

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

Date: 7-8 December, 2019

Venue: Vishwa Yuvak
Kendra, New Delhi



**Report of National 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

MMR- Maternal Mortality Rate

NHM- National Health Mission

PIL- Public Interest Litigation

PHS-Public Health System

MTP-Medical Termination of Pregnancy

PMMVY- Pradhan Mantri Matritva Vandana Yojna

SRHR- Sexual & Reproductive Health and Rights

UHC- Universal Health Coverage

HRLN- Human Rights Law Network

PCLRA- Prayas Centre for Labour Research and Action

PHC- Primary Health Centre

JSSK- Janani Shishu Suraksha Karyakaram

JSY- Janani Suraksha Yojana

PLHIV- People living with HIV

FPIS-Family Planning Indemnity Scheme

DISHA- Delhi initiative of safeguarding health of adolescents

ICDs- International Statistical Classification of Diseases and Related Health Problems

CMPOs- Child Marriage Prohibition Officers

RKSK- Rashtriya Kishor Swasthya Karyakram

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 sterilization 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

Considering 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 National Consultation on ‘Sexual and Reproductive Health and Rights in India: Reviewing Laws, Policies and Practices’ jointly was organized by Prayas and HRLN at Viswa Yuvak Kendra, New Delhi on 7th & 8th December 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, especially using I

Welcome and Background to the consultation

Ms Chhaya Pachuali, Prayas

Ms Chhaya Pachuali, Prayas welcomed all the participants and provided background to the consultation. She elaborated on the work done in the last 5 years in collaboration with HRLN in being able to identify cases of violation of sexual and reproductive health rights across different states of individuals or a community. She noted that through the efforts of this collaboration more than 1000 petitions were filed in courts and successful orders were received in favour of the beneficiaries.



Comprehending Current Legal and Policy Environment for SRHR in India

Adv. Colin Gonzales, HRLN

Adv. Colin Gonzales stressed upon successfully using the legal discourse to demand sexual and reproductive health rights seemed unrealizable when the project started. He noted his favourite case on sterilization for Devika Biswas in Bihar and shared his experience with the participants. He also discussed how government has banned sterilization in camps and only in government institutions along with the provisions of abortions as per law.



Session 1: UHC and SRHR: Tracking Policies, Commitments and Resources

(Presentation of testimonies)

The next session focussed on various beneficiaries sharing their stories and experiences of violation of their rights of sexual and reproductive health. The experiences majorly covered negligence of doctors at government health facilities for maternal and neonate care during delivery (Naval Singh, Madhya Pradesh), (Prem Kumar, Rajasthan), sterilisation failure (Santosh Kumar, Bihar) and lack of basic infrastructure and services in health facilities (Amrit Lal, Rajasthan). Sita from Chittorgarh, Rajasthan shared her experiences about her case against the power structures in the village, suffering and recovery from being a rape victim to an empowered woman and fighting to punish the culprits. The assisting representatives from Prayas and HRLN also elaborated on the experiences of beneficiaries on how legal discourse was taken to file the petitions against these cases and help them seek entitlements under various provision of the law.



Ms. Aditi Mehta, IAS (Retd.)

Ms. Aditi Mehta, IAS (Retd.) summarized the session reflecting on the incidents and stressed on thinking about how these are not instances of law and policy but practice in the society. The government always claims availability of health facilities but exist only on paper without any monitoring and evaluation. Reality on



the ground is completely different and the vulnerable populations especially in the rural areas are not able to seek any benefits from such a health infrastructure.

Access to essential and lifesaving medicines and devices and safeguarding reproductive health rights

Mira Shiva, Initiative for Health and Equity in Society

Mira Shiva started the session with sharing her experiences of being a doctor with no gender training on social structures of patriarchy. She stressed upon the comprehensive health care model and availability of medicines are relatable. She noted that most of the expenditure on medicines happens on curative health care. She emphasised on what medicines are needed ensure rights on sexual and reproductive health. She talked about issues of family planning, safe motherhood, abortion and sexual violence that women encounter. She also elaborated about production, procurement and storage of various



medicines such as hypertension, other essential medicines and anti-biotics at the health facility along with their price control.

Health insurance, privatization and SRHR

Dr. Indraneel, Mukhopadhyay, JSA

Dr. Indraneel pointed out the privatisation and epidemic of C-section, policies linked with the issue. He touched upon the increase of demand in institutional deliveries and simultaneous increase in C-section after the launch of NRHM in the last 10 years across different states of India. It was noted that, more than 50% C-section were happening at present. This percentage increase when we consider it among the urban educated beneficiaries having insurance. He stressed that the incentive and linkage between privatisation and insurance schemes is promoting C-section. He also emphasised that there



are expenditures being reduced in public expenditure towards health budgets.

Seasonal Migration and Access to Health Care

Mr. Sudhir Katiyar, PCLRA

Mr. Sudhir Katiyar stressed on his work with migrants and seasonal migration with impact on health issues faced by such population. People working in brick kilns, agriculture is mostly family migration and its causes such as regional disparities and cheap labour resulting in their vulnerability as they



get minimum wages with no restriction of working hours. He stressed on health impacts of migrants, such as congested working spaces, harsh living conditions, no access to basic social security schemes, immunisation, nutrition etc. as they are not aware of the provisions. Also, the government officials are not aware of how many people migrate and how to cater to their health needs.

Gender based violence and SRHR

Dr. Amita Pitre, Oxfam India

Dr. Amita Pitre stressed on her work around cases of gender-based violence. She elaborated on gender-based barriers in our culture and society with an overarching framework of patriarchy. She shared some data around sexual violence in the country. She pointed out that the integration of women and keep them at the centre of program design is still lacking, hence sexual and reproductive health rights are directly violated and basic needs



such as emergency medical attention, pregnancy test, emergency contraception are still not available for victims of gender-based violence. She pointed out that there needs to be a

focus on legal aspects to gender based violence along with existing policies and their monitoring.

Dr. Narendra Gupta, Prayas

Dr. Narendra Gupta provided a brief background to the session on perspectives to be shared from different states and work on sexual and reproductive health rights in these regions. He shared that awareness about rights should be coupled with accessibility for legal discourse to claim entitlements guaranteed by those rights and policies.



Session 2: Access and Response: Quality of Care and Health Standards

Gaps in quality of care and standards in public health facilities

Adv. Madan Mili, HRLN

Adv. Madan Mili, Arunachal Pradesh shared his experiences and briefly stated the challenges in health system and accessibility of health facilities. He pointed out on health infrastructural issues and health staff training. He stressed that HRLN filed 26 PILs in 2017 for various Aanganwadi centres for entitlements to pregnant women. Blood bank in Dibang valley 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.

Privatisation of public health facilities in Rajasthan

Adv. Sudendra Kumawat, Prayas & Adv. Gopal Verma

Sudendra Kumawat & Gopal Verma, Rajasthan informed the group about Public Interest Litigations (PIL) filed with respect to PPP model of health facilities in Pratapgarh district (Rampuriya PHC and Dhariyabad PHC) in which the court took cognizance of the petition and instructed to constitute a monitoring committee involving the health facility staff, NGOs, and a member from the state government to review the issues mentioned in the petition. Gopal verma stressed that PPP model is not run by the ones who are allotted tender and indeed contracted out to maintain these health facilities and infrastructure.



Denial of Health Care/ Medical Negligence

Adv. Saanu Khan, HRLN and Amin Khan, HRLN

Adv. Saanu and Amin Khan, Madhya Pradesh informed about the 106 PILs filed with the help of HRLN and Prayas through their fact finding and their impact. Issues centred in these PILs were primarily Maternal and child death, Lack of basic facilities, unhygienic condition at health facility, absence of blood bank, lack of equipment, health staff, sterilization procedure



failures and deaths, cases of rape and abortion etc. She also discussed some famous cases on the issues above and the changes that petitions that it brought for the issues addressed in the PILs filed.

Session 4: Ensuring Safe Pregnancy and Childbirth for All Women and Newborns

Access to maternal health care services and schemes

Adv. Ranjeeta, HRLN

Adv. Ranjeeta from Manipur shared their work and experiences on maternal health. She



talked about implementation of JSSK, JSY schemes and entitlements launched by the government in the state of Manipur. She also shared the number of PIL cases filed in the last 5 years and discussed their orders and impact in improving sexual and reproductive rights along the lines of maternal health.

Adv. Sujata & Sevati, HRLN

Adv. Sujata & Sevati, Odisha from Odisha also shared their work and experiences on maternal health and related petitions filed regarding violations in health facilities. She discussed provisions introduced by the government such as JSY, JSSK etc. She also shared various case studies regarding maternal health in Odisha. She also described some challenges in their experience such as attitude and mind set of the judges and not internalizing SRHR a major human rights violation issue, problems regarding



sterilisation failure and death entitlements and implementation of the clinical establishment act among others.

Mr. Madhav and Mr. Vijaypal, Prayas



The speaker narrated the experiences of maternal deaths from Madhya Pradesh. He elaborated on highest number of maternal deaths as per NITI AYOOG reports 2014-15. He stressed on having institutional deliveries from trained doctors

to minimise risk of deaths after delivery. There should be policies around post-partum care to further reduce the risks and resulting deaths in the region. His colleague also shared that the beneficiaries have received compensation as orders responding to PILs filed in this regard.

Session 5: Policing Women's Bodies and Sexual and Reproductive Health and Rights

Surrogacy Bill

Gargi, SAMA

Gargi, SAMA shared her experiences on their work around gender-based violence. She informed the participants about various types of surrogacy and its accessibility with its legal provisions. Right to privacy, right to bodily autonomy, right to have a family are impacted with respect to surrogacy. She stressed upon an important point as surrogacy procedures

were mostly happening in private facilities and only accessible to a certain section of the society. She discussed the various provisions and challenges of the surrogacy bill. She also talked about a PIL filed around news report of women being used as baby factories and as a result the government banned commercial surrogacy completely.



Sterilization failures

Adv. Deepak Singh, HRLN



Adv. Deepak HRLN pointed out the problem of access to contraceptive tools their use and their failure. His colleague from HRLN shared his experiences from the incidents in Madhya Pradesh of sterilisation performed under torchlight and treated with inhumane conditions which violate the guidelines stated by the government. He also discussed the famous Devika Biswas case which later resulted in sterilisation failure

and negligence from doctors and health staff.

Adv. Sudendra Kumawat, Prayas

Adv. Sudendra elaborated on the work done around the issue of sterilization in all 33 districts of Rajasthan where legal precedence was followed and cases were filed in Jaipur and Jodhpur High courts for negligence during sterilization procedure and compensation of Rs. 30000 was given to the beneficiaries. He also explained the Family Planning Indemnity

Scheme (FPIS) and provisions laid out by the scheme in cases of death of beneficiary after operation:

- Within 7 days of the operation: 2 Lakh compensation
- Between 8-30 days of the operation: 50000/-
- Failure of sterilization operations: 30000/-

He further briefed the participants about the court cases filed in the last 5 years related to sexual and reproductive health. A total of 102 cases were filed and in more than 50 cases Prayas helped the beneficiaries in seeking legal help and ensured compensation under the scheme. Other issues where legal help can be sought under various state sponsored schemes are maternal deaths, infant deaths and infertility. He informed specifically for issues regarding infertility, that couples who can't bear children can seek relief under a notified order by the Rajasthan Government dated 13 January 2013 to provide a compensation of Rs. 20000/- and he also discussed a case where the beneficiary couldn't avail benefits under the scheme.

Mr Jawahar Singh Dagaur, Prayas

Mr. Jawahar, Prayas also shared his field experiences of sterilisation failure and fact finding done in this area. He elaborated on various experiences of negligence and forced sterilisation without consent and maternal & neonate deaths.



Day 2

The day started with a song and Dr. Nikky, Prayas provided a brief revision to the discussion points for Day 1.

Session 1: Young People and SRHR: Challenging Stereotypes and Access to Services

Child marriage

Adv. Deepak, HRLN

Adv. Deepak shared his experiences and linkages on child marriage, adolescent health and sexual & reproductive health rights. He discussed that from 2013-2017 more than 1500 cases were registered for child marriage. He also stressed that this issue arises in the light of increasing rate of pregnancies for girls married before the age of 18. He also discussed various ratifications signed by the government of India and the targets and eliminations have still not being achieved. He further briefly discussed the provisions of Prohibition of child marriage act, 2006. He also pointed out that every district has a child marriage protection officer as part of the act to prevent child marriages in the area. He also discussed as per the notice issued to the PIL filed by them, the government has been asked to reply on appointment of CMPOs, rate of child marriage and measures for awareness and reducing the same.



Adolescent health services

Adv. Siddharth, HRLN

Adv. Siddharth extended the conversation asserted the conversation made by Adv. Deepak. He also cleared some provisions around marital rape, and there exists no data on how many rapes are committed by husbands and government is adamant to not consider marital rape as criminal. He also discussed the rationale behind the age of child marriage and there exists no psychological reason to keep different ages for boys and girls. He also discussed the

provisions of distribution of contraceptive among adolescent under RKSK and how the scheme has not been implemented well. He also stressed upon sensitization of adolescents about sexual and reproductive rights. He discussed two fact finding case studies in Delhi about training of health care workers. He also discussed about Delhi initiative of safeguarding health of adolescents (DISHA) was not able to fulfil its purpose of making the community aware about adolescent health.



Adv. Ranjeeta, HRLN

Adv. Ranjeeta, Manipur stressed upon the gender roles that exist in the society and are a major cause for still not being able to realize awareness among adolescent about sexual and reproductive rights. She focussed on counselling and sensitization for adolescents and no implementation of services to be delivered under RKSK. She also pointed out the problem of non-communicable disease, injury and violence prevention under RKSK with focus on substance abuse. She highlighted some myths and superstitions around menstrual hygiene.

Abortion rights

Ms. Sarita Barpanda, HRLN

Ms. Sarita, HRLN Delhi discussed about women autonomy in deciding whether to give birth or not. She elaborated that when you talk about such issues, right to life, right to dignity are always viewed from a patriarchal lens and not for women individually. She briefly stated the provisions of The Medical Termination of Pregnancy (MTP) Act 1971 which allows for termination of pregnancy up to 12 weeks in consultation with one doctor if life of the beneficiary at risk. For termination of pregnancy more than 12 weeks but up to 20 weeks opinion of two specialist doctors is required. In case the pregnancy is more than 20 weeks, the beneficiary is bound to take permission from court for termination even if the beneficiaries' life at risk. She discussed various cases under which the beneficiaries' life was at risk and violation of human rights at health facilities denying abortion.



Adv. Afreen also shared her experiences on cases related to the MTP act pertaining to mental health.

Session 2: Sexual and Reproductive Health and Rights and Inclusion: Equity in Access and Countering Discrimination

Brick kiln workers and their health issues

Ms. Preeti Ojha, Prayas

Ms. Preeti Ojha shared her study with migrant workers in brick kilns and their access to sexual and reproductive health. She shared that almost 45% are female workers that seasonally migrate with families for livelihood. She shared that women who were pregnant and lactating at these brick kilns sites partially received various maternal health benefits such as immunisation, Ante-natal care, institutional delivery, mamta card etc. She also highlighted the issues of child marriage, harsh working conditions etc.



Rights of indigenous people

Adv. Rajini Soren, HRLN

Adv. Rajini, Chattisgarh discussed on accessibility of sexual and reproductive rights of tribal population. She stressed that there needs to be a consideration of strengthening public health institutions if improved tribal health is envisioned. She discussed some cases from her field area on issues such as availability of health facilities in tribal areas, maternal

deaths, inhumane treatment with tribal population, negligence of doctors, and sterilisation. She also pointed out budget allocations for tribal health not being used as listed in the policies of the government.

Adv Sujata, HRLN

Adv. Sujata, Odisha talked about accessibility of sexual and reproductive health rights of indigenous populations in Odisha. She pointed out that basic rights are not available to these population, realising other rights is very difficult. She mentioned about some litigations to seek responses on violation of rights of indigenous people.

Transgender sexual and reproductive health and rights

Adv. Vishal Singh, HRLN

Adv Vishal, Bihar talked about the sexual and reproductive health rights of Transgender. He pointed out that there is social, legal and economic exclusion of transgender population leading to increase in the cases of HIV and STDs. He elaborated that due to such reasons, they are mostly involved in sex work with or without protection to establish their identity in the society. He also discussed about non-inclusion of transgender women in various social security schemes



which is categorised into MSM & WSM distinctly. He also elaborated on violation of health rights and accessibility of services which often leads to mental health issues. He noted various legislations that affect the rights of transgender persons.

Ms. Rachna, Delhi

Ms. Rachna, a transgender person elaborated on her experiences and observations on the Transgender Person Bill 2019. She also pointed out some of the provisions of the bill regarding education and employment of transgender person. She also informed that the bill was silent on this issue even after Supreme Court's order on promoting education and employment among transgender by giving them special OBC status and hence apply other

benefits and reservation provisions. She also highlighted certain issues regarding begging, sex work, and accessibility to various health benefits with respect to transgender persons.



Availability of essential drug for PLHIV

Adv. Harini, HRLN

Adv. Harini talked about access to health facilities for Persons living with HIV (PLHIV). She elaborated the topic of stigma around HIV and face discrimination in the society. She also talked about issues relate to the access and shortage of ART medicines for PLHIV.

Session 3: Right to food, Malnutrition and Health

Malnutrition and starvation deaths

Adv. Shanno Khan, HRLN & Amin Khan, HRLN

Adv. Shanno Khan & Amin Khan presented their work in Madhya Pradesh among the tribal population and cases of malnutrition. She also talked about some cases filed in this respect. She shared her experience of interacting with malnourished children and did a fact-finding report to file a petition for implementation of guidelines for nutritious food at Anganwadi centres applicable under the ICDS, food security act and mid-day meal.

Adv Shashwat, HRLN

Adv. Shashwat started the discussion by stating an incident in Muzzafarpur District where 200 children were killed. It is one of the high-risk districts in ICDS report of the NITI Ayog.



He also shared some finding from the fact-finding report, stating that the children who died were severely malnourished. There was no help from the community health worker and health staff when the incident occurred.

Adv. Olivia, HRLN



Adv. Olivia started by saying that there is no data for deaths by starvation. She discussed about a case handled by her where their family didn't get ration as their Aadhaar Card was not linked. The fact-finding report pointed out that the girl died of starvation. She also mentioned other discrepancies with Aadhaar linkages with food security benefits and challenges faced by the people affected by

the same.

Adv. Madan Mili, HRLN

Adv. Madan Mili discussed about ICDS implementation in Arunachal and various PILs filed on Anganwadi centres across the state regarding right to food. He also shared some challenges during their field experience during the fact-finding report.

Dr. Narendra Gupta, Prayas

Dr Narendra Gupta concluded the consultation with a way forward about the discussions around sexual and reproductive rights. He insisted on an important role and political will to resolve these issues. The consultation ended by observing a minute silence in remembering Dr Dinesh Agarwal, Founding Chairman of Prayas.



Finally, the consultation was ended by vote of thanks and certificates were distributed to the participants.

Annexure:

Agenda

Time	Session	Speaker
DAY-1		
10:00 - 10:15	Welcome and introduction	Mr. Rameshwar Sharma, Prayas
10:15 – 10:45	Inaugural and context building: Comprehending Current Legal and Policy Environment for SRHR in India	Mr. Colin Gonsalves, HRLN and Senior Advocate, Supreme Court Mr. Sunil Chauhan, Director, National Legal Service Authority Ms. Preeti Oza, Secretary, Prayas Mr. Sudhir Katiyar, Project Director, Prayas Centre for Labour Research and Action Ms. Chhaya Pachauli, Director, Prayas
10:45 – 11:00	Tea	
11:00 – 12:30	UHC and SRHR: Tracking Policies, Commitments and Resources	Chair: Ms. Aditi Mehta, IAS (Retd.), Former Addl. Chief Secretary, Govt. of Rajasthan <u>Presentation of testimonies:</u> Maternal Death -Naval Singh, Madhya Pradesh -Prem Kr. Sharma, Rajasthan Death due to sterilization -Santosh Kumar, Bihar Poor health facilities - Amrit Lal Meena, Rajasthan Sexual abuse and domestic violence -Sita, Rajasthan <u>Panel discussion:</u>

12:30 – 12:45	Discussion	<p>Health insurance, privatisation and SRHR - Dr. Indranil Mukhopadhyay, JSA</p> <p>Access to essential and lifesaving medicines and devices and safeguarding reproductive health rights - Dr. Mira Shiva, Initiative for Health and Equity in Society</p> <p>Seasonal Migration and Access to Health Care- Mr. Sudhir Katiyar, PCLRA</p> <p>Gender based violence and SRHR – Dr. Amita Pitre, Oxfam India</p>
12:45 – 01:45	Access and Response: Quality of Care and Health Standards	<p>Gaps in quality of care and standards in public health facilities -Adv. Madan Mili, Arunachal Pradesh</p> <p>Privatisation of public health facilities in Rajasthan -Adv. Sudhindra Kumawat and Mr. Gopal Verma, Rajasthan</p> <p>Denial of Health Care/ Medical Negligence - Adv. Shanno Khan & Amin Khan, Madhya Pradesh</p>
01:45 – 02:00	Discussion	
02:00 – 03:00	Lunch	
03:00 – 04:00	Ensuring Safe Pregnancy and Childbirth for All Women and Newborns	<p>Access to maternal health care services and schemes - Adv. Sujata & Sevati, Odisha - Mr. Sauradeep, Assam - Adv. Ranjeeta, Manipur - Mr. Madhav and Mr. Vijaypal, Madhya Pradesh</p>
04:00 -04:15	Discussion	
04:15 – 04:30	Tea	
04:30 – 05:15	Policing Women’s Bodies and Sexual and Reproductive Health and Rights	<p>Surrogacy Bill -Ms. Gargi, SAMA</p>

05:15 – 05:30	Discussion	Sterilization failures -Adv. Sudhindra Kumawat and Mr. Jawahar Singh, Rajasthan Unnecessary hysterectomies -Adv. Deepak & Shaswat, Bihar
05:30 – 05:45	Closure of the day	
DAY-2		
10:00 -10:15	Welcome and recap	Dr. Nikky Ramawat, Prayas
10:15 – 11:30	Young People and SRHR: Challenging Stereotypes and Access to Services	Child marriage -Adv. Deepak, Delhi Adolescent health services -Adv. Siddharth, Delhi - Adv. Ranjeeta, Manipur Abortion rights -Ms. Sarita Barpanda, Delhi -Adv. Meenaz and Adv. Afreen, Maharashtra
11:30 – 11:45	Discussion	
11:45 – 12:00	Tea	
12:00 – 01:30	Sexual and Reproductive Health and Rights and Inclusion: Equity in Access and Countering Discrimination	Brick kiln workers and their health issues -Ms. Preeti Oza, Rajasthan Rights of indigenous people - Adv.Sujata & Adv. Sevati, Odisha - Adv. Rajni, Chhattisgarh Transgender sexual and reproductive health and rights -Adv. Deepak, Adv. Shaswat and Vishal, Bihar -Ms. Rachana, Delhi Availability of essential drug for PLHIV - Ms. Aman/Harini, Delhi
01:30 – 01:45	Discussion	
01:45 – 02:30	Lunch	
02:30 – 03:30	Right to food, Malnutrition and Health	Malnutrition and starvation deaths -Adv. Shanno Khan & Amin Khan, Madhya Pradesh -Adv. Deepak and Vishal, Bihar Service gaps in anganwaricentres -Mr. Sauradeep, Assam

03:30 - 03:45	Discussion	-Mr. Madan, Arunachal Pradesh
03:45 – 04:00	Way forward	Dr. Narendra Gupta, Prayas
04:00 – 04:15	Vote of thanks and closure	Ms. Chavi Sharma, Prayas