.

The study examined "charitable" hospitals and similar partnerships that operate within the framework of "subsidies and concessions" provided to private hospitals towards provision of care for the underprivileged. Along with giving a picture of how such provisions are being implemented, the study also raises important questions in the context of the State's continued inclination towards privatization, with regard to access to health care services particularly for the poor and marginalised, equity, patient's rights, poor governance, absence of regulation, evaluation and systems for accountability of the private sector.

I.C. National Consultation on Regulation of Drug Trials

Sama along with Low Cost Standard Therapeutics (LOCOST), Centre for Studies in Ethics and Rights (CSER), Drug Action Forum – Karnataka (DAF-K), All India People's Science Network (AIPSN) and Dr. Amar Jesani organized a national level Consultation on the "Regulation of Drug Trials" on September 26-27th, 2011. This Consultation attended by over 50 people facilitated a platform to promote dialogue and deliberation between a range of stakeholders, particularly, civil society, and the medical community and policy makers, towards evolving concrete recommendations for policy on these issues.

The Consultation planned across two days, provided for a series of discussions on cross-cutting themes all related to the conduct of drug trials in India including: ethical challenges in biomedical research; ethical responsibilities of researchers; rights of participants, particularly those from marginalized and vulnerable communities; intersections of clinical trials and public health, global and national contexts, business and commerce, etc; legal instruments that can strengthen regulatory mechanisms and manage conflicts of interest, and; ensuring greater transparency, accountability and public knowledge and vigilance.

A smaller level preparatory meeting was held on June 2nd, 2011 to brainstorm over the range of issues that the Consultation will focus on and to identify speakers/ paper presentations on these themes. It was on the basis of this meeting, that some of the main themes to be discussed were decided on.

The last session of the Consultation, 'Moving towards People Centric Research: Where People Matter' resulted in the formulating in a list of recommendations on the basis of a consensus on some of the issues emerging from the discussions over two days. The media was also invited for

this session, while a brief version of the recommendations was also released to the press the next day.

A report of the Consultation documenting the proceedings, debates and lessons for wider audiences will be published. The recommendations emerging from the last session will also be shared with a range of policy makers and parliamentarians in the months to follow. Similarly the policy recommendations from the Consultation will also be incorporated into a concerted action plan to include, research and future advocacy initiatives.

I.D. National Consultation on ‘Reviewing the NRHM: Through a Gender and Rights Lens’

The National Consultation was organized by Sama –Resource Group for Women and Health in collaboration with National Alliance for Maternal Health and Human Rights (NAMHHR), CommonHealth, Prayas and Sahaj. The India Islamic Cultural Centre, Lodhi Road, New Delhi was the venue for the consultation that was held on 11-12 July 2011.

The consultation was proposed and organized based on the need for a wider, systematic and collective process to take stock of the health system and thereby the National Rural Health Mission (NRHM), the government’s flagship health programme from 2005-2012. With seven years of NRHM drawing to a close, the consultation was opportune to plan for the future, and visualise a new health architecture that is gender sensitive, rights based and appropriate to the needs of the poor and marginalized. Furthermore, the emerging concerns and prior experiences from different states with regard to maternal health and have highlighted the urgent need for health systems strengthening in rural as well as urban areas. Given that a large focus area of the NRHM is on promotion of maternal health through specific strategies such as JSY / institutional births, these experiences have provided a comment on specific components of the NRHM concretely in the context of maternal health, which can be extended to other health needs and concerns.

The RCH-II Programme, a big part of the NRHM, also coming to a close in 2012, was expected to address other sexual and reproductive health and rights (SRHR) and gender issues. Furthermore, the complete lack of initiatives on urban health continues to be an area of major concern.

The specific objectives of the consultation were:

- To develop a critical analysis of the design of the NRHM and RCH-II from a gender and rights perspective.¹
- To examine the positive experiences and challenges with implementation of the NRHM across states, in the context of increasing health equity, participation, governance and accountability.²

¹ By interrogating the ethics of conditional cash transfers for maternal mortality reduction, the continuing vertical approaches, and the absence of a comprehensive SRHR perspective, and the promotion of unregulated and ad hoc public private partnerships.

² Which includes service guarantees, access to quality services, skilled providers, grievance redress, and other issues.

- To prepare recommendations for the future directions of a gender sensitive, rights-based and comprehensive national health programme that can be taken up subsequent to 2012.

Approximately 80 participants from about 20 states and national networks were part of the consultation. The participants represented organizations working on gender and rights issues, health movement/ Jan Swasthya Abhiyan, legal organizations, ethics groups, women's organizations working on gender and women's rights, dalit and adivasi rights, organizations working in the north-eastern states, health rights groups, groups working on maternal health and rights, and for the policy dialogue, government officials, donors.

The national consultation is planned to lead into a year-long process of regional or state-level consultations across the country, building up to 2012. The consultation is expected to contribute to health policy and plan processes.

II. Strengthening Health Care Response to Gender Based Violence

During this period, Sama organised / participated in the following initiatives towards consolidating our work in this area:

II.A. Capacity Building

i. Workshops for Strengthening Understanding about the Health consequences of Domestic Violence with community based organizations and networks

State level workshops were organized in Muzaffarpur (Bihar), Muzaffarnagar (Uttar Pradesh) and Raipur (Chhattisgarh), with activists and health workers from community based organizations and networks from the states of Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, and Chhattisgarh.

A total of 110 persons were part of the workshops; of these, ninety were women and twenty were men, who represented 49 organizations from 37 districts from the five states.

State / Venue / External resource persons	Participants / States / Number	Dates	Work / activities that organizations are involved in
Muzaffarpur, Bihar Anandita (Swayam)	Bihar and Jharkhand; 29 persons from 15 organizations	29-31 May	Organisations working on women's health, child health, community development, violence, education, livelihoods, nutrition/food, Panchayati Raj, tribal and dalit issues. Women, who were playing the role of ASHAs, were also part of the workshop.

Muzaffarnagar, UP	UP and Uttarakhand; 40 participants from 14 districts and 17 organizations	23-25 June	Organisations working on women's health and rights, against honor crimes, health care, with Panchayat Raj Institutions, youth development, prevention of violence, women's development / empowerment, SHGs, etc.
Raipur, Chhattisgarh	Chhattisgarh; 41 participants From 14 districts and 17 Organizations	29-31 August	Women's issues, child issues, livelihoods, food security, Land and forest rights, displacement, Literacy, Environment concerns in rapid industrialization, violence, health, Education Panchayati Raj, NREGA, about gender based violence (with particular focus on DV) and its linkages Corruption, Social justice, SHGs, etc

The workshops in Bihar and UP involved resource persons with long-term experience and expertise in the area of domestic violence. Anandita from Swayam in Kolkata and Pushpa from Vanangana in Chitrakoot (UP) were the resource persons along with the Sama team. The workshops sought to create linkages between resources / organizations (knowledge and skill resources on DV) in the state or region so that following the workshop, organizations who initiate work or require feedback / clarity about ongoing initiatives in the area of DV, can connect with the organizations / resources in addition to Sama.

ii. Workshops with Community Based Organisations and Networks

Three workshops with community based organisations and networks were conducted by Sama during this period. The two and half day workshops were organised in Jaipur and Delhi. While two of the workshops were organised by Sama for diverse groups, the third was an outcome of these workshops; Sama was invited to facilitate a similar workshop for the members of Mahila Jan Adhikar Samiti (MJAS), which has been engaging and campaigning on issues of violence in Ajmer district of Rajasthan for over two decades.

These workshops were able to strengthen linkages between violence and health – in the context of perspectives as well as health care response. The workshops were able to build local resources and strengthen linkages between organisations in a particular geography or region, towards sustained action.

iii. Orientations for Health Care Providers

Three orientations were conducted with health care providers in Safdarjung Hospital, Delhi, towards constructing a deeper understanding about domestic violence and enabling a better understanding of the roles and responses of health care providers to survivors of violence. These orientations were organised in the hospital premises – in the Department of Obstetrics and Gynaecology. Participants were from six units of the Department of Obgyn. About 110 persons participated in the sessions. Of these 33 were doctors – senior residents, senior specialists, medical officers; 29 nursing staff, 40 nursing students, and 2 social workers. Follow up workshops are also being planned.

iv. National Course on ‘Comprehensive Healthcare Response to Survivors of Sexual Assault’

A National Course for Doctors and others working with survivors of sexual assault was organized by Sama, CEHAT and Department of ObGyn Safdarjung Hospital. The objectives of the course are to equip health care providers in-

- Understanding different forms of sexual assault, and their role in responding to needs of survivors
- Laws related to sexual assault as well as their legal role as medical practitioners
- Hands-on experience in taking informed consent, history taking, examination, documentation, evidence collection, providing provisional/final opinion, and preparing for court trials
- Standard operating procedures for ensuring comprehensive healthcare response to sexual assault survivors

The two day national course was organized on the 1-2 of October in Delhi at the Vishwa Yuva Kendra. Sama and CEHAT actively mobilized participation in the course from government hospitals in Delhi.

v. Workshop for Delhi Protection Officers

Workshop on Domestic Violence with Protection Officers of Delhi: Sama along with Jagori³, and the National Law University, Dwarka, Delhi organised a five-day workshop for Delhi Protection Officers (POs) and paralegal workers. The workshop facilitated the strengthening of perspectives on gender, sexuality, health, etc.; developed capacities of the POs about the law and attempted to enhance linkages with other requisite service providers, agencies, resources towards effective implementation of the Act and response to the survivor. The workshop also recommended necessary and urgent changes towards bettering working conditions of the POs, and thus improved implementation of the Act.

³ A Delhi based women’s organisation with several years of experience on working on issues of violence.

II.B. Advocacy

Sama was part of the Consultation organised by the NCW with regard to the Centrally Sponsored Scheme to provide matching assistance to State Government for effective implementation of PWDVA. This is a scheme conceived to combat violence against women by implementing the special cells for women intervention model across the country during the 12th Five Year Plan.

III. Capacity Building to address the challenges in Commercial Surrogacy in India

This project includes three components - 1) exploratory research, 2) resource development (toolkit and film) and 3) capacity building. The exploratory research will feed into the development of the Toolkit and the Film, both of which will be the resources used for capacity building on the issue. During this period, Sama was able to initiate / complete the following activities:

III.A. Research

The research was designed after discussions within the team and consultations with academic researchers to develop the methodology and the research questions. A mapping exercise through secondary literature review was carried out; based on this Delhi and Punjab were identified as sites for the research.

Research Tools were developed and finalised: Cover letters (by Sama and UNFPA); Informed consent form (provider, surrogate and agent); Interview guides (provider, surrogate and agent); Observation check-list.

To contact surrogate women, advertisement calling for participation for surrogates has been placed in local women's magazines such as Women's Era, Grihshobha, Rajni Monthly, in Delhi and Punjab for the next three months.

Formation and Meeting of Ethics Committee: An Advisory-cum-Ethics Committee was constituted and one meeting took place during this period. The meeting discussed different aspects - ethical challenges and concerns, research methodology, design, tools, etc.

Selection of Participants: We have identified the providers in the selected sites through internet searches, ISAR directories, and lists drawn up for previous researches on ARTs. We have identified 17 centres in Punjab and 12 in Delhi. We have approached all the identified providers for participation in the research through e-mail and over phone.

Literature Review: A review of literature is in progress. All the available literature and readings on surrogacy are being collected and we are currently in the process of reading.

Meetings / Interviews with surrogates and providers in Delhi and Punjab: Interviews with two providers and surrogates were conducted during this period. Confirmations from other doctors, agents, etc. are awaited.

Given that the industry is currently working in a context of no regulation and secrecy, doctors are at times very reluctant to meet or help us get in touch with surrogates, resulting in delay in organising field visits and placing the burden of contacting and coordinating with a larger number of providers for the expected participation.

III.B. Capacity Building

Sama was invited to be a part of the panel organised by UNFPA at the Indian Medical Association (IMA): 86th Annual National Conference 2011, from 27th to 29th December 2011, in Bangalore. Sama made a presentation on the concerns and debates around IVF and surrogacy in India and the ART Regulation Bill 2010.

III.C. Advocacy on ARTs

Sama continued to consolidate advocacy efforts on the Draft ART Bill 2010 during this period. Sama's critique and recommendations for the Draft Bill were sent to the Ministry of Health and Family Welfare and Ministry of Law and Justice. Sama's concerns about the Draft ART Bill were also shared with member of the Planning Commission. Apart from this, contributions to weblogs, newspapers and journals for wider dissemination was done.

Sama was also invited for a meeting with the French Ministry of European and External Affairs (MEEA) at New Delhi for a discussion on surrogacy, in particular, Sama's concerns on the issue and with regard to legislation.

III.D. Study Tour cum Exposure Visit to build perspectives and networks on Sexual and Reproductive Labour in South Asia

A study tour cum exposure visit-to-visit to Nepal and Bangladesh, to build perspectives and networks on Sexual and Reproductive Labour in South Asia was undertaken by four of the younger women members of Sama.

These visits were undertaken in the context of emerging new markets for women's labour and body parts that have opened up under globalization - migrant domestic workers, sex workers and surrogates using their bodies as a resource in jobs that exploit their health and rights, while also presenting opportunities to enhance their autonomy.

These visits provided opportunities to build conversations and networks around these issues in South Asia, particularly to learn from the experiences of organizations and networks in Nepal and Bangladesh that work on trafficking, migration, livelihoods and violence, sexual and

reproductive rights, etc., and the response of the feminist and other social movements to these concerns.

IV. Building Capacities on other issues

i. Workshop on Developing an Understanding of Health with women community leaders, Vrindavan

Sama was invited by Guild for Service in September 2011, to conduct a session on health for women community leaders or peer counselors from Vrindavan (UP) and nearby areas. The Guild runs a home for women who have been abandoned or who have come to Vrindavan, particularly from the State of West Bengal, following the death of their husbands.

The session was one in a series of sessions on diverse issues and themes, being conducted by the Guild to enhance the capacities of women from the community towards becoming 'agents of change'. About 20 women from neighboring villages attended the session on health. The session included exercises and discussions around understanding of health; the various determinants of health, including the different axes of marginalization – gender, caste, ability, class, age, etc. that impact the health status.

The participants identified shortage of water, poverty, lack of adequate and quality public health services, inflation and high costs of living as some of the ongoing problems that they were faced with in their villages that had impacted their health. Apart from this, control of mobility and sexuality, sex selection and other violence against women were discussed as major causes of ill health and access to health and health care.

ii. Meetings with women from Bhatti Mines, Delhi

Discussions and meetings over two days on health issues were held with different groups of women in the Bhatti Mines area in the southern outskirts of Delhi, near Haryana. Many of the families are migrants from Pakistan from Sind and Multan regions. Most of the residents of Bhatti mines originally worked in quarries and mines and currently a majority of the women in the area are involved in daily wage work, particularly involved in construction work. Given their availability, the format and duration of the interactions were determined by their work commitments at home and outside and the limited space available in the area.

Sama was approached by Abhyudaya, an organization that has been working with the people, especially women in Bhatti Mines to conduct community level meetings / workshops on health problems faced by the women, government health schemes, etc. Discussions and interactions with the women from the community took place on health issues, practices and health care infrastructure.

iii. Vrinda from Sama was invited by the Young Women's Christian Association (YWCA) as resource person for a workshop for young women in Trivandrum, Kerala. The twenty young women who participated in the workshop were YWCA members from different districts of Kerala. Vrinda facilitated sessions on Gender and Sexuality and Sexual; Reproductive Health

and Rights and skill building in planning and implementing programmes in their respective areas.

IV. Family Planning Insurance Scheme (FPIS): An Assessment

Sama was invited by the National Health Systems Resource Centre (NHSRC) to carry out an assessment of the FPIS scheme in six states - Assam, Haryana, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh. The assessment study was initiated by the Ministry of Health and Family Welfare (MoHFW) and implemented by the NHSRC with the following objectives:

- To document the total number of claimants for compensation (including male sterilisation failures vis-a-vis total reported failures) and the number where claims were settled, those not allowed and those pending & reasons thereof.
- To review, actual situation in implementation of the various processes and institutional structures specified under this scheme- that are meant to ensure that every potential claimant is correctly and promptly identified and that compensation is paid in good time.
- To review the adherence to protocols and quality improvement measures in place to ensure that claims are reduced- due to lesser complications, failures and deaths.
- To identify Constraints blocking or facilitating the proper implementation of the scheme in all its aspects and recommendations to improve further the performance of the scheme. This will also include analysis of reasons for increasing trend in Insurer's liability, is it because of better reporting or awareness among the people regarding the FPIS or can it be attributed to quality of service/personnel/ infrastructure available at health facilities?

Sama was involved in the first phase of the study, carried out during November – December 2011, with NHSRC. This phase of the study involved gathering and preliminary analysis of secondary data and interviews with key informants from the centre and states.

At the state level: Visits to the six states and meetings with State FPIS Nodal Officer or alternative respondents from the state ministries, State Insurance Coordinator to gather state level information about the processes, systems, and data on claims, claimants, etc.

At the Centre: Discussions with representatives of the Ministry of Health and Family Welfare (MoHFW) and the insurance company (ICICI Lombard).

Secondary data analysis: Based on the data received from the Ministry for the six states, and some information collected from the states, analysis of deaths / failure claims to be carried out by districts, facilities and doctors in each of the states, to identify any emerging patterns that could facilitate sampling for Phase II, to be carried out by NHSRC with other partners. A detailed report based on the emerging trends and some recommendations based on this has been submitted to NHSRC for their feedback.

V. Challenging Population Perspectives in School Curriculum

Sama has been engaged with research, advocacy and campaigns against coercive population policies and the two child norm. Sama has also been involved in the initiative for development of curriculum for NCERT school text books. In the course of this engagement, we felt that the institution of education plays a critical and influential role in representing, understanding, analysing and amplifying crucial social and political issues, including population. The perspective on population in most Indian textbooks is based on incorrect, incomplete information and outmoded assumptions. Such content helps suppress and subvert alternative views and analyses.

Hence, a review of school text books was conceived with the following objectives:

- to explore how the notions of population and overpopulation are depicted in the school textbooks
- to locate our concerns and challenge deep-seated misconceptions regarding the issue through alternative theories /understanding

The review will include examination and analysis of relevant content from social science textbooks (mostly) for classes 7 to 11. They will include textbooks of National Council of Education Research and Training (NCERT), Indian Certificate for Secondary Examinations (ICSE), Delhi State Board of Education and the State Boards of Uttar Pradesh, Andhra Pradesh, Maharashtra, Kerala. The reviews of the textbooks from Andhra Pradesh, Maharashtra, Uttar Pradesh are near completion, while those of the NCERT, Kerala are to begin.

The findings from the review of textbooks will be analysed on the basis of various themes which will bring out the kind of perspectives that are propagated in these books related to population. A working paper and posters which can be used as a tool for information and advocacy are the expected outputs from this review.

VI.Capacity Building for Staff

- *Participation in the Indian Association of Women's Studies (IAWS)Conference, Wardha*

Two members of the Sama team participated in the IAWS conference on *Resisting Marginalisations, Challenging Hegemonies: Re-visioning Gender Politics* during 21-24 January 2011 organized by IAWS with the Department of Women's Studies, Mahatma Gandhi Antarrashtriya Hindi Vishwavidyalaya. The discussions and presentations were extremely insightful and provided the opportunity for exchange of experiences and theories by young scholars and researchers on a range of themes – control of resources and the politics of exclusion, sites of justice, composite cultures and hegemonic ideologies. Sama members contributed to discussions on violence, technologies, etc. at the conference based on our work and experiences.

- *Medico Friend Circle (MFC) Meetings*

The 38th Annual Meet of MFC was held during 7-9 January 2011 at Nagpur Maharashtra, to discuss the theme 'Towards Universal Access to Health Care in India. Members of the Sama team attended the meeting.

The meeting deliberated about public private partnerships, health care financing, etc. and their implications for universal access.

- *Workshop on Ethical Issues in Health Research, Delhi*

Two members of Sama attended the workshop on *Ethical Issues in Health Research* conducted by the Indian Institute of Public Health, Delhi from 12 - 15 July 2010. The key facilitators were Dr Richard Cash (Harvard School of Public Health) and Dr Amar Jesani (Anusandhan Trust). Ethics is an integral component of all health and biomedical research today, and ethical review has the potential to foreground and safeguards the rights of participants in research. This workshop afforded Sama members the opportunity to strengthen understanding of ethical principles of health research, as well as to share concerns regarding the ethics of the HPV vaccine projects in India.

Other capacity building opportunities included:

- Session on Monitoring, Evaluation and Learning: Outcome Mapping by Terry Smutyllo.
- Session on the Health care Trilemma: Insurance Quality and Costs, a talk by Professor Amitabh Chandra, Professor of Public Policy, Kennedy School of Government, Harvard University.

VII. Essays on Assisted Reproductive Technologies: An Anthology

An Anthology, comprising of 12 essays most of which were based on presentations at Sama's International Consultation '*Unraveling the Fertility Industry: Challenges and Strategies for Movement Building*' held in January 2010. This anthology will be edited in-house by Sama, and will include essays on ARTs and related themes by Sama and activists and scholars from around the world. It will be uniquely located to address issues emerging in the contemporary encounter of globalisation, technology, and gender, through essays that bring a gender lens to bear on Sama's pioneering ART research in India, as well as through voices from around the world that will reflect on the politics of ARTs and the activism and process to regulate ARTs.

Other Publications by Sama during this period

- *Policy Brief: A critique by Sama of the provisions of the Draft ART Bill 2010 by the ICMR.*
- Report of the National Consultation on Regulation of Drug Trials organised by Sama along with CSER, Locost, DAF-K and Dr Amar Jesani, in September 2011.
- Responding to Sexual Assault: A Study of Practices of Health Professionals in a Public Hospital (CEHAT and Sama).