

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

**Date: 23<sup>rd</sup> & 24<sup>th</sup> November,  
2019**

**Venue: Hotel Grand  
Residency, Cuttack, Odisha**



Report of State Level Consultation  
On

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

Date: 23<sup>rd</sup> & 24<sup>th</sup> November, 2019

Venue: Hotel Grand Residency, Cuttack, Odisha

## **ACRONYMS-**

IMR- Infant Mortality Rate

ICC-Internal Complain Committee

IAHTU-International anti-human trafficking unit

MMR- Maternal Mortality Rate

NCDs- Non-Communicable Diseases

NHM- National Health Mission

PIL- Public Interest Litigation

PHS-Public Health System

PCPNDT- Pre-Conception & Pre Natal-Diagnostic Techniques Act 1994

PMMVY- Pradhan Mantri Matritva Vandana Yojna

SRHR- Sexual & Reproductive Health and Rights

TFR- Total Fertility Rate

UHC- Universal Health Coverage

## **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 Hotel, Grand Residency, Cuttack, Odisha on 23<sup>rd</sup> & 24<sup>th</sup> 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 150 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 1

## **Welcome and Background to the Consultation**

### **Adv. Sujata Das, HRLN**

The consultation began with a brief introduction and background by Adv. Sujata Das welcoming all participants in her address. She elaborated that the consultation focuses broadly on right to health particularly reproductive health rights that derives itself from the right to life. We elect our representatives in the government to look after its citizens but in most instances these rights are violated and today we have to fight for our rights with the government that are basically entitled to us being citizens of this country. She concluded her address by pointing out that vested interests of bureaucrats and other government officials is the major cause of these entitlements not reaching the beneficiaries. She invited Mr. Gouranga Mohapatra (Convenor, JSA) to talk about Right to health.

## **Right to Health: New health policy, Scenario of Odisha and Access to primary health care and challenges**

### **Mr. Gouranga Mohapatra, JSA**

Mr. Gouranga Mohapatra started by providing a brief background of the maternal and child health policy in India. He provided information regarding various schemes to support health improvement of women and children. The 2017 National Health Policy, an upgrade to the 2002 National Health Policy and introduces the concept of Universal Health Care (UHC) which has now been revised to Universal Health Coverage. To cover a broader spectrum of health in India the government introduced the Ayushman Bharat Scheme in partnership with the World Health Organization (WHO). In Odisha, a scheme with similar provisions is known as Biju Swasthya Kalyan Yojana. He elaborated that this scheme aims to provide health benefits to whole Odisha by the year 2025.

He extended his statement by pointing out the realities of lack of awareness about this scheme and availing social security benefits. He explained in detail the process of production of drugs and testing. He elaborates that Private health services indeed reduces access to the public health system along with various reasons such as the lack of medical tools, primary service only, less or no of medical staff, unhygienic condition. He further said that there are total 1326 doctors in the public health system (PHS) within which 917 doctors are available in 13 districts of Odisha. These are mainly the reasons that contribute to violating our medical benefit and we have to raise our voice against the same. There is some health policy which is running in Orissa are-

1. Janani Suraksha Yojana- Maternal benefit support of 1400/-
2. Janadesi Surakasha Karyakaram
3. Ujjwala Sanitary Napkin
4. Ammo Clinic
5. Odisha state treatment fund: 50,000/- (Rural area) 60,000/- (Urban area)
6. MAMTA Yojana: Support money of 5000/-

## **Right to Health as fundamental Right: Challenges and Implementation in Legal Perspective**

### **Dr. Narendra Gupta, Prayas**

Dr. Narendra Gupta appreciated existence of Oriya language as a state mother tongue. He shared that he was part of the committee that restructured Ayyushman Bharat last year. He mentioned two points of reference are used by organization, one is primary care and second is constitution obligation. He noted that Primary health center will be strengthening and named health and wellness centers. Their process is working in health sub-center – each individual of the family to be provided with basic primary health service under 3 km or 10-12 km treatment facility for normal patents, in every 50 km or 1 hour distance to emergency care and blood bank facility have to be available, household basis medical registration and medical diary under system mapping. He listed some issues to be focus such as, post hospitalization care, expenditure on OPD, Insurance under Biju Swasthya Yojana.

He further elaborated on the right to life and liberty guaranteed by Article 21 of the Constitution, which explains suicide, as crime. Today our self-identity is going to be in big trouble.

Because online networking apps know more about us or can say everything about us which generates algorithmic politics. He noted that this algorithmic politics we can analyze things but, there are more people who cannot analyze things, and in-turn lose their rights.

## **Challenges faced by the PLHIV Community for access to Health care services**

### **Mr. Ajaya Patra, GIPA**

Mr. Ajaya Patra started by saying that we can only find one time solutions through awareness and knowledge and executing the same in our daily life. He explains the challenges faced by the PLHIV community to access Health care service. He elaborated on the difference between HIV and AIDS. Stigma discrimination is the main issue with HIV (+) patients. Right and control Act 2017 is come into force in 2018 with various strategies to reduce this discrimination up to 2030. He noted various cases in which there is inequality and indirect humiliation with these patients specially by doctors. He also pointed out that the treatment facility is easy for the rich but the poor are facing a lot of problems. Some challenges faced by them are mostly, test availability of Gynecology, Delivery kit, ICBP kit, etc.

## **Safe abortion: laws, implementation and challenges**

### **Adv. Bikash Das, CLAP**

Adv. Bikash Das highlights the issue abortion and its historical connection to unplanned pregnancies, sexual abuse, various gender issues. Issue of abortion is important because everyone has right to his or her own body but for abortion maximum time women have no right to decide in case she doesn't want to continue with the pregnancy. These cases are violates women's right to give child birth. He elaborated that during the colonial period, child-killing in the womb was a crime made in first-panel law. In the 1940-50 period, when found that abortion is a necessity specially when women are physically weak and can result in their death or in cases of harassment. This brought the introduction of Medical Termination of Pregnancy Act in 1971, which states decision of keeping child by mother. This is as per some boundaries are- problem during pregnancy, abnormal child, sexual harassment under doctor prescription. If a woman is under age then guardian can decide. According to Das 18% of the maternal deaths are caused by self-induced abortion.

## **Right to Education Initiative: Strengthening of RTE and provision and safeguarding of children's rights**

The second session was moderated by Clara D Souza. Post lunch panelist were Sanjay Das, Sruti Rajan Ponda, and Himanshu Das etc.

### **Sanjay Das, secretary of Orissa High Court Bar Association**

Sanjay Das, secretary of Orissa High Court Bar Association explains the right to health as a fundamental right its Challenges and implementation in legal perspective. The citizens of Odisha have access MAMTA Yojana receiving free treatment and medications. The survey found government hospitals being closed during most of the working hours but private health facilities are providing 24/7 service. Poor families faced problem to access the health facilities and bear the expenditure for consultation fees for private hospitals as usually is unaffordable.

## **Strengthening of RTE and provision and safeguarding of children's rights**

### **Sruti Rajan Ponda, convener of RTE forum**

Sruti Rajan Ponda, convener of RTE forum, talked on the right to education initiative and its contribution to safeguarding of children's rights. She elaborated that Odisha government follows constitutional law for children's education. RTE act 2009 explains free, compulsory education, and trained teacher. Student of 6-8-year-old can have free education up to 8<sup>th</sup> grade. In 2010 Orissa government the constitutional law and made school management committee to provide education as per act 2009. District level privatization is going established is to be introduced in CBSE School. She further stated that there are two fundamental rights for education, Article 2(c) and Article 17. Affiliation of CBSE by-laws 2018 prescribes provision stipulated under RTE Act 2009 and respective state rule. She stated that the UN Convention on child rights under UNCERC consists of article 2, 32, 24, and 35 which are also relatable to the topic of discussion.

## **Act to prohibit sexual harassment at work places**

### **Adv. Himansu Dash, Orissa high court**

Adv. Himansu Dash, Orissa high court said education is our right but common issue now is sexual harassment. He termed the issue as shameless that girls are not safe. Before 1991 FIR can be filed through section 354 of the IPC 1860 and section 509. In 1997 "Vishaka judgment" made a special law to protect working women at workplace. He elaborated and discussed the "Nirbhaya" case that changed the definition of rape. Incidents such as Bhanwari Devi case, Rajasthan are clear examples of violation of one's rights. In 2013 various amendment changes came into existence such as unwelcome of women by male, physical touch, commenting words and so on. The "Vishaka guideline" gives the process of prevention, prohibition, and regression. The court makes interpretation in Article 32, 14, and 15.

Internal Complain Committee (ICC) has a constitutional provision to stop such incidents and punishment to criminals, complain should be heard within in three months which proceed between 10 days by punishing a crime attempt person.

### **Session: "Defending the Defenders"**

#### **Tilak Gunjia, Survivor**

A Case study by Tilak Gunjia a resident of Khoraput district Orissa shared that self-experience encourages us to raise our voice for our rights. When people raise voice then bureaucrats and government officer violate our rights. He elaborated that when he opposed a Chinese company taking clay without paying any cost the police arrested him thrice making false cases like you are insulting the government. The involvement of the Education Minister of Orrisa Ravinanda was discovered and indeed Tilak was threatened fifty Gunda and false security were called and caught him with guns. He also shared that the maintenance cost of this mining is 50 crore which polluted water and causes increases in animal death, the birth of disabling children with new diseases.

The education minister took money from company and cheated with villagers. After completed five-year educational ministers' post is he a right person? Due to intensive mining, health of locals is effected, impurity of water resources and new diseases have emerged in the village.

### **Abhay Sahu, POSCO Pratirodha Samiti**

Abhay Sahu leader of Orissa, POSCO Pratirodha Samiti started by saying that today we are becoming a victim of the government due to our mindset. He conceptualizes Karl Marx's ideology saying "Whether it's health or education we are struggling to get our right." We work in social activism and raise voice but others are now becoming prey to the government. In schools, place for student education, army man is residing but we can neither object them nor the government. Very few teachers are found in a government school with low standard education leads dropout of students. He elaborated that we have to organize people by providing awareness by various methods because without rights life is nothing.

### **Anti-trafficking and other Gender Based Violence in Odisha**

#### **Sarita Parichha and Gayatri Sethi, Survivor of 'Domestic Violence'**

Two case studies by Sarita Parichha and Gayatri Sethi a survivor of 'Domestic Violence' shared their experience with the audience. Sarita was humiliated by her sister in law and husband because of an orphan and that she didn't fulfill their demand of dowry. Now she is staying in home provided by women society and supported by HRLN.

Another case, Gayatri is survived child marriage and now her condition is also bad. Forced physical relation and demand of dowry led to violence and she did not gave the amount, they boycotted her. Now she has filed a case against her husband and his family and currently she is staying with her parents.

#### **Ms. Dali Das, NAWO**

Director of project Swarajya, NAWO, Orissa Dali Das talked on Anti-trafficking and other gender-based violence in Orissa. 75% of cases are not recorded or are not known. PCPNDT act to protect children from trafficking is adopted for such cases. She elaborated about the causes that are mainly, discrimination, divorce, and the right to violate the base of gender. Trafficking survivors are mostly women or girls and in the name of household work girls are sold to forge, as forced sex worker, illegal organ sell, and drug supply. Reason highlights domestic serve, commercial purpose and forced labor. There are some special acts to control it are-

1. Immoral Prevention Act of 1956
2. Bonded Labour System Abolition Act 1976

3. Juvenile Justice Care and Protection Act of 1974
4. Interstate migrant women Act 1979
5. Child Marriage Restraint Act
6. Child Labour Prohibition and Regulation Act
7. Compulsory Registration of Marriage Act

International anti-human trafficking unit (IAHTU) exists to rescue and counsel the survivor. Marriage and migration registration are compulsory but still people are not aware and government officers not serious with their duty. Socio-economically weaker populations and vulnerable areas people are mostly the targets of trafficking. Enhancement and learning about gender issues in the social network is the need of the hour. So, we should raise our voice and act conjointly building harmony against such issues.

We should have a strong will power to do development alone as per our thinking and understanding. The reproductive right is nothing inside Human rights. When we will say we can fight for our right then no one can stop us. Article 350 says we can give complains to the police or government officer if they refuse to do so you can get in touch with Human rights and law network (HRLN). This is always available to provide better support to achieve you right said by Bagambar Pattaniak, Convener of Antislavery India.

The first day was concluded and ended by D Souza to thanksgiving the session.

## **Right to Food at Reproductive age and challenges**

### **Jitendra Ratha, Activist**

Jitendra Ratha an activist of right to food presented challenges during her work on right to food and reproductive rights. Inadequate food intake causes a starvation state for our body. There are some cases of Orissa demonstrate loss of life due to hunger. The right to food introduces to protect human being to live in dignity, free from hunger, food insecurity and malnutrition. Article 47 states the duty of the state to raise the level of nutrition and living standard to improve public health, Article 21 "live with human dignity" (PUCL VS Union of India, CWP 196/2001). India is 102 places out of 17 countries in the global hunger index. National Family Health Service-IV depicts

50.4% of pregnant women and 53.2% non-pregnant are anemic in India. Indian government started PMMVY and Orissa state government introduced MAMTA Yojana which has own specialty in term of entitlement, funding, eligibility, and coverage. Some challenges like social and government exist related to affordability, transparency and accountability. We have to change our social and behavior through campaigns, litigation empower people, transparency, and accountability to overcome hunger and get right to food.

### **Child Marriage Act and implementation status and challenges.**

#### **Ms. Jasmine Mall, CLAP**

Jasmine Mall illustrated the challenges in implementation of Child marriage Act. Prohibition of child marriage 2006 and Restrain of child marriage act 2007 has punishment for Underage forced marriage. The 3P offense to prosecute any case are prevention, protection, prosecution. Section 15 non-viable offense without any bail. Section 12 prevents the child being taken away after marriage mostly leads to trafficking. She shared some relevant statistics such as in 2015-16 has a record of 2.6% of women before the attainment of the marriage act. UNICEF report says 1 in 3 of world children around the world are married. 223 million children married in India before legal age. Orissa needs to remove child marriage through introduction of sexual rights, reproductive right and women's rights in the country.

### **Adolescence health and Challenges**

#### **Ms. Archana Soreng, Vasundhara Organization**

Archana Soreng, researcher officer at Vasundhara Organization got a chance to speak in Geneva about Jangle Jamin, Tradition, and Patta. She vouched that the 2006 forest right act is violated today. The act provides prior information and consent concept but due to lack of awareness and advocacy government take signatures on paper to take their land. The compensation given for the same was for 2 acre in place of 10 acre, is this right? She asks. Government promised development but does locals being threatened in their own land and not being able to access their culture and tradition, a sign of development. Adivasi in Niyamgiri has the right to take a decision, monitoring, and use of the forest. But development project like industrialization affects Adivasi in receiving sustainable livelihood and no benefit for indigenous people. These projects lead forced

displacement and violation of their right leading depression. People deprived of land houses and then health facilities. Women are directly related to nature. She has reproductive rights, take care of the household. Due to the above cause, she lost forest and land now company and their environment may affect her health.

### **Access to health care of Domestic workers and challenges**

#### **Ms.Narmada Swain, NAWO**

Narmada Swain shared her experience of accessibility to health services for working women is presented by lady, work in houses. Now Indian government is facilitating all working women as right to work such as bai, chakrari, or worker. In workplace no one can use wrong word with us. Government is giving security and safety provision to all low-level worker and income facility of employment. Migrant labour is not working by interest but situation make people to be work without their interest for self-survival and family. There is registration facility for a domestic worker to work at home. She elaborated on the Right to leave for domestic workers as earlier there was no holiday for household workers but today government added provision of leave. My fare home camping will be doing for women, child care, safety, health and family care facility.

### **Access to health care of Transgender community and challenges**

#### **Sony Sil, Social Worker**

Sony Sil explains about LGBTQ and the type of transgender, about their challenges in society, medical, family discrimination. People will have to change their thinking and reduce stigma discrimination. Transgender are in different life style and having own community.

Section 377 unconstitutional by Indian government but availability of qualified surgeons and hormonal requirements are not available in health facility. They are being harassed everywhere, considered untouchable along with discrimination, hence become subject to violence. Draconic children have no sexually our society name or give identification of male or female. Homosexuality is found not only in human but in animals too. Intercourse is only an issue but romantic life is also something with understanding each other. Kokila case 2004 in Bangalore describes social stigma, penetrative law and institutional prejudice. Biological determine unprotected, multiple relation, no free space, and stocking are some of the issues faced by the

community including Social and cultural shock that impacts their dignity, create homophobia, biphobia, and transphobia; unhygienic condition. Gender incongruence brings to identify gender by WHO. Health facility should be friendly and stigma free society to give our rights, our freedom.

Usha Rani comes to encourage all presented audience through her powerful song. She said we should be the advocacy of ourselves. She took psycho-counseling of victim for different violence. She calls herself a street player as a singer. Highlighting the advocacy against right she by representing basically survival and audience also presented her beautiful song:

### **Conditions of Public Health System, Odisha**

#### **Adv. Sevati Soren, HRLN**

Moderator is Adv. Sevati Soren calls all district level activist and survival in stage to share their experience. The last Session was on condition of health for humans in different districts of Orissa.

Jamuna Naik, from Kondomal district shared her work related to stopping child marriage. She engages to stop marriages and violation faced by families in false complaining by set of community people. The HRLN supported her to fight in a court legally. Now she is in home with her family. He has an eye disorder but work for similar case from his experience. Alka Sahoo from Gunjam District is working for women and children rights. In the recommendation of NALSA, she received legal aid to protect girl or women from harassment cases. She is available 24/7hr to help.

Sumeer Rana, Balangir is the victim of family violence. She is a victim of sexual harassment, and he tried to kill her by pouring Kerosene oil. Husband also had other marital affairs. She went to police station to file FIR but failed. Now she is receiving support from HRLN to claim her rights.

Chitrasen Naik, Dhenkanal district is an activist fighting for girls' safety and protection. Working on one case is kidnapped rape and killed but police has no evidence till now and action is zero.

Korpor Hantal, from Khoraput district, uneducated tribal, surviving from forest resources and call themselves a child of nature. There are many companies exploiting in the name of industrialization and many occurrences of displacement without providing compensation. One educational institution took village children to provide free education but students are very weak. They lost their self-confidence, tradition, respect of elder, create fear inside them and no good education. This is a clear violation of PESA act, without any community participation forest rights are taken over

by bureaucrats. All act related to forest access are only in paper. Superbha Darura an advocate says 2016 case of village dispute, rape and thrown naked, they raised their voice but hadn't got any justice yet.

The above cases are handled under HRLN. The pending cases are still going on in court to support and aware people about human rights. After all the district wise experience and activism sharing, Team Prayas distributed training certificate to each participant.

At the end group photo was taken with group song and slogan.

## Glimpse of the event





## Annexure:

### Agenda

Day 1

Date: 23.11.2019

Time	Topic	Speakers
8.30 -9.30am	Registration	HRLN /PRAYAS(Adv.Bichitra Sena, Adv.Jyoti Parichha and Pryas team)
9.30am-10.30am	Introduction to the Consultation	HRLN
10.30-11.30am	Right to Health: New health policy, Scenario of Odisha and Access to primary health care and challenges.	Moderator-Sujata Speaker: Mr. Gouranga Mohapatra, Convenor ,JSA
11-30am-12.00noon 12.00am.12.15	Challenges faced by the PLHIV Community for access to Health care services	Mr.AJayaPatra,GIPA
12:15noon – 12:45pm	Right to Health as fundamental Right: Challenges and Implementation in Legal Perspective	Mr.Sanjaya Das,Secretary Odisha High court bar Association
12.45pm-1.15pm	Safe abortion, laws and implementation ,challenges	Adv. Mr. Bikash Das, CLAP
1:15pm-1.30	Discussion	
1:30pm – 2:15pm	Lunch	

2:15pm – 2.45pm	Right to Education Initiative: Strengthening of RTE and provision and safeguarding of children’s rights	Moderator: Clara D souza Speaker: Mr. Sruti Ranjan Ponda Convenor, RTE forum, Odisha
2.45pm-3.15pm	Sterilisation laws, Family planning Indefinite Scheme	Dr. Narendra Gupta, Prayas
3:15 – 3.30pm		Discussion
3.30.4.00pm	Act to prohibit sexual harassment at work places	Adv.Himansu Dash Odisha High Court
4.00pm-4.15pm 4.15pm-4.30pm	"Defending the Defenders"	Survivor Speaks: Tilak Gunjia, Koraput, Karpura Hantala, Koraput  Mr. Abhaya Sahu, leader, Odisha (POSCO protirodha Samitee)
04.30pm- 04.45pm 04.45 Pm to 05.15 Pm  05.15 Pm to 05.45 Pm	: Anti-trafficking and other Gender Based Violence in Odisha	Survivors Speaks: Sarita Parichha, Gayatri Sethi Ms. Usharani Behera Social worker NAWO, Odisha Smt. Dali Das, Director, Project Swarjya, cuttack, NAWO Odisha
8:00 pm onwards		Dinner

Day 2

Date: 24. 11. 2019

Time	Topic	Speakers
9:00– 9:30 am	<ul style="list-style-type: none"> <li>Recap of 1st day</li> </ul>	Moderator: Sevati Soren
9.30-10.00am	Right to Food at Reproductive age and challenges	Mr. Jitendra Ratha, Right to food Activist
10.00-10.30am	Child Marriage Act and implementation status and challenges.	Miss Jasmin Mall, Legal researcher, Clap
10.30-11.00am	Adolescence health and Challenges	Miss Archana Soreng, UN speaker, Basundhara
11:00am – 11:30am	<ul style="list-style-type: none"> <li>Bonded labour impacts on reproductive rights of person and challenges</li> </ul>	Bagambar Pattnaik, Convenor Antislavery India.
11.00am-11.15am	<ul style="list-style-type: none"> <li>Access to health care of Domestic workers and challenges</li> </ul>	Narmada Swain, NAWO
11.15-11.30am	<ul style="list-style-type: none"> <li>Access to health care of Transgender community and challenges</li> </ul>	Sony Sil, & Bana
11:30 noon – 1.00pm	<ul style="list-style-type: none"> <li>Conditions of Public Health System, Odisha</li> </ul>	District wise presentation and Sharing Koraput, Balangir, Nabarangapur, Khandhamal, Nuapoda, , Dhenkanal, , Gajapati, Ganjam, Jharsuguda, Kalahandi, Bhadraka, Keonjhar.
1:00pm – 2:00pm	Lunch	
2:00 pm– 3:30pm		<b>District wise presentation and Sharing</b> Jajpur, Cuttack, Rayagoda, Debagarha, Jagasinghpur, Baleswar, Malkangiri. Puri, Sambalpur, Baragada, Sundergarha, khordha,

		Maurbhanja,Nayagarha,Kendrapoda,, Sambalpur,Sonpur,Boudh
3:30pm – 5:00 pm-5-30	Plan of action for doing PILs <b>Concluding Remarks</b>	Adv. Sevati Soren, Adv.Mr.Bibhu Prasad ChhualSingh, Adv. Clara D souza.