CEHAT is the research center of the Mumbai-based Anusandhan Trust and has been working on public budgets since it was established in 1994. CEHAT emphasizes four principles in its work – social relevance, democratic functioning, ethical concern, and social accountability. CEHAT’s aim is to produce socially relevant and rigorous health policy research and action to promote the well-being of the poor and disadvantaged, strengthen people’s health movements, and realize the right to health and health care. The organization’s strategies include: 1) undertaking research and advocacy projects on various sociopolitical aspects of health; 2) establishing direct services and programs to demonstrate how health services can be made accessible and provided in an equitable and ethical manner; and 3) disseminating health information through databases and relevant publications. CEHAT is currently involved in a variety of projects, such as tracking the implementation of user fees in public hospitals, investigating standards of care in small private hospitals, reviewing public-private partnerships in health, developing a comprehensive health sector response to sexual assault, providing courses for health professionals and students on health and human rights, and working with government officials to help implement services for victims of domestic violence.

**CEHAT’s Budget Praxis Initiative Takes the Budget to the People**

Having conducted numerous analyses of health budgets, financing, and expenditures, CEHAT recognized the need to take this information to the people in a simple, accessible format that could be used to advocate for strengthening public health services through greater and more effective public investments. CEHAT took advantage of its involvement with the Jan Swasthya Abhiyan (Indian chapter of the global People’s Health Movement) to show how advocacy around public budgets could impact a range of issues. As a result, the Jan Arogya Abhiyan (Maharashtra chapter of the People’s Health Movement) and the Right to Food Campaign called for a demonstration and hunger strike on the eve of Maharashtra’s budget presentation in March 2003, which drew over 600 participants from across the state. Prior to the demonstration, they organized a symposium on health budgets and presented a list of demands to the state’s chief minister and finance minister. At the symposium, attended by 80 activists from 50 organizations, a campaign strategy was developed, which subsequently contributed to the launch of the Budget Praxis Initiative.

In the first phase of the initiative, CEHAT focused its efforts on building the capacity of civil society to conduct budget analysis and advocacy. From 2004 to 2007 a series of capacity building workshops were organized (four regional workshops and one state-level consultation to share experiences and upgrade skills). Those who were trained at these workshops went on to train others in their local areas, which eventually led to a network of 40 organizations involved in the budget advocacy initiative for the state of Maharashtra.
Since 2007 CEHAT has been supporting the network to conduct specific budget analyses so as to promote their active participation in budget processes at the district and state levels. For example, CEHAT supported a group from Amravati district that works on tribal and child deaths due to malnutrition. The group had collected information related to the child deaths and the conditions of public health facilities to include in an affidavit they planned to file with the High Court in Mumbai. CEHAT guided the group in collecting and compiling the information they used to inform the court about the existing conditions of the public health facilities: how they function, their budgets, and fund utilization. This was done to counter the affidavits filed by the state government. The court subsequently directed Maharashtra's Departments of Public Health, Tribal Development, and Women and Child Development to investigate and report officially on the situation.

CEHAT took the Budget Praxis Initiative to the states of Madhya Pradesh and Orissa. In Madhya Pradesh, CEHAT conducted a training workshop for the Sanket Centre for Budget Studies to deepen their understanding of the district budget. Sanket went on to train other organizations, which led to the creation of a state budget advocacy network. In 2009 the network organized two regional workshops, which were attended by members of local governing bodies, local budget officials, and development officers. The workshops catalyzed the formation of a core group of budget advocacy actors in each region, as well as budget monitoring projects. For example, participants from Indore and Bharwani districts identified as a key concern the implementation of a program that provides free medical services to scheduled castes (Dalits) and tribal groups living below the poverty line. The participants decided to monitor the program by collecting data on expenditures on medicines and investigating implementation problems.

In Orissa, several resource centers and networks like the Network for Social Accountability-Bhubaneswar, Bharat Gyan Bigyan Samiti (Indian Organization for Learning and Science), and the state chapter of Jan Swasthya Abhiyan felt that their existing analyses at the state level (mostly post-budget) were not enough. CEHAT organized a state-level convention to bring together budget groups and issue-based groups in a broader platform. At the convention, representatives of over 100 organizations prepared a Charter of Demands on the Health Sector Budget for advocacy with the state government. In addition, they organized a training workshop for civil society activists and members of the media on district-level health budget analysis. The workshop was part of an ongoing process of forming the Orissa Budget Solidarity coalition to hold government accountable.

Through its Budget Praxis Initiative, CEHAT learned that taking the budget to the people is a gradual process. Budget organizations should not look for a critical mass for budget advocacy at the outset, but rather develop it gradually through training, network building, and a process of shared and decentralized responsibility and accountability.

**CEHAT’s Participation in the Partnership Initiative**

In the state of Maharashtra, CEHAT is working to introduce expenditure tracking surveys to clarify the flow of funds for health services, provide better public data about how these funds are allocated, and ensure that health funds, including the large funding provided by the National Rural Health Mission (NRHM), are used properly. Maharashtra is one of India’s richest states, yet in spite of various government initiatives, many poor people rely on costly private services rather than use low-quality public services. The large number of different funds flowing into the health sector (from the central and state government to districts and service providers) makes it difficult to track funds. At the district level, there are several parallel administrative systems and resource channels. The introduction of the NRHM seems to have exacerbated these problems, as new resources flow from the state to the districts outside of normal channels and without clear audit mechanisms. The complex layers of administration and financing at the district level create substantial potential for fund leakage. In order to ensure that financing is efficient and transparent, CEHAT is working to address the need for enhanced tracking of resource flows.

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The IBP’s Partnership Initiative is a collaborative effort that seeks to enhance the impact of civil society budget work in selected countries of Africa, Asia, and Latin America. The initiative strives to contribute to the development of sustainable institutions; to increase public access to timely, reliable, and useful information; to enhance the effective participation of civil society in policy and budget processes; and to establish a platform of good practices on which future generations of civil society can build.