



Civil Society Campaign Against Declining Child Sex Ratio

# NATIONAL CONSULTATION ON DECLINING CHILD SEX RATIO

A Civil Society Campaign

June 21 - 23, 2013

## Participating Organisations and Government Institutions

Action Aid	Ministry of Health and Family Welfare (MoHFW)
Action India	Ministry of Women & Child Development (MWCD)
All India Institute of Medical Sciences (AIIMS)	National Alliance of Women (NAWO)
Amnesty International	National Foundation for India
Asmitha	National Society for Human Welfare
Bihar Voluntary Health Association (BVHA)	Plan India
Breakthrough	Poorest Areas Civil Society (PACS)
CEDPA India	Population Council
Centre for Action Research and Documentation (CARD)	Population Foundation of India (PFI)
Centre for Advocacy and Research (CFAR)	Pratinidhi
Centre for Social Research (CSR)	Pravah
Child Rights and You (CRY)	R P Education Society (RPES)
Commutiny the Youth Collective (CYC)	Sadbhavana
Campaign Against Sex Selective Abortion (CASSA)	Sama Resource Group for Women and Health
CREA	Samarthan
Daanish Foundation	Save the Children
Dalit Mahila Vikas Mandal (DMVM)	Shramjeevi Mahila Sanghathan
Department for International Development (DFID)	Sir Dorabji Tata Trust (SDTT)
Ekatra	Sir Ratan Tata Trust (SRTT)
Ekta Resource Centre for Women	Society for All Round Development, Reodar
Emmanuel Hospital Association (EHA)	Society for Rural Development and Action (SRDA)
Family Planning Association of India (FPAI)	Society for Social Uplift Through Rural Action (SUTRA)
Federation of Indian Chambers of Commerce and Industry (FICCI)	Swechha
Human Rights Law Network (HRLN)	Unesco Chronicle
Initiative for Health & Equity in Society (IHES)	United Nations Population Fund (UNFPA)
Indicus Analytics	Vasavya Mahila Mandali (VMM)
Indo Global Social Service Society (IGSSS)	Vatsalya
International Budget Partnership (IBP)	Video Volunteers
International Center for Research on Women (ICRW)	Vidyasagar Samajik Suraksha Seva Evam Shodh Sansthan (VSSSESS)
Jagori Grameen	Vimochana
Laxmi	Voluntary Health Association of Punjab (VHAP)
Lok Andolan	
Mayaram Surjan Foundation (MSF)	

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# Background

In April 2012, National Foundation for India (NFI) and UNFPA in partnership with several civil society organizations started a dialogue with a range of stakeholders on the issue of declining child sex ratio. These initiatives provided a platform for consolidating the efforts of various organizations and networks to create substantive ways for addressing the issue. In addition, they also provided an opportunity to engage with organizations and networks that work on issues such as health rights advocacy, gender discrimination, grassroots mobilization, and governance, but may be isolated from the discourse of sex selection per se.



Child Sex Ratio in  
India has dropped  
to **919** girls  
against **1,000** boys

Census of India, 2011

## Regional Processes

As part of the dialogue process five regional consultations were organized in the country (list of participants is attached in Annexure 1).

1. Central Zone Regional Consultation, Raipur held in December 2012 had representatives from Chhattisgarh, Madhya Pradesh and Jharkhand.
2. Southern Zone Regional Consultation, Chennai held in January 2013 had representatives from Andhra Pradesh, Tamil Nadu, Kerala, Karnataka, Puducherry and Odisha.
3. Northern Zone Regional Consultation, Chandigarh held in February 2013 had representatives from Delhi, Himachal Pradesh, Haryana, Jammu & Kashmir, Rajasthan, Punjab and Chandigarh.
4. Western Zone Regional Consultation, Mumbai held in March, 2013 had representatives from Maharashtra, Gujarat, Karnataka, Goa and Daman and Diu.
5. East Zone Regional Consultation, Patna held in May 2013 representatives from Uttar Pradesh and Bihar.

Over 200 representatives from various organizations participated in these five regional processes. The focus was to identify active networks, campaigns, organizations etc. and include their standpoints and strategic positioning on the issue in the

larger campaign. In reaching out to the different actors who's work might have bearing on the issue, the emphasis was also on including groups working on women's right to safe and legal abortion, and their safety and security.

## National Consultation

Following on these regional processes civil society representatives from different parts of country gathered at New Delhi on June 20-21, 2013 to deliberate and launch a civil society led national campaign against declining child sex ratio (CSR). The consultation was anchored by the National Foundation for India (NFI) with support from UNFPA. It was part of a series of regional and national initiatives to build a coalition among civil society organizations and networks, with the aim of broad basing the ownership and dialogue around the issue of gender biased sex selection.

## Objectives of the National Consultation

- To share regional experiences and learn from the consultations organized over the last one year
- To identify different voices and stakeholders that have an influence on the issue
- To conceive future directions for the national campaign on addressing declining child sex ratio and
- To reach a common understanding on strategies and roles for the civil society coalition

The active engagement of diverse groups of civil society actors in the regional consultations and the national consultation provided a good opportunity to build a multifaceted understanding of the problem of declining child sex ratio in India, and to collectively chart out the direction for future action. The consultation also provided an opportunity for drawing new energies through campaign experts who contributed immensely to the discourse.

# Proceedings

## **DAY 1: June 20, 2013**

The consultation began with a welcome address by Dr. Monica Banerjee, Director, NFI. This was followed by Ms. Ena Singh, Assistant Representative, UNFPA-India. Ms. Singh acknowledged the role played by civil society in influencing and guiding the efforts to address the issue of gender-biased sex selection in India. She emphasized the complexity of the issue and its intrinsic linkages with diverse issues such as gender, rights, choice, commercialization of technology, policy, and politics. Ms. Singh also spoke about the challenges in addressing sex selection and how lack of collective voice poses a significant handicap to the speed, pace and the way the problem is being dealt with. She stressed the need for broad-based dialogue and engagement with diverse civil society groups to develop collective ownership and commitment towards the issue, and emphasized the importance of the consultation in providing such an opportunity.

Dr. Sathish B. Agnihotri, Demographer and member of Indian Administrative Services, then provided a broad overview of the situation of declining CSR in India. He highlighted the problem of declining child sex ratio in terms of the 'epidemiology of female deficit' and focused on the hot-spots depicting adverse child sex ratios as the sources of the 'disease'. He highlighted the decline in child population in 2011 census, in the context of declining CSR. Dr. Agnihotri emphasized the need to develop a collective multi-sectoral approach to address the issue and the need to intensify efforts in urban areas that are the epicentres of the problem. He also acknowledged that the problem was widespread both in rural and urban areas.

Dr. Agnihotri also spoke about the challenge presented by lack of information on best practices for easy adaptation and replication to address the problem, and suggested the creation of an online portal where people can seek and share information on responding to sex selection.

## Regional presentations

In the following session, a blend of unique, and balanced perspectives on the issue were presented by civil society representatives from five zones (Central, South, North, West and East) that included 23 states.<sup>1</sup>

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### **NORTH ZONE**

Delhi, Himachal Pradesh,  
Haryana, Jammu &  
Kashmir, Rajasthan, Punjab,  
Chandigarh

The presentation from the north zone highlighted the status of CSR in the constituent states that registered the lowest CSR across the country between 2001 and 2011.

The regional perspective shared through the presentation, emphasized the need to adopt a multi pronged approach that gives due importance to and protects the reproductive rights of women. The regional presentation also cautioned against undue emphasis on the myths of association such as between sex selection and indicators such as education or socio-economic status, and urged instead that these associations should be rigorously examined and tested through coordinated and well planned research.

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### **SOUTH ZONE**

Andhra Pradesh, Tamil  
Nadu, Kerala, Karnataka,  
Puducherry and Odisha

The highlights from the southern zone emphasized the contextual framework of daughter aversion within which the practice of sex selection is embedded. It also spoke about the pervasiveness of the other manifestations of daughter aversion such as dowry, child marriage and violence against women, in many states in this region. While acknowledging government efforts through supportive schemes in education, skill development, and employment, partners from this zone also flagged concerns about the patriarchal bias of selected state responses expressed through welfare initiatives such as financial assistance for marriage, or the *Sumangali* scheme. The presentation emphasized the need for periodic review and revision of policies, and mainstreaming of efforts to address declining CSR across multiple sectors.

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### **WEST ZONE**

Maharashtra, Gujarat,  
Karnataka, Goa, Daman  
and Diu

The presentation from the western zone highlighted that while the states in this region experienced an overall decline in CSR, few districts within each state registered an increase in CSR. The presentation indicated that these are also the districts where active civil society engagement and government response has resulted in effective implementation of the PCPNDT Act. Partners from this region emphasized the need to focus energies towards strengthening women's workforce participation, consolidating women's ownership and control over resources and property rights and increasing women's participation in the political arena.

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<sup>1</sup> Chhattisgarh, Madhya Pradesh, Jharkhand, Andhra Pradesh, Tamil Nadu, Kerala, Karnataka, Puducherry, Odisha, Delhi, Himachal Pradesh, Haryana, Jammu & Kashmir, Rajasthan, Punjab, Chandigarh, Maharashtra, Gujarat, Karnataka, Goa, Daman and Diu, Uttar Pradesh and Bihar

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## **CENTRAL ZONE**

Chhattisgarh, Madhya Pradesh, Jharkhand

The presentation highlighted the spread of the phenomenon of declining CSR to rural and tribal regions. Partners also spoke about the closely related problem of female trafficking and the need for inter-state coordination to tackle these issues. The presentation indicated the close linkage between property ownership and son preference, arguing that with the shift in property ownership patterns in tribal regions from the community to the individual, pressure to bear sons also increased. Partners also shared that most of the work in the region has erroneously focused on targeting individual women, and advocated instead for engagement with the community for increasing the value of women and girls.

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## **EAST ZONE**

Uttar Pradesh and Bihar

The highlights from the eastern zone focused on poor implementation of the PCPNDT Act. Partners from the region emphasized the need to anchor the campaign against declining CSR at the regional level and to create grassroots mobilization on the issue.

## **HIGHLIGHTS FROM THE REGIONAL PRESENTATIONS**

- There is a strong need for collective action to own and share the problem, share lessons, find collective solutions to those problems, and generate and use the collective evidence
  - The patriarchal basis of the problem needs to be understood and tackled; Patriarchy, and its manifestation-son preference and daughter discrimination has to be central to the campaign
  - Work on patriarchy and son preference needs to strategically focus on issues related to women's safety and security, dowry, marriage and assets and property rights.
  - At the same time, it is equally important to work on effective implementation of the PCPNDT Act
  - Efforts to address sex selection must not be at the cost of women's reproductive rights.
  - Government policies need studies from their implementation angle; are they sufficiently based on equality and non-discrimination, or do they promote patriarchal mindset; Do they address just the condition of women or do they also address the position of men and women.
  - Communication is extremely important therefore care has to be taken for the terminology, language, and strategic positioning of the issue.
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# Campaign design

Mr. Amitabh Behar, Executive Director, NFI, shared the experience of the year long consultative process that contributed to the designing of the campaign and also presented the draft campaign design for collective feedback and consensus (detailed presentation is attached in Annexure 2).

Mr. Behar reflected on NFI's collaboration with UNFPA over the past one year, which included a review of existing work on declining CSR, and a series of meetings at the regional and national level with an advisory group. The advisory group comprised representatives of civil society organizations, resource agencies, practitioners and campaigners; the advisory group collectively discussed and designed a multi-dimensional civil society campaign against declining child sex ratio. He then presented the core principles on which the campaign would be based:

- The campaign efforts will not strengthen forces that intensify and reinforce patriarchy
- The campaign and its strategies will respect and uphold women's reproductive rights
- The campaign will adopt an inclusive approach to ensure that all voices are heard and engaged
- The campaign will adopt a decentralized approach on strategy, design and planning

The draft campaign design formulated in discussion with the advisory group was then shared with the gathering. It was proposed that the campaign would work along four tracks:

## 1. Challenge patriarchy:

### THIS INCLUDES THREE STRATEGIC DEMANDS:

- a. **Ensuring women's access, control and ownership of housing and assets**  
**Strategy:** Focus on the state's role in ensuring effective implementation of existing laws for women's right to housing and assets.
- b. **Ensuring women's safety and security in private and public spaces**  
**Strategy:** Add the campaign's voice and energies to ongoing campaigns and initiatives addressing women's safety and security.
- c. **Ensuring that government schemes and programmes do not include elements that reinforce patriarchy**  
**Strategy:** Identify and highlight patriarchal aspects in the rationale, design and language, of government schemes (for instance Dhanlakshmi), programs, policies and laws and advocate for their revision through public advocacy and media campaigns.

## 2. Ensure effective implementation of the PCPNDT Act:

### THIS INCLUDES TWO DEMANDS:

- a. **Ensuring state accountability**  
**Strategy:** Institute people's report (social audit) and promote it through civil society and media campaign for judicial intervention.
- b. **Increasing scrutiny and accountability of manufacturers 'Follow the money'**  
**Strategy:** Focus on research to generate evidence on the role and compliance of large corporate manufacturers, and financial agencies, and create media hype to 'name and shame' companies, banks and other financial agencies.

## 3. Positioning DCSR as a critical agenda in the public domain:

### THIS INCLUDES THREE KEY STRATEGIES:

**Strategy:** Mobilize youth in urban and rural areas for action against declining CSR and campaign directly with young people to build awareness and call for action.

**Strategy:** Integrate the issue of declining CSR in the political agenda of influential political parties.

**Strategy:** Enhance engagement with the media, including regional media, feature writers and editors to increase visibility for the issue.

## 4. Building and strengthening coalitions

**Strategy:** Provide solidarity and develop mutual campaign support relationships with vibrant civil society campaigns and coalitions especially those where the core mandates are mutually reinforcing like the groups on corporate accountability, right to housing, violence against women, social security and pension.

**Strategy:** Work with local self governments, women's self help groups, ASHAs, front line workers- ANMs, AWWs, to create awareness and mobilize grass roots action.

**Mr. Behar then shared the operational design for the campaign. He presented two modes for the secretariat:**

- A national secretariat – presumably in Delhi
- A decentralized secretariat which can have different functions located in different regions

**It was also proposed that a core group be constituted to give direction to the campaign. The functions of the secretariat would be to:**

- Coordinate campaign activities and support campaign based initiatives across the country
- Connect with other groups, alliances and networks
- Raise resources nationally (and help local nodes in raising resources locally)
- Facilitate cross learning for responding to gender biased sex selection

# Panel discussion

The presentation on the campaign design and structure was followed by a panel discussion to obtain inputs and feedback for the development of the campaign. Panelists included Mr. Ravi Duggal, International Budget, Mr. Ananth Guruswamy, Amnesty International, Ms. Abha Bhaiya, Jagori, Ms. Aparajita Gogoi, White Ribbon Alliance, Mr. Stalin K, Video Volunteers, Mr. Vimelendu Jha, Swechha and Mr. Parvinder Singh, PACS.

**The comments from the panelists are documented below:**

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## Mr. Ravi Duggal

1. Campaign must focus on looking at the political economy of gender based discrimination. It is important to look at the whole issue as broader gender based discrimination and not in parts like sex selection, safe abortion or issues related to domestic violence. To make an impact on society, to change mind-sets on gender based discrimination and to avoid dissipating precious energy on creating silos (sex selection, safe abortion etc.) there is need to look at this issue in totality and not as specific action points.
2. The contract is between state and society – whether it is a dowry issue or domestic violence etc.- the only difference when we look at sex selection is that there is a third party – the medical profession with their technologies. This is the critical difference between legislation on sex selection and other social legislations. The key point therefore is to target medical professionals and the associations. If they become ethical in their practice, sex selection will not take place.
3. The campaign needs to recognize the issue of expanding rural medical markets. The shift in demographic data shown in all the presentations on low CSR in rural areas is closely linked to expanding rural medical markets – emergence of new technologies, simple technologies, mobile technologies makes it much easier. Therefore, regulation of medical technology and medical profession is very critical and has to be done routinely; furthermore sensitization of medical community is equally important in the context of the lack of professional ethics in medical practice.

4. The role of religious and faith based organizations/networks needs to be recognized while acknowledging its potential to serve as a double edged sword. Positive initiatives such as the proactive work by Gurudwaras in Punjab can serve as examples.
5. Budget allocations are critical to implementation of social legislation: While social transformation through changes in traditions, norms, mores has to come from within the community the state can play an important role in providing the legal framework and resources to deal with social issues. There is close link between legal implementation and resources made available. Mostly same officer is burdened with implementation of different Acts and in that some Acts do get less attention. There is need to create separate resources and implementing agencies for effective results.
6. With regard to advocacy on women's ownership of property and assets, joint ownership should be emphasized and needs to be positioned in the context of larger social change. Single ownership has its consequences. Historically even in matriarchal society the control is not with the woman, it's with the brother or other male family members.

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## Mr. Ananth Guruswamy

1. There is an epidemic in the way sex selection spreads and the vector is technology. There was clear voice from the different presentations and discussions, that the supply side of sex determination needs to be tackled first and the demand side from society, the deeper issues of patriarchy etc. can be built around that; that is how the campaign should be designed. Work on PCPNDT Act is the heart of the campaign.
2. Successful campaigns are simple though complexities have to be kept in mind. Successful campaigns do not speak to the problem but to the power structures responsible for perpetuating the problem. They tackle the problem and do not necessarily analyze the problem. They look at what/who are the actors contributing to the problem. They analyze why something is not happening. Some elements of that are already in the current design but can be further sharpened. Therefore along with stakeholder analysis, an analysis of power centres and how to tackle power is very important.
3. There are four pillars mentioned in the campaign but there is need for shared theory of change that will bring the various groups together. There is need to see how these four pieces will work together, how do we see these things interweaving, how do we see the sequencing in the way which they will play together and how do these parts make a whole. There has to be a shared understanding at that level.
4. Any long fight needs new energy and new targets meaning bringing in new people to take on. Campaigning is all about energy. Energy is very often linked to new targets.

5. 'Following the money' usually tells where the vested interest is. It is true that you cannot have sex determination without expert intervention either in the form of doctors or in the form of medical technologist and technology; the fact that it offers opportunity for 'business' is what makes it different from problems like dowry and that is a great point of intervention. Declining CSR is a business and people are making money on it and that should be the focus of the campaign – follow the money.
6. Patriarchy is the root cause of the problem, but patriarchy is not campaignable, it is a big phenomenon. The good thing about the campaign design is that it is picking on aspects or manifestation of patriarchy that is highly campaignable namely how patriarchy manifests in government schemes supposedly designed to tackle the problem but which instead further reinforcing patriarchy. That is a great point to campaign on and bring about a change and quite a visible change.
7. It is also important to understand that when one says this is not campaignable, it doesn't mean one cannot work on it. Lot of work can be done at programmatic level. But when designing a campaign what has to be kept in mind is what would work as a campaign.
8. With regard to the campaign structure, *centralised* and *decentralised* are big questions, and the answer depends on what best can be done from which place, such as mobilization, resource generation etc. If you look at the target and what you want to achieve, a certain division emerges naturally.

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## Ms. Abha Bhaiya

1. More thinking is required around the issue of why girls are unwanted: this may be manifested as girls not born or girls experiencing very poor quality of life after birth. 70 percent girls are anaemic, malnourished and in poor health. The situation will worsen when these girls become mothers. There is a need to look at these issues as a continuum and not just as PNDCT act per se.
2. One also needs to understand the current context of the political-economy- the increasing cost of education, privatization and globalization and the costs of having girls and bringing them up.
3. It is important to look at the entire medical fraternity; the corruption and greed at that level. There is a need to talk about corruption lack of medical ethics as a very central issue in the campaign.
4. The rhetoric needs to include girls and women to recognize and address the continuum of discrimination.
5. Strategies for each set of actors have to be worked out in greater details and matched with each other to some extent. The presentation on proposed campaign strategies is still very much generalized.
6. Different strategies are required for urban areas and rural areas. In urban areas the culprits are usually educated, professionals, and most moneyed communi-

ties, they are the ones who are in the front line. Middle class sets the trend to be followed. Therefore there is need to put our strategies in urban centres in a certain way and in rural centres differently.

7. There are communities which are still resisting such decline and there is a need to think about preventive strategies.
8. Gurdwaras can be seen as playing a significant and to some extent positive role but it may be less likely to see other religious fraternity play a similar role. Different strategies are required for different religious communities to address the issue.
9. Advocacy on joint ownership of land is preferable as it is less threatening to patriarchy. Campaign initiatives such as advocacy for removing registration fee for joint pattas can be considered.
10. The campaign should engage with the youth and project them as the ambassadors. In fact, multiple young ambassadors should be brought on board to address the different contexts of young people. The campaign should also focus on educational institutions including high school as well as college students, particularly boys.

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## Ms. Aparajita Gogoi

1. On an issue like this working in different boxes is going to be difficult. For example no meeting on reproductive health ends without talking about sex selection. There is a need to bring in people who work on child health, maternal health, reproductive rights, and those working on gender, social inclusion, safe abortion, education. Only then would we be really able to bring a solution to this problem.
2. Designing and running a campaign and building a coalition to implement these campaigns, are two parallel streams. While designing and running the campaign, it is important to look at how the coalition is being built. Who are the members? How are the decisions taken?
3. Structure and strategies are two different things however, they are complementary. Structure must support the strategy and not the other way around.
4. Four objectives mentioned in the presentation but not clear whether they are elements of a campaign or are these four separate campaigns. From a campaigner's point of view if we look at the two objectives – access, control over properly for women and implementation of the PCPNDT act – for these two issues the target audience, allies, the opponents and proponents, messages, call to action, how you measure impact are all very different. These may be strategies that we may want to adopt to look at CSR however, these could actually become and may work better if these are separate campaigns with separate goals, separate strategies, separate plans.

5. With regard to the operational aspect – whether to have single secretariat or decentralised model - this decision can be taken after campaign and campaign designs are finalized. However, multiple hubs might be required.
  6. Diversity is good but they should follow some common parameters because you are looking at achieving some common goals.
  7. For coalition leadership lot more articulation is required like who is going to provide the vision? Who is going to make campaign plans? Who is going to execute the plan and who is going to be accountable to see that the plan is being implemented?
  8. Anybody joining the coalition has an agenda and there is a need to accept this. Individual agenda is always not a bad thing. When you work together you have to deal with logo and ego, turf wars, pecking order. This will happen and the campaign should be open to deal with this.
  9. Coalition must be credible and messages must be audible. Volume of advocacy must be very high. Campaign and coalition also needs to be visible for which a name or branding is required.
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## Mr. Stalin K

1. There is difference between launching movements and launching campaigns. Often it is confusing between movement and a campaign, and we load expectation of a movement on to a campaign. The way to go is to decide what we want to achieve and break it down into understandable fragments. Fix people, target, and action and then design campaigns around it.
2. Very clearly there are multiple campaigns. The secretariat and steering core groups should also be designed around these campaigns like campaign specific secretariat.
3. In campaigns, it is advantageous to focus on conduits. This campaign readily provides the conduits: Law enforcement and the medical fraternity. Following this reasoning, it is critical to work with medical and nursing colleges
4. A campaign on larger issues like corruption of values and ethics is also worth considering.
5. There is an emerging perception of control and violence as a status symbol; thus machoism and bravado become symbols of masculinity and there is increasing tolerance for violence against women, and children. In the messenger section of the presentation, lot of the conduits and identified actors are not adequately covered- medical fraternity, law enforcement, and judiciary.
6. It may be a good idea to put out the non-negotiables at the very beginning. There was mention of working with faith based groups which often had negative impact. There is a need to have some sort of paper, may be one pager on strategies that haven't worked and why they haven't worked and share it with

regional groups for them to reflect on whether they would like to absorb or experiment with strategies.

7. The campaign on untouchability debunked all religious, social approaches and chose to only apply the constitutional framework
8. Law enforcement should enforce the law and not wait for violations to occur.
9. Campaign should be designed by those who will be executing the campaign. It is not advisable to have consultants design the campaign and field workers execute it. The campaign may engage other campaigners as consultants and not equal partners, therefore consider engaging consultants not to design the campaign but to train you to design the campaign.
10. Decentralised secretariats are good but there must be one common “brand” which helps people make links: in this regard the four tracks are useful.

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## Mr. Vimlendu Jha

1. Youth and education are two components which have not got as much focus in the current design. This campaign needs to engage youth and has to look at education as being one of the main perpetrators of this “son pharmacy” phenomenon being talked about.
2. The campaign has to be youthful and educational, not just engaging youth and hitting education.
3. The campaign, the impact and engagement of the campaign have to be as epidemic as this entire disease is. It is important that by design the target of change be the vehicle of change.
4. Resources are important but have not been talked about.
5. It is important to look at competitive campaigns and there are several campaigns going on which overlap with similar issues or have implication on similar issues. Building coalition with other existing coalitions on similar issues is equally important. Integrating our language, our focus, our target groups, our interventions with those competitive campaigns will save us extra efforts and resources.
6. Division of roles is important. Everyone can't be doing everything. We need to understand and orchestrate our efforts in terms of a relay race.
7. It is important to look at positive stories and highlight the role of change agents.
8. There will always be constant battle on whether to be broad based or be specific. There will always be two parts of the campaign – one where there will be direct engagement with perpetrators as well as the sufferers- these are the direct stakeholders and an indirect or general approach where we look at legal, social, educational, religious aspects of it. It is important to create a balance.

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## Mr. Parvinder Singh

1. The campaign which talks about this issue needs new spokespersons. There isn't enough conversation about this issue. The messaging has been complicated so far. Clear and consistent messaging is required.
2. The campaign of this size would need a large reach and very deep engagement over a period of time. Online engagement is possible which is not restricted to just web, there are mobiles, and we need to consider the ability of delivering module to a cadre of youth who would in a very contextual way engage at the state level. This would mean looking at the entire mode of online reach, and messaging which harnesses the knowledge products.
3. It is important to think what would keep the campaign visible for a very long time – conversations will keep it visible for a while; similarly spokespersons from youth, from the medical fraternity, from people who would otherwise not engage with it. We talk about engaging men and boys but we really don't have the ability to engage with them right now, that ability will have to be developed so that they also become your campaigners and messengers.
4. For taking the discussion forward in the coming time we need to see what would the change look like and online platforms have very good ability to demonstrate change which can include films or blogs, which is how you bring people on board.
5. There is also need to work on milestones and targets and it has to be specific; right now it is quite broad.
6. Campaign has to be very diverse, which means you might not have people in the coalition only engaging with it. If you need to engage boys and men then celebrities could be brought to the campaign and they can start talking about it. Similarly if there is online engagement happening you could bring in film makers, youth who have creative abilities to put it there. This can bring a huge value addition because everybody is working on this at some or the other level.

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## Open discussion

After the panel discussion, the floor was opened to discussions from the house in which participants shared their views and concerns on the identity and design of the campaign. The highlights from the discussion are as follows:

1. In the broad spectrum of long term goals, specific short term objectives might get diffused; therefore it may be useful for the campaign to retain focus on few specific issues such as the two-child norm
2. The issue of emerging technology and its potential for facilitating sex selection is a major concern that the campaign will need to consider.
3. Talking about reproductive health may not be enough; right to safe abortion needs to be emphasized separately. Abortion rights should not be portrayed in a negative light.



The open session

4. Forming multi departmental committees at district level and making CMO, district collector, DPOs and Panchayat officers members of this committee along with civil society organizations as well as medical professionals might be a good idea.
5. Instituting research committees for specific issue based research on emerging technologies could prove useful.
6. The campaign may consider piloting campaign strategies in some select states to test the feasibility of specific strategies.
7. A support group with multi dimensional expertise to guide the campaign design and processes will help the campaign development.
8. Dowry still remains a significant cause for the unwantedness of girls; action on dowry should be give more thought.
9. The campaign should consider engaging with the State Institutes of Rural Development (SIRDs) as they provide training at the panchayat level.
10. The problem should be looked at through women centric lens and cultural diversity should also be kept in mind. In some states Declining CSR may not be the problem but early marriages might be a big issue. Targeting 200 worst hit districts in the first phase and including the gram sabhas and mohalla sabhas might be a good idea.
11. There should be common messaging on the subject which is simple and has clear action points; more layered messaging can then be developed based on the local contexts.

# Group work

Following the open discussion, participants were divided into four groups and asked to work on the four tracks (displayed in the table below) identified in the presentation on campaign design. The group analysis was structured along the following points:

- Broad Goal
- Objectives
- Demand
- Field analysis
- Power analysis
- Actor analysis
- Levers of change
- Strategies
- Campaign Structure
- Resources

## Table: Campaign Design

Patriarchy	PCPNDT	Public Domain	Coalition building
1. Assets – joint ownership, housing and assets	1. State accountability	Youth (urban and rural)	Network with existing coalitions
2. Assess schemes – remove patriarchal elements	a. People’s report	In-school and out of school	Work with local institutions, panchayats, urban local bodies
3. Safety and security – safe spaces at home, streets, work	b. Social audit, work with media and judiciary	In colleges and institutions, including medical schools	Link with CSOs working with elected women representatives
	2. Follow the money	Political parties, media	Link with campaigns and CSOs working on addressing violence against women
	a. Research and		
	b. Media hype to name and shame manufacturing companies and banks		

The group work was followed by presentations made by each group.

## Highlights of Group Presentations and Discussion

### GROUP – PCPNDT Act

**Broad goal** Building a gender just society

**Objectives** Ensuring effective and accountable, implementation of the PCPNDT act

**Demand** Supply side – state, service providers and manufacturers; Demand side -people

**Field Analysis** Medical lobby, Government, Political parties, Media, Community

**Power analysis** State bodies, doctors, diagnostic technicians, Intermediaries – Politicians – forming a web for gains

**Actors** Doctors (obstetrics & gynecologists, radiologists), politicians

**General Strategy** Focus on PCPNDT implementation

General campaign strategies – success stories, appreciation of positive changes, documentation and replication of successful efforts

**Specific strategy**

- State accountability
  - Performance audit
  - Background research (mapping of sex ratio, technology access)
  - Name and Shame – doctors
  - Medical councils – role under the law
  - Role of judiciary
- Follow the money
  - Banks, companies, manufacturers, doctors (policy- imported machines, mobile machines)
  - Name and shame
- Accountability of medical community
  - Stalwarts to uphold medical ethics
  - Champions of change – medical associations
  - Mapping of intermediaries (power centers) – including quacks (ASHA associations, AWW centers)
- Politicians – not to support errant doctors; manifesto
  - Work with regional wings, youth wings, women’s associations within political parties
- Link workers (ASHAs, ANMs)
  - Include them in the campaign
- Media
  - To create shock impact- electronic meter, for real time counting, girl watch- NDTV (Linkage with public domain track)
- Linking with Right to Health campaign – USG a public good (target commercialization) – part of the coalition building track



Participating in group work

## GROUP- COALITION BUILDING

**Purpose** To build a collation of likeminded stakeholders to achieve the primary goal of the campaign

- Objectives**
- To collate experiences of expertise to amplify voices
  - To strengthen evidence based advocacy
  - To provide a common platform for collective action

**Field Analysis** Mapping of existing groups

Identification of primary groups-CSOs, individuals, youth groups; and secondary actors including professionals -medicos, judiciary-legal, academia-teachers, researchers; PRIs/ULBs to act as monitoring bodies; media- to keep issue alive; Parliamentarians; Govt. officials; and coalition partners.

- Power Analysis**
- CSOs main power will be outreach and they will act as pressure group and also create pressure group for advocacy
  - Medical group- key power – as service providers
  - Legal – ensuring acts/rights
  - Academician / research
  - PRIs/ULBS – as monitoring body
  - Media – keeping issue alive
  - Parliamentarian – influence – policy, programme, resources generation or deploying resources

- Strategies**
- Linkage with allied coalitions/campaigns – GBV, housing, JSA-Health, NLM
  - Strengthening evidence by collating information, data and data use (knowledge centre)

## GROUP- CHALLENGING PATRIARCHY

**Objective** Increasing the social value of women and girls

- Demands**
- Joint ownership in fixed and other assets including land
  - Ban on policies and schemes of State and Central govt. that have patriarchal basis
  - Improved infrastructure and policies supporting women's safety and security

- Strategies**
- Advocacy for reform in govt. policy challenging notions of head of the family and demanding inclusion of women names in ration, gas, electricity connections and other documents (government symbols, formats – good to start conversations)
  - Review all govt. policies and schemes related to girls and women that have strong patriarchal basis reinforcing discrimination
  - Challenge customary, religious and cultural practices that are discriminatory- birth, last rites, rituals for boys, dowry, kanyadan etc.
  - Look at existing campaigns on women's safety and security and try to create coalition
  - Use multiple media platforms to
    - Promote positive messages, stories, acts of bravery, projecting girls as special through positive images
    - Challenge negative/stereotypical portrayal of women
    - Use different formats such as tv shows and soap operas to dismantle discriminatory cultural-religious practices



Presenting the group work

## GROUP- INFLUENCING PUBLIC DOMAIN

**Goal** Mainstream the issue of declining CSR in the public domain

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**Objective** Positioning DCSR as a critical issue/agenda for the public domain through proactive engagements with influential social and political formations. Work with Political groups

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- Strategies**
- Political groups (at multiple levels)
    - Work with different wings (youth, farmer, women’s, trade unions) The approach should be to access them from cadre or from the top
    - Review patriarchal aspects in existing schemes and advocate with political parties for reforms, revision
  - Youth (rural, urban and peri urban)
    - Educational Institutions – including professional institutions
    - Outreach to out of school youth through non formal avenues
    - Strategies for urban -social media, mobiles; for rural -sports, theatre
    - Curriculum change?
    - Mobilize youth to strengthen act implementation
  - Media strategies
    - Editors, publisher and regional/vernacular journalists
    - Electronic meters– ‘alarm’ factor; girl watch reports
    - Media partner vs. various media agencies
    - Material in regional languages
    - Online media
  - Social groups – CBOs, PBOs – RWA, Rotary, Lions
  - Religious groups??
    - ‘How’ – religious leaders – influencing communication, choice of ambassadors within the framework of non-negotiables
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# Proceedings

## **DAY 2: June 21, 2013**

Day 2 began with a recap of the proceedings and discussion of the previous day, facilitated by Ms. Dhanashri Brahme, Programme Specialist, UNFPA. Ms. Brahme began the session by reiterating the main points from the discussion on the non-negotiables for the campaign:

### **Campaign non-negotiables**

- The campaign will acknowledge the gains and achievements of years of struggles on sexual and reproductive rights and will ensure that the activities in no way weaken or threaten these achievements. Thus the campaign activities will not compromise on reproductive rights or women's right to safe abortion
- The campaign will ensure that its efforts do not strengthen forces which deepen and reinforce patriarchy
- The campaign will maintain openness to include and work with newer members and groups
- The campaign will also adopt a comprehensive approach (multi-dimensionality) for quick wins around specific demands
- The campaign will not adopt a top heavy functioning
- The campaign will exercise caution in working with religious leaders; this can be done by:
  - Putting in place rules of engagement
  - Choosing ambassadors with care
  - Agreeing on guidelines for communication
  - Agreeing on ensuring access to safe and legal abortion

- The campaign will ensure clarity in using data for advocacy; For instance in using data to establish causality between factors and declining CSR
- The campaign will ensure clarity in the use of rights arguments
  - (NHRC statement) – about discrimination, rights begin at birth, consequences of DCSR violate rights of women as a community
  - Right to life and right to personal liberty arguments refuted by Mumbai High Court

Ms. Brahme also flagged the need to formalize the non-negotiables, as well as the process for doing so. She then proceeded to summarize the presentations of the group work that were shared on the previous day (detailed presentation on the recap is attached in Annexure 3).

Comments and observations were then invited from the gathering on the group presentations. These are highlighted below:

## Campaign strategies

- The campaign will need to exercise caution to ensure that the work remains campaignable and does not get into programme mode. The campaign needs to focus on concrete deliverables.
- The four groups have wide range of audiences to engage with, therefore one single approach will not work. Different approaches are required for difference audiences.
- Multi-dimension is important for the campaign because civil society action has faltered by being too focused on exclusive tracks and ignoring the connects. The campaign needs to play a bridging role to see how all tracks can be woven together.
- The problem of declining CSR calls for a nuanced understanding of how both capitalism and patriarchy provide the underpinning, therefore the campaign strategy needs to avoid a stance or positioning that only focuses on ‘misuse of technology’.
- The campaign must focus on both mass outreach as well as reaching out to select groups with different strategies for both

## Campaign matrix-vertical and horizontal tracks

- There are overlaps between the ‘what’ and the ‘who’. Media, youth, politicians, welfare associations and various groups are all the ‘who’ - who do you want to engage with, whereas patriarchy is the subject on ‘what’ we want to talk about. Both cannot be merged. When talking with youth or media there should be clarity. Public domain cannot be subsumed within patriarchy.

- Coalition building and public domain should be kept separately because coalition building will be with the likeminded people and public is open to a much larger forum.

## Campaign structure

- There is need for a central secretariat or a body within the campaign which will work as a feeder to building capacity of different stakeholders. For instance, media houses have the intent and the money but do not have the capacity to research and this is also applicable to the political arena. So the knowledge outcome in the campaign is very important which should update on regular basis.
- Two models are proposed in the draft – one that is decentralised and the other with the secretariat located in one city which then works with the steering/core group.
- The role for the steering group will entail more than hands on advisory role. As the campaign proposes to have a fairly lean support structure, it may require steering group and advisory support that brings together expertise on both thematic issues and campaigns.

# Concluding plenary

The final session of the consultation included a panel with representation from the Ministry of Women and Child Development (MWCD), Ministry of Health and Family Welfare (MoHFW), and development organizations to explore support for coalition building for the campaign. Mr. Amitabh Behar, introduced the campaign to the panel and presented the outline of the strategies and structure of the campaign. Panelists were then invited to share their observations and insights on the campaign with the larger group.

## Dr. V.S. Salhotra

Dr. V.S. Salhotra, Director, PCPNDT, MoHFW, GoI shared information about the actions undertaken by the government in addressing declining CSR and welcomed the initiative to strengthen collective action among civil society members on the issue. He acknowledged the role of civil society in strengthening the implementa-



Panel discussion on coalition building

tion of the Act, and in addressing the larger issues of son preference and patriarchy that are the determining factors of the problem of declining CSR. Dr. Salhotra also expressed his agreement with the identified four tracks shared in the presentation and stated that this initiative should facilitate synergized action among various stakeholders.

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### **Mr. Thomas Chandy**

Mr. Thomas Chandy, CEO, Save the Children India highlighted the need for efforts to address declining CSR in India, and welcomed the idea of the campaign. He also stressed the need to ensure that the principle of inclusion is upheld and the campaign makes an effort to engage with divergent views and forces to build collective action against sex selection while adhering to the non-negotiable agreed upon by the larger group. Mr. Thomas also emphasized the importance of communication and education in spreading the key messages of the campaign.

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### **Ms. Frederika Meijer**

Ms. Frederika Meijer, Country Representative, UNFPA India congratulated the campaign for its effort in bringing together representatives from different sectors for the cause of addressing declining CSR. She highlighted the multi-dimensional nature of the issue and the need to understand and address all aspects to make an impact.

Ms. Meijer also highlighted the need to challenge discriminatory socio-cultural practices by engaging community leaders and working closely with the community. She emphasized the need for evidence based advocacy in undertaking interventions to address patriarchy and highlighted UNFPA's work on developing the knowledge base for research and evidence based advocacy on gender-biased sex selection. Ms. Meijer also expressed UNFPA's support for the campaign and urged campaign members to ensure the campaign's success by ensuring collective ownership and action.

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### **Dr. Sam Sharpe**

Mr. Sam Sharpe, Country Head, DFID India, welcomed the initiative for the campaign and emphasized the need to understand how the issue of declining CSR is linked to various factors such as social attitudes and social roles for women, economic growth and the legal framework. Mr. Sharpe also shared information on a research initiative by DFID to understand 'what works' in addressing the problem of skewed sex ratios. The study looks at situations where sex ratios have improved also assesses the situation of women and girls at different stages in their life cycle.

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### **Dr. K. K. Upadhyay**

Dr. K. K. Upadhyay, Head CSR, FICCI addressed the issue of private sector engagement in social causes, particularly focusing on enhancing the social value of girls. He spoke about how concerted efforts are required across sectors, including the government, civil society and the private sector, to ensure the success of such campaign initiatives, and expressed his solidarity on behalf of FICCI for the campaign.

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## Ms. Ratna Prabha

Ms. Ratna Prabha, Additional Secretary, MWCD, provided the closing address for the panel discussion. She shared that MWCD had also initiated regional consultations to feed into the action plan on addressing declining CSR that has been undertaken in collaboration with the Planning Commission. The major inputs gathered from consultations were on the need to focus on the rights based approach and to focus on the different life stages of women and girls to address the continuum of discrimination faced by them. She also spoke about the emphasis in the consultations to involve civil society actors and to motivate frontline staff who have a direct interface with the community such as ANMs, AWWs, ASHAs, village panchayat officers, and revenue officers.

Ms. Prabha stated that the National Mission on Empowerment of Women has identified 100 districts to work towards achieving convergence across sectors. As a first step, MWCD could consider organizing discussions with the district collectors and civil society organizations in these 100 districts to proceed on the action plan. Ms. Prabha also highlighted the need to acknowledge some good practices undertaken by states and in this context, she spoke about the Rajasthan's initiative to develop the state policy for the girl child. Ms. Prabha welcomed the launch of the campaign and expressed her desire to see the campaign collaborate with the Ministry to roll out integrated action to address declining CSR.

## Next steps For the Campaign

Mr. Amitabh Behar gave the vote of thanks and expressed his gratitude to all participants for their active involvement in the two days of consultation. He also thanked UNFPA for its intensive engagement in the conceptualization and implementation of the campaign processes. In his concluding remarks, Mr. Behar outlined some immediate next steps for the campaign:

1. At the end of the consultation, a core group of subject matter specialists, and campaign experts, who have been engaged with the evolution of the campaign process, would meet to discuss and design the campaign structure in terms of detailing the roles and responsibilities of the steering group, and the working groups. The core group would also discuss the nature and function of the secretariat.
2. In the next few months, NFI in collaboration with UNFPA would facilitate the setting up of the campaign secretariat.
3. One of the working groups for the campaign would include resource mobilization which would explore opportunities for galvanizing resources for the campaign. In this regard, meetings would be organized with donor agencies, development organizations and foundations to seek support for the campaign.
4. Till the secretariat is in place, NFI will continue facilitating information sharing and correspondence among core group members and others who may like to may like to contribute their ideas and inputs to the campaign process.

# Annexure 1

## North Zone Regional Consultation

Sl.	Name	Organization
1	A. S. Koundal	SRDA, Mandi, Himachal Pradesh
2	Adv. Veena Kumari	HRLN, Chandigarh
3	Ajay Jalandhari	Press photographer, Baltana, Punjab
4	Ajeya	Action India, New Delhi
5	Amitabh Behar	National Foundation for India, New Delhi
6	Arun Jindal	Society for Sustainable Development, Karauli, Rajasthan
7	Barnali	Breakthrough, New Delhi
8	Bhavita	Gram Panchayt Gaguri, Kasouli, Himachal Pradesh
9	Bhupen Kumar	Jatan Sansthan, Udaipur, Rajasthan
10	Brij Mohan Sharma	Sard Sanstha, Sirohi, Rajasthan
11	D. R. Choudhary	Haryana Insaaf Society, Rohtak, Haryana
12	Dheeraj Gaba	Beti Bachao Andolan, Fatehabad, Haryana
13	Dr. Renu P. Malik	Deputy Director, PCPNDT, Haryana
14	Dr. A. Ram	ST. Mary Noor, Tarn Taran, Punjab
15	Dr. Gouri	SID Trust, Mohali, Punjab
16	Dr. Manmeet Kaur	School of Public Health, PGIMER, Chandigarh
17	Dr. Meeta Singh	Sate Advisory Committee, Jaipur, Rajasthan
18	Dr. Monica Singh	MSW Dept., Punjab University, Chandigarh
19	Dr. Satish Kumar Kundu	R.P Education Society Rohtak, Haryana
20	Dr. Satya Pal Khokhar	Sahyog, Rohtak, Haryana
21	Dr. Sushil Mudgal	Daanish Foundation, Mohali, Punjab
22	Dr. U. N. Roy	NITTR, Chandigarh

23	Dr. V. K. Goyal	Ex State Nodal Officer, PCPNDT, Punjab
24	Ghazala Khan	Ekatra, New Delhi
25	Heena Misra	Student, Mohali, Punjab
26	Janak Joshi	Mission AAGAZ, Amritsar, Punjab
27	Krishan Tyagi	Society for Advocacy Research and Action, Jaipur, Rajasthan
28	Manjit Singh Mann	Samudayk Health Welfare Society, Nawanshar, Punjab
29	Manmohan Sharma	VHAP, Chandigarh
30	Md. Rizwan Parwez	CFAR, New Delhi
31	Priya	VHAP, Chandigarh
32	Prof. A. K. Nanda	CRRID, Chandigarh
33	Prof. Rajesh K. Aggarwal	CRRID, Chandigarh
34	Rahi Riyaz Ahmed	National Society for Human Welfare & Blood Bank, Sirinagar, Jammu and Kashmir
35	Rakhee Badhwar	CFAR, Jaipur, Rajasthan
36	Reenu Pathania	Law Officer, PNDT, Panchkula, Haryana
37	S. P. Singh	Haryana Insaaf Society, Rohatak, Haryana
38	Sanjam Preet	Hindustan Times, Chandigarh
39	Saroj Bala	Deputy Director, PCPNDT, Punjab
40	Shamsher Singh	VHAP, Chandigarh
41	Sheikh Altaf	CEEO, Sirinagar, Jammu and Kashmir
42	Shobhana Boyle	UNFPA, New Delhi
43	Subhash Mendhapurkar	SUTRA, Solan, Himachal Pradesh
44	Sulekha	Action India, New Delhi
45	Sunil Thoms Jacob	UNFPA, Jaipur, Rajasthan
46	Taru Shree	Rajsthan Patrika, Udaipur, Rajasthan
47	Vikram Singh Champawat	CMHO Office, Barmer , Rajsthan

## West Zone Regional Consultation

Sl.	Name	Organisation
1	A. L. Sharda	Laadli, Mumbai, Maharashtra
2	Amitabh Behar	National Foundation for India, New Delhi
3	Anant Kadam	Vikas Sahyog Pratisham, Mumbai, Maharashtra
4	Anuja Gulati	UNFPA, Mumbai, Maharashtra
5	Anup Satphale	Mid Day, Pune, Maharashtra
6	Dipika K. Damania	Social Worker, Daman and Diu
7	Dr. Daya Krishan Mangal	UNFPA, Mumbai, Maharashtra
8	Dr. Hemlata Pisal	MASUM, Pune, Maharashtra
9	Dr. Sudhakar Kokane	SFWB, Pune, Maharashtra
10	Hansa R. Naik	Mahila Mandal, Daman and Diu
11	Janardhan	Vimochana, Mandya, Karnataka
12	Jyoti Mhapasekar	Forum Against Sex Selective Abortion, Mumbai, Maharashtra
13	Kajal Jain	MASUM, Pune, Maharashtra
14	Khushman N. Trivedi	Daman Mahila Mandal, Daman and Diu
15	Mahesh Bhimrao Patil	Bhartiya Mahila Federation, Thane, Maharashtra
16	Minaxi Shukla	Chetna, Ahmedabad, Gujarat
17	Mohini Bagade	Lekh Ladki Abhiyan, Raigad, Maharashtra
18	Nagini Survase	Hello Medical Foundation, Usmanabad, Maharashtra
19	Nathubhai Patel	Lok Andolan, Surat, Gujarat
20	Neetu Singh	Rajya Satta Andolan, Navi Mumbai, Maharashtra
21	Pallavi Mulgaonkar	Directorate of Health Services, Goa
22	Saraswati Bhandirage	Janwadi Mahila Santhan, Pune, Maharashtra
23	Savita Shete	Mahila Kala Mahavidyalaya, Beed, Maharashtra
24	Shabana Ansari	Yuva, Thane, Maharashtra
25	Shailja Jadhav	DMVM, Satara, Maharashtra
26	Sharda Gopal	Jagruti, Dharwad, Karnataka
27	Sukanya Shantha	The Indian Express, Mumbai, Maharashtra
28	Varsha Deshpande	DMVM, Satara, Maharashtra
29	Vasanti Dighe	Jalgaon Mahila Sangthan, Jalgaon, Maharashtra
30	Vasanti Mule	Hello Medical Foundation, Usmanabad, Maharashtra

## Central Zone Regional Consultation

Sl.	Name	Organisation
1	Amitabh Behar	National Foundation for India, New Delhi
2	Ateek Zaidi	State Resource Centre, Raipur, Chhattisgarh
3	B. Polamma	Child Reporters Training Programme, Bhilai, Chhattisgarh
4	Balmukund Tarak	Jan Jagriti Manch, Raipur, Chhattisgarh
5	Dr. Manish Shrivastava	Samarthan, Raipur, Chhattisgarh
6	Dr. Manisha Vatsa	State Resource Centre, Raipur, Chhattisgarh
7	Dr. P. R. Deo	UNFPA, Bhopal, Madhya Pradesh
8	Dr. Parivesh Mishra	Sarangarh, Raigarh, Chhattisgarh
9	Dr. Satyabhama Awasthi	Vasudha Mahila Manch, Bilaspur, Chhattisgarh
10	Gautam Bandyopadhyay	Chhattisgarh Action Research Team, Raipur, Chhattisgarh
11	Gyanendra Dubey	Bundelkhand Grameen Janotthan Samiti, Tikamgarh, Madhya Pradesh
12	Indu Netam	Adiwasi Samta Manch, Kanker, Gariaband, Chhattisgarh
13	J. P. Mishra	State Health Resource Centre, Raipur, Chhattisgarh
14	Kalawati Kashyap	Sahabhagi Samaj Sevi Sansthan, Gariaband, Chhattisgarh
15	Komalram Sahu	Lok Astha Sewa Sansthan, Gariaband, Chhattisgarh
16	Lalit Surjan	The Deshbandhu, Raipur, Chhattisgarh
17	Lata Netam	Lok Astha Sewa Sansthan, Gariaband, Chhattisgarh
18	Monica Banerjee	National Foundation for India, New Delhi
19	Punishpa Jangde	Mandir Hasaud, Raipur, Chhattisgarh
20	Purabi Paul	Shramjivi Mahila Samiti, Ranchi, Jharkhand
21	Rajendra Chandak	Mayaram Surjan Foundation, Raipur, Gariaband, Chhattisgarh
22	Ramji Sharan Rai	Swadesh Gramotthan Samiti, Datia, Madhya Pradesh
23	Satyajit Das	Sanket Development Group, Bhopal, Madhya Pradesh
24	Trupti Sharma	Samarthan, Raipur, Chhattisgarh
25	Tuhin Deb	State Resource Centre, Raipur, Chhattisgarh

## South Zone Regional Consultation

Sl.	Name	Organization
1	N. Deepthi Theresa	Asmitha Resource Centre for Women, Secunderabad, Andhra Pradesh
2	Aasha Ramesh	Shradha Nilayam, Bangalore, Karnataka
3	Bimla Chandrasekar	EKTA Resource Centre for Women, Madurai, Tamil Nadu
4	Boby Joseph	Kerala Mahila Samakhya Society, Thiruvananthapuram, Kerala
5	C. Vidya	Vasavya Mahila Maudali, Krishna, Andhra Pradesh
6	Dr. Beaula SheKar	Manonmaniam Sundaranar University, Tirunelveli, Tamil Nadu
7	Dr. Manimekalai	Bharathidasan University, Tiruchirapalli, Tamil Nadu
8	Gandhimathi	LAW trust, Nagapattinam, Tamil Nadu
9	Gowda Shrimathi Raju	Vimochna, Bangalore, Karnataka
10	Jacintha Chitra	Action Aid India, Chennai, Tamil Nadu
11	Janardhana	Vimochna, Bangalore, Karnataka
12	Josephine	TNWC, Tiruvannamalai, Tamil Nadu
13	Jothi	TNWC, Madurai, Tamil Nadu
14	K. Mani	Vasavya Mahila Maudali, Krishna, Andhra Pradesh
15	Kala Newton	EKTA Resource Centre for Women, Madurai, Tamil Nadu
16	Kaliya Perumal	Crusade, Chennai, Tamil Nadu
17	Kumara Guru	Anbalayam, Moolakulam, Pondicherry
18	M. Meena	Rural Development Council, Krishnagiri, Tamil Nadu
19	Mary	Anbalayam, Moolakulam, Pondicherry
20	Monica Banerje	National Foundation for India, New Delhi
21	N. Sudhamani	Sudha Nilayam, Bangalore, Karnataka
22	Nayana Lenka	CARD, Bhuvaneshwar, Odisha
23	Paula	EKTA Resource Centre for Women, Madurai, Tamil Nadu
24	Phavalam	EKTA Resource Centre for Women, Madurai, Tamil Nadu
25	Pragyan Priyadarsani Ratha	National Alliance of Women, Bhuvaneshwar, Odisha
26	Pujafula Pattanayak	National Alliance of Women, Bhuvaneshwar, Odisha
27	R. Geetha	Rural Development Council, Krishnagiri, Tamil Nadu
28	R. Vadivu	Hope, Pondicherry

Sl.	Name	Organization
29	Rani	Crusade, Chennai, Tamil Nadu
30	Rukmini Rao	Gramya Resource Centre for Women, Andhra Pradesh
31	S. Murugesan	CSED, Tirupur, Tamil Nadu
32	Senthil Pandi	EKTA Resource Centre for Women Madurai, Tamil Nadu
33	Shobhana Boyle	UNFPA, New Delhi
34	Sunitha	Action Aid India, Chennai, Tamil Nadu
35	Umadevi	EKTA Resource Centre for Women Madurai, Tamil Nadu

## East Zone Regional Consultation

Sl.	Name	Organization
1	A. K. Sinha	Civil Surgeon Office, Panta, Bihar
2	Alka Srivastava	Mahila Shishu Kalyan Sansthan Evam Hastha Shilp Kala Prashikshan Kendra, Gopalganj, Bihar
3	Amitabh Behar	National Foundation for India, New Delhi
4	Anita Gupta	Bhojpur Mahila Kala Kendra, Bhojpur, Bihar
5	Anupam Anand	Patna University, Patna, Bihar
6	Arshad Hussain	Plan India, Patna, Bihar
7	Asita Maldahiya	Adithi, Patna, Bihar
8	Autesham Anand	AJ Hindi Dainik, Patna, Bihar
9	Benedicta Crasta	BVHA, Patna, Bihar
10	Bimla Das	NECS, Bettiah, West Champaran, Bihar
11	Bimla Devi	NECS, Bettiah, West Champaran, Bihar
12	Binay Fidelis	BVHA, Patna, Bihar
13	Chandan Singh Jha	Welfare India, Katihar, Bihar
14	Dr. A. Singh	St. Joseph's Health Centre, East Champaran, Bihar
15	Dr. M. C. Sarkar	BVHA, Patna, Bihar
16	Dr. M. K. Mishra	State Health Society, Patna, Bihar
17	Dr. Mazhar Rashidi	Pratinidhi, Lucknow, Uttar Pradesh
18	Dr. Md. Wasim	Mahila Shishu Kalyan Sansthan, Gopalganj, Bihar
19	Dr. Narendra Singh	Deputy Director of Health Services, GoB, Bihar

Sl.	Name	Organization
20	Dr. Nilesh Deshpande	UNFPA, Patna, Bihar
21	Dr. Sumit Gupta	IISD, Lucknow, Uttar Pradesh
22	Dr. Shakeel	CHARM, Patna, Bihar
23	Dr. Sharad Kumari	Action Aid, Patna, Bihar
24	Harikaut Jha	NBSS, Nalanda, Bihar
25	Indu Bhasker	BVHA, Patna, Bihar
26	K. K. Vikal	Vaishali Samaj Kalyan Samiti, Vaishali, Bihar
27	Madhurum Singh	GSVS, Patna, Bihar
28	Malay Kumar	BVHA, Patna, Bihar
29	Manindra Kumar Singh	Sevayatan, Munger, Bihar
30	Mansi Roy	Patna University, Patna, Bihar
31	Manti Verma	Mahila Bal Jyoti Kendra, Patna, Bihar
32	Md. Harun Ansari	Samta Jan Kalyan Parishad, Banka, Bihar
33	Mitashree	Family Planning Association, Uttar Pradesh
34	Mithilesh	Drishti, Sitamarhi, Bihar
35	Monica Banerjee	National Foundation for India, New Delhi
36	Mukesh Kumar	BVHA, Patna, Bihar
37	Nizamuddin	BVHA, Patna, Bihar
38	Pankaj Kumar Gupta	Nari Vikas Manch, Bhagalpur, Bihar
39	Pramod Kumar	Sahara, Patna, Bihar
40	Pratima Devi	Mithila Mahila Samaj Vikas Sanstha
41	Rafat Masood	Activist, Patna, Bihar
42	Raja Mashir Alam	Mahila Samaj Vikas Sansthan, Bihar Sharif, Bihar
43	Rajlaxmi Kakhal	Laxmi, Lucknow, Uttar Pradesh
44	Ram Shankar Sharma	Gram Swarajya Samiti, Patna, Bihar
45	Ramkrishna	AAAKD, Vaishali, Bihar
46	S. K. Kaushal	Bachpan Bachao Andolan, Patna, Bihar
47	S. M. Binita	PURWA, Patna, Bihar
48	Sabiha Naz	Mahila Sewak Samaj, Nalanda, Bihar
49	Sahdev Urav	St.Antony's Health Centre, Supaul, Bihar
50	Saman Fatima	Patna University, Patna, Bihar
51	Santosh Kumar	Hindustan, Patna, Bihar
52	Saram Kumar	BVHA, Patna, Bihar
53	Shashi Bhushan Kumar	Dalit Mahila Vikas Samiti, Nawadah, Bihar
54	Shyam Kumar	Axshya Project, BVHA, Patna, Bihar

Sl.	Name	Organization
55	Sonu Kishore	Aaj, Patna, Bihar
56	Sr. Elise Mary	SHAPE, West Champaran, Bihar
57	Stayandra Prasad	Nav Bharat Jagrti Kendra, Patna, Bihar
58	Sudha	Shakti Vardhini, Patna, Bihar
59	Sunita Singh	Vikasaarth Trust, Patna, Bihar
60	Swapan Mazumder	BVHA, Patna, Bihar
61	Umsha Kumar	Gramin Vikas Samiti, Patna, Bihar
62	Urumila Devi	St. Anne's Health Centre, Patna, Bihar
63	Usha Devi	Anup Mahila Chetna Samiti, Hazaribagh, Jharkhand
64	Vanshita Sinha	BGVP, Sitamarhi, Bihar
65	Vidhanand Ram	St. Antony's Health Centre, Supaul, Bihar
66	Vijay Kumar	Reporter, Prabhat Kabar , Kankarbagh, Patna, Bihar
67	Vijay Kumar Singh	Lok Prabhat, Nawada, Bihar
68	Virendra Kumar Sahu	Khajpura, Patna, Bihar
69	Vivekanand Ojha	BVHA, Patna, Bihar
70	Y. K. Gautam	JJS, Nalanda, Bihar

# Annexure 2

## **CAMPAIGN AGAINST DECLINING CHILD SEX RATIO: BUILDING A GENDER JUST SOCIETY**

Civil society alliance building for a multi-dimensional peoples' campaign against Declining Child Sex Ratio in India

### **DECLINING CHILD SEX RATIO: WORSENING TRENDS**

#### **A few references points (Not comprehensive)**

- 2011 census reflects a worsening of DCSR (919 per 1000) compared to 2001 (927 per thousand).
- A national Issue (geographic diffusion), with most states in red except a few (Chhattisgarh, NE).
- Trends across class, caste, ethnicity and religious groups.
- Changes in technology as a new big challenge (mobile machines to more recent technology of blood and urine tests).
- Patriarchy as the fountain head / bedrock of the issue.
- Problem located in daughter aversion and not just a case of son preference.
- Political economy of sex selective abortions (globalization, changing agrarian landscape).
- Nexus of greed (including clinics, doctors, political class).

## **DCSR: HITS AND BIG MISSES**

- Extremely poor results and implementation of PCPNDT revealing huge deficits of capacities, intent and power (no of convictions ).
- National campaigns led by governments limited to raised awareness but no change (including media and advertising campaigns).
- Some localized successes (Hyderabad, part of Punjab, Maharashtra with strong civil society action) built around individual leadership and multi-stakeholder coalition building.
- The strategy of working with religious leaders not effective (with some negative impacts).
- Several government schemes in response to DCSR still rooted in the patriarchal framework.

## **CIVIL SOCIETY INTERVENTIONS: CRITICAL QUESTIONS**

- Limited to niche groups working on DCSR (even within the spectrum of groups working on violence against women).
- Limited coordination and coming together due to serious ideological and principle questions.
- Worries about implications for right to abortion.
- Differences and splintering around 'logos and egos'.
- Networks and alliance building approach not tried.
- Very limited interaction with broader civil society organizations and alliances working on diverse questions (TRI, RTE, RTF, Dalit Rights, displacement, health for all, etc).
- Work limited to regions and some specific strategies.
- Weaving together of multiple strategies from grassroots mobilization to large media campaigns largely absent.
- Skepticism about a direct campaign on DCSR giving results.

### **PROCESS SO FAR (SINCE MID 2012)**

- Review of existing work.
- Mapping, landscaping and scoping exercise.
- Bi-lateral conversations.
- Fluid advisory group along with campaigners (from other fields) guiding the process.
- 5 regional meetings over the past 3-4 months (participants from multiple backgrounds).
- Preparation of draft campaign design based on inputs from all these processes.

### **CAMPAIGN RATIONALE**

- Need for collaborative and synergetic space.
- Multi-dimensional focus.
- Leveraging individual energies (organizations) for the larger collective and for leveraging collective energies for strengthening individual work.

## **DCSR: HITS AND BIG MISSES**

- Extremely poor results and implementation of PCPNDT revealing huge deficits of capacities, intent and power (no of convictions ).
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- The strategy of working with religious leaders not effective (with some negative impacts).
- Several government schemes in response to DCSR still rooted in the patriarchal framework.

## **WAY OF WORKING (CAMPAIGN PRINCIPLES)**

- An inclusive space with certain non-negotiables.
- A platform approach with openness to different ideas and groups.
- Move towards building alliances and networks (with high flexibility and autonomy) with broad agreements on the objectives.
- Reach out to new actors leading to expansion.
- Decentralization as core value of the campaign.
- Multi-layered and multipronged with strategic and functional autonomy under the rubric of common goals.
- Willingness to work under the leadership of others and adding our voice to existing campaigns.
- Lean and efficient functioning (including support systems).
- Confront and engage.
- Build partnerships with other sectors including government.
- Work with popular and peoples mobilization as a central driving force.
- Dialogue with diverse set of actors including PRIs, youth groups, doctors and their associations, lawyers, politicians, etc.
- Engage with government system and functionaries including ANMs, Anganwadi workers and other actors to steer the government actions and programs in line with our larger objectives.

## **NON-NEGOTIABLES**

- Gains and achievements of years of struggles on sexual and reproductive rights.
- Not strengthening forces which deepen and reinforce patriarchy.
- Openness to include and work with newer members and groups.
- A comprehensive approach (multi-dimensionality) for quick wins around specific demands.
- No to top heavy functioning.

## **CAMPAIGN AGAINST DECLINING CHILD SEX RATIO: BUILDING A GENDER JUST SOCIETY**

Based on all the inputs from various processes the advisory group met on May 6, 2013 to work on a draft design of a comprehensive campaign against declining child sex ratio. The following slides would present the broad contours of the proposed campaign. This draft campaign design needs to be read with the previous slides where some of the non-negotiables and 'ways of working' have been discussed. The slides also need to be seen in the entirety of the presentation and the advisory group feels that an integrated but multidimensional campaign is essential for positive results. This is a note for discussion and further fleshing out by the participants, while recognizing that the real campaign strategies and actions unfold when the design is put to practice.

It was proposed that we look at a four pronged campaign plan. These four arms should focus on four different domains to give results on different planes, which when aggregated would lead to a comprehensive impact on the trend of declining child sex ratio. This multi-pronged approach is recommended based on the experiences of last 10 years where often the civil society work focused on manifestations of the issue and the structural causes. Another important learning was that the work largely worked in isolation and therefore did not gain enough momentum to make a serious and comprehensive impact.

## **CAMPAIGN AGAINST DECLINING CHILD SEX RATIO: BUILDING A GENDER JUST SOCIETY**

### **Goal**

**Campaign Against Declining Child Sex Ratio:** Building a Gender Just Society

### **Objectives**

- Challenge patriarchy by ensuring women's access and security and its manifestations in government policies and schemes.
- Ensuring effective and accountable implementation of PCPNDT Act.
- Making DCSR as a critical issue/ agenda of the public domain through proactive engagement with influential social and political formations.
- Strengthening and building coalitions with civil society networks and alliances and the local Self Governments.

## **1) CHALLENGE PATRIARCHY BY ENSURING WOMEN'S ACCESS AND SECURITY AND ITS MANIFESTATIONS IN GOVERNMENT POLICIES AND SCHEMES**

**Demand 1 :** Ensuring women's access, control and ownership of housing

This would be done by focusing on the state's role in ensuring effective implementation of existing laws for women's right to housing.

**Demand 2 :** Revising the government schemes and programs to purge them of elements reinforcing patriarchy.

Here the focus would be on identifying and highlighting the patriarchal elements of the government schemes, programs (for instance dhan lakshmi), policies and laws; and revising them through public advocacy and media campaigning.

## **CHALLENGE PATRIARCHY BY ENSURING WOMEN'S ACCESS AND SECURITY AND ITS MANIFESTATIONS IN GOVERNMENT POLICIES AND SCHEMES (CONT.)**

**Demand 3 :** Ensure safety and security for women including a focus on safe spaces for women.

Here the approach would be to strengthen the existing campaigns and initiatives for safety and security of women by adding our voice and energies with them.

## **2) ENSURING EFFECTIVE AND ACCOUNTABLE IMPLEMENTATION OF PCPNDT ACT**

**Demand 1 :** Ensuring State's accountability in implementation of the PCPNDT Act.

The focus would be on State's role in implementation of PCPNDT through peoples' report (audit) and taking it further through media and for judicial intervention.

**Demand 2 :** Bringing scrutiny and accountability of manufacturers by following the money.

The focus would be on research to produce data and knowledge in terms of the role and compliance of large corporate manufacturers with PCPNDT to 'name and shame' for proactive cooperation.

## **3) MAKING DCSR AS A CRITICAL ISSUE/ AGENDA OF THE PUBLIC DOMAIN THROUGH PROACTIVE ENGAGEMENT WITH INFLUENTIAL SOCIAL AND POLITICAL FORMATIONS**

**Demand 1 :** Integrate the issue of declining child sex ratio in the political agenda of key political parties.

The focus would be on ensuring declining child sex ratio issue with substantive policy recommendation as part of political party manifestos of 2014 elections.

**Demand 2 :** Mobilize youth from rural and urban areas for action against declining child sex ratio.

This would entail campaigning directly with young people in rural and urban areas to build awareness and call to action (feeding into other demands and objectives).

### **3) MAKING DCSR AS A CRITICAL ISSUE/ AGENDA OF THE PUBLIC DOMAIN THROUGH PROACTIVE ENGAGEMENT WITH INFLUENTIAL SOCIAL AND POLITICAL FORMATIONS (CONT.)**

**Demand 3 :** Enhancing the visibility and interest (engagement) of the media in the declining child sex ratio question.  
This would be done through a comprehensive focus on multi-dimensionality (beyond sensationalism) of the issue with regional media, feature writers and editors.

### **4) STRENGTHENING AND BUILDING COALITIONS WITH CIVIL SOCIETY ALLIANCES AND THE LOCAL SELF GOVERNMENTS**

**Demand 1 :** Intervention by Local Self-governments to challenge patriarchy.  
Focus on interventions by LSGs to support the campaigns discussed under objective 1 (already discussed) with a particular involvement of frontline workers like ANMs, Asha and Anganwadi .

**Demand 2 :** Building proactive solidarity and mutual campaign support relationships with vibrant civil society campaigns.  
Particular focus on campaigns where the core mandates are mutually reinforcing like the right to housing, violence against women, youth groups.

## **KEY AUDIENCE**

- Policy makers.
- Implementers of right to housing.
- Judiciary.
- Manufactures (large corporate entities).
- Banks and share holders.
- Political parties.
- LSGs.
- Editors.

## **MESSENGERS**

- Civil society campaigns on housing, safety and security of women, violence against women.
- Community (with a emphasis on women struggling for a roof).
- Youth (rural and urban).
- ANM, Asha and Angawadi workers.
- Researchers.
- Journalists and other media professionals.

## **OPERATIONAL STRATEGIES**

Given that this campaign is being conceptualized at multiple levels with multiple demands, the operational strategies would vary from one location to another. However, some of the key strategies would include:

- Research
- Popular mobilization
- Media advocacy
- Judicial intervention
- Networking and alliance building

## **OPERATIONAL DESIGN**

The attempt is to develop a large alliance and in line with our principles we would have the flexibility to develop the operational plan while keeping the non-negotiables in mind. Therefore, the operational design would have its own trajectory and priorities based on local conditions. Some of the things that would be crucial to keep in mind while developing the operational design would be following:

- A good analysis of the key levers of change.
- Analysis of key actors (both proponents and opponents).
- Understanding of the 'fence sitters' and what would make them take sides.
- Analysis of our strengths and gaps.

## **CAMPAIGN STRUCTURE**

- Multi locational campaign (with flexibility to work on locally prioritized set of demands from the four objectives).
- However, mechanism needed to weave together all these different initiatives into a national voice.
- weaving together a critical role for amplifying voice, for greater impact, for learning from each other.

To do this a steering group and a national convergence point would be critical

- Two different models for this convergence point.
- A national secretariat.
- A decentralized secretariat with functions located in different regions (playing an additional spatial role).

## **FUNCTIONS OF THE NATIONAL CONVERGENCE POINT**

- Support to different initiatives across the country.
- Connecting with other groups, alliances and networks.
- Raising resources nationally (and helping local nodes in raising resources locally).
- Facilitate cross learning.
- Provide support for national or regional advocacy.
- Coordination.

## **CORE GROUP / STEERING GROUP**

A group would need to be formed to guide the national secretariat. This group should consist of geographical spread, thematic spread and co-travelers. In addition, it should also have membership of the resource support organizations. The principles of functioning of the core group would have to be developed but they would abide by the principles of the campaign.

## **NEXT STEPS**

### **Big picture agreement on:**

- Non-negotiables.
- Campaign principles.
- Goal and objectives.
- Demands and focus within objectives.
- Broad principles of campaign strategies.
- Campaign structure including national convergence point.
- Steering group.
- Agreement on process design for the next six months.

# Annexure 3

## **SUGGESTIONS AND INSIGHTS FROM GROUP WORK**

National Consultation on DCSR  
June 20 -21, 2013

### **NON-NEGOTIABLES**

- Gains and achievements of years of struggles on sexual and reproductive rights.
- Not strengthening forces which deepen and reinforce patriarchy.
- Openness to include and work with newer members and groups.
- A comprehensive approach (multi-dimensionality) for quick wins around specific demands.
- No to top heavy functioning.

## **SUGGESTIONS ON NON-NEGOTIABLES**

- No compromise on reproductive rights.
- Right to safe abortion.
- Exercise caution in working with religious leaders.
  - Put in place rules of engagement
  - Choose ambassadors with care
  - Agree on guidelines for communication
  - Agreement on ensuring access to safe and legal abortion
- Clarity in use of data.
- Clarity in use of rights arguments.
  - (NHRC statement) – about discrimination, rights begin at birth, consequences of DCSR violate rights of women as a community
  - Right to life and right to personal liberty arguments refuted by Mumbai High Court
  - How to agree on the non-negotiables – the process?

## **CAMPAIGN AGAINST DECLINING CHILD SEX RATIO: BUILDING A GENDER JUST SOCIETY**

### **Goal**

**Campaign Against Declining Child Sex Ratio:** Building a Gender Just Society

### **Objectives**

- Challenge patriarchy by ensuring women's access and security and its manifestations in government policies and schemes.
- Ensuring effective and accountable implementation of PCPNDT Act.
- Making DCSR as a critical issue/ agenda of the public domain through proactive engagement with influential social and political formations.
- Strengthening and building coalitions with civil society networks and alliances and the local Self Governments.

## **PATRIARCHY**

- Schemes and Laws.
  - Gender audit of schemes + Advocacy for changes
- Assets + joint ownership.
- Head of household- gas, electricity connections, ration cards, etc. (government symbols, formats – good to start conversations).
- Challenging customary, religious, cultural practices, discriminatory- birth, last rites, rituals for boys, dowry, kanyadan.
- Media.
  - Disseminating positive stories (linkage with public domain track)
  - Challenging negative/stereotypical portrayal of women by media
  - Media/ soaps helping to dismantle discriminatory cultural-religious practices

## **PCPNDT**

- State accountability.
  - Performance audit
  - Background research (mapping of sex ratio, technology access)
  - Name and Shame – doctors
  - Medical councils – role under the law
  - Role of judiciary
- Follow the money.
  - Banks, companies, manufacturers, doctors (policy- imported machines, mobile machines)
  - Name and shame
- Accountability of medical community.
  - Stalwarts to uphold medical ethics
  - Champions of change – medical associations
  - Mapping of intermediaries (power centres) – including quacks (ASHA associations, AWW centres)
- Politicians – not to support errant doctors; manifesto (Linkage with public domain track).
- Linking with Right to Health campaign – USG a public good (target commercialization) – part of the coalition building track.
- General campaign strategies – success stories, appreciation of positive changes, documentation and replication of successful efforts.

## **PUBLIC DOMAIN**

- Political groups (at multiple level) – work with different wings (youth, farmer, women’s, trade unions).
- Strategies – manifestos, dossiers – talking on the issue, discussion in assembly/parliament.
- Youth (rural, urban, peri-urban).
  - Educational Institution – including professional inst
  - Outreach to out of school – non formal avenues
  - Strategies – urban (social media, mobiles), rural (sports, theatre)
- Curriculum change?, mobilizing youth to strengthen act implementation
- Media strategies.
  - Editors, publishers, regional/vernacular
  - Electronic meters – ‘alarm’ factor
  - Media partner Vs. various media agencies
  - Material in regional language
- Religious groups??
- Social groups – CBOs, PBOs – RWA, Rotary, Lions.
- ‘How’ – religious leaders – influencing communication, choice of ambassadors.

## **COALITION BUILDING**

- Common platform for agencies working on issue.
- Linkage with allied coalitions/campaigns – GBV, Right to housing, JSA-Right to health, NLM.
- Strengthening evidence – collating information, data and data use (knowledge centre).
- Bringing together experience and expertise.
- Who are the coalition partners?
  - Primary – CSO, individual, youth
  - Secondary – medicos, legal, academia, PRIs/ULBs, media, parliamentarians

## **SUGGESTIONS ON NON-NEGOTIABLES**

- No compromise on reproductive rights.
- Right to safe abortion.
- Exercise caution in working with religious leaders
  - Put in place rules of engagement
  - Choose ambassadors with care
  - Agree on guidelines for communication
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  - (NHRC statement) – about discrimination, rights begin at birth, consequences of DCSR violate rights of women as a community
  - Right to life and right to personal liberty arguments refuted by Mumbai High Court
  - How to agree on the non-negotiables – the process?

## **INSIGHTS**

- Overlap in actors.
- Process and issue suggestions have been given.
- Mapping of other campaigns to see where they fit in this campaign matrix e.g. Right to Health Those also to be rolled out in next year or so – or regular initiatives such as 16 days campaign on GBV.
- Revisiting the campaign matrix in terms of horizontal and vertical tracks?
- Next steps – agreeing on non-negotiables.

## Consultation Support and Facilitation



United Nations Population Fund- India



भारतीय प्रतिष्ठान  
NATIONAL FOUNDATION FOR INDIA  
National Foundation for India



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