A Multi-hued Experience and a Zig-zag Journey on the Quest for Gender Equality

Lessons Learnt and Experiences Gained in the UNFPA supported WPC Project on Addressing Sex Selection
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Foreword

This document on the ‘Lessons Learnt and Experiences Gained in the UNFPA Supported WPC Project on Addressing Sex Selection’ is a compilation of partners’ experiences while implementing the project, titled ‘Support to Community Mobilization and People Driven Response to Prevent Sex Selection and Arrest Child Sex Ratio Decline.’ It was a three year project, from 2008-2011, with the duration of project implementation by the partners being two years, mid-2009 to mid-2011.

The project provided the opportunity to introduce various interventions with different stakeholders, through 31 partners in 11 states. The experience gained and the lessons learnt have helped in creating a rich knowledge base for future programmes on the issue. An attempt has been made to document the varied experiences of the implementing partners through case studies that also point to the lessons learnt.

In response to the format sent out to the partners for recording the case studies or best practices, 94 case studies were received from 28 NGOs. What emerged predominantly were heroic success stories of individuals and group efforts of task forces/community based response groups, using persuasion, group pressure and counselling to prevent sex selection. There were also some demonstrations to reflect the efforts for transforming mindsets and attitudes towards girls through the celebration of the birth of the newborn girl at the PHC, panchayat and other formal/informal community platforms.

As the response of the implementing partners was to view the case study mainly as an opportunity to showcase the success of community mobilizers to effect change at the family/household level to decide against sex selection, there was a felt need to broaden the scope of inquiry. It was decided that the document would undertake a more nuanced review and understanding of the processes, strategies and the impact of the interventions of the project partners, to go beyond the immediate results of measuring success by sheer numbers and showcase a select number of cases as best practices. Based on the discussions, a consensus was arrived at between the executing agency, the consultant for documentation and UNFPA to revise the scope of inquiry of the case study documentation and to write it as a ‘Lessons Learnt’ document with some of the key criteria being the same as those for developing a best practice document. This included looking at the efficiency and effectiveness of the initiative, innovativeness, ability to lead long-term change, impact on policy environment, replicability and sustainability.

It is our hope that this document, through its wide-ranging and yet concise overview and analysis, will contribute to a better understanding of the nature and scope of work on the issue of sex selection, as experienced and reflected by the project implementers.

Dr. Ranjana Kumari
President, WPC
Acknowledgement

We at WPC would like to acknowledge and extend our heartfelt gratitude to the following persons who have contributed to and made it possible to bring out this document, which was also a great learning experience for the WPC team.

We thank

The UNFPA Team – Ms. Ena Singh, Ms. Dhanashri Brahme and Mr. Sushil Chaudhary – for their constant guidance and inputs.

Ms. Vanadana Mahajan, Consultant, who has prepared the document, her ´labour of love.´

The Implementing Partners of the project, who provided all the information and shared their experiences.

The WPC Project Team, for their involvement and hard work – Dr. N. Hamsa, Ms. Kanta Singh, Ms. Savita Sethi, Ms. Ayesha, Ms. Subashini Perumal and Ms. Rachna Shanbog
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<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>AWC</td>
<td>Anganwadi Centre</td>
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<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
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<tr>
<td>BHO</td>
<td>Block Health Officer</td>
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<tr>
<td>CARD</td>
<td>Centre for Action Research and Documentation</td>
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<tr>
<td>CBR</td>
<td>Community-based Response</td>
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<tr>
<td>CDPO</td>
<td>Child Development Programme Officer</td>
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<td>CMHO</td>
<td>Chief Medical Health Officer</td>
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<td>DAC</td>
<td>District Advisory Committee</td>
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<tr>
<td>FOGSI</td>
<td>Federation of Obstetric and Gynaecological Societies of India</td>
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<tr>
<td>GENVP</td>
<td>Gramin Evam Nagar Vikas Parishad</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>IECO</td>
<td>Information, Education, Communication Officer</td>
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<td>IMA</td>
<td>Indian Medical Association</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<tr>
<td>JJS</td>
<td>Jan Jagran Sansthan</td>
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<tr>
<td>KBS</td>
<td>Kanya Bachao Samiti</td>
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<td>MCH</td>
<td>Mother and Child Health</td>
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<tr>
<td>NRHM</td>
<td>National Rural Health Mission</td>
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<td>NSS</td>
<td>National Service Scheme</td>
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<tr>
<td>NYK</td>
<td>Nehru Yuvak Kendra</td>
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<tr>
<td>PCPNDT Act</td>
<td>Preconception and Prenatal Diagnostic Techniques Act</td>
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<tr>
<td>PEV</td>
<td>Peer Educator Volunteer</td>
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<tr>
<td>PHC</td>
<td>Primary Health Centre</td>
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<tr>
<td>PO</td>
<td>Programme Officer</td>
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<tr>
<td>PWDVA</td>
<td>Protection of Women from Domestic Violence Act</td>
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<tr>
<td>RCH</td>
<td>Reproductive and Child Health</td>
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<tr>
<td>RH</td>
<td>Reproductive Health</td>
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<tr>
<td>SL</td>
<td>Student Leaders</td>
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<td>SRS</td>
<td>Sample Registration System</td>
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<tr>
<td>Abbreviation</td>
<td>Full Name</td>
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<td>--------------</td>
<td>----------------------------------------------</td>
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<tr>
<td>SWATI</td>
<td>Society for Women's Action and Training Initiatives</td>
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<td>VHAI</td>
<td>Voluntary Health Association of India</td>
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<tr>
<td>VHC</td>
<td>Village Health Committee</td>
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<tr>
<td>VHSC</td>
<td>Village Health and Sanitation Committee</td>
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<td>VSP</td>
<td>Vikas Sahyog Pratishthan</td>
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<td>WPC</td>
<td>WomenPowerConnect</td>
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<td>YCI</td>
<td>Young Citizens of India</td>
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<td>YPS</td>
<td>Yerala Project Society</td>
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‘Declining child sex ratio at birth’, a subject of great socio-legal and demographic significance, not only raises a number of highly sensitive issues, but most crucially impacts deeply on gender justice and the right to equality as enshrined in the Constitution of India. One of the most alarming trends revealed by the latest 2011 Census exercise in India is the further decline in the child sex ratio from 927 in 2001 to 914 in 2011. Based on sex ratio at birth estimates provided by Sample Registration System (SRS) there are 5.7 lakh girls missing annually in India over a period of eight years (2001-2008) owing to the practice of gender biased sex selection.¹ This is an estimated 4.5 million girls missing over the last eight years (2001-08).²

The continuing decline of child sex ratio at birth needs to be understood in the context of the Census 2011, which for the first time, shows a decline in the population growth in the recorded history of the Census exercise that began in 1872. The continuing decline in the child sex ratio at birth indicates that the desire for smaller families has further strengthened the widespread patriarchal cultural norms and practices related to obsessive son preference and the related devaluation of and discrimination against girls. This phenomenon has a serious impact on the demographic profile of the population which has socio-cultural and economic implications on the social relations within the family, community and society.

Overall economic development, improved literacy of women and girls coupled with the continued improvement in health technologies and facilities, as well as advanced knowledge of family planning practices, have been pointers for improved performance on the social development indicators.

2. This estimate has been obtained following the methodology described in a paper by Kulkarni, P.M. (2007) (“Estimation of missing girls at birth and juvenile ages in India” Paper presented at the XXIX Annual conference of the Indian Association for the Study of Population, Banaras Hindu University, Banaras, October 2007).
However, the continuing decline in child sex ratio shows that the progress made in these spheres has not had a positive impact in changing and transforming the deeply entrenched gender bias against girls and women.

More recently, the correlation between the provincial crime rates and higher male sex ratios has been documented in India,\(^3\) (in China, higher male sex ratios have been linked to increased crime such as bride abduction, the trafficking of women, rape and prostitution).\(^4\) In India, we have also witnessed rising cases of forced abductions, kidnappings of girls, forced and paid marriage, polyandry, and child prostitution in the districts with the worst child sex ratio figures, such as Kurukshetra in Haryana, as well as many districts of Punjab and Gujarat. The economically prosperous districts of Delhi continue to show a further dip in the child sex ratio as per Census 2011 and the reported crime rates, including crimes against women, from these parts of Delhi have also shown an increase.\(^5\) Further research is needed to understand the correlations and the casual factors.

In 2003, the Government of India revised the Preconception and Prenatal Diagnostic Techniques (PCPNDT) Act and strengthened it with provisions for stronger monitoring and reporting mechanisms. However, enforcement of the Act is still far from adequate. According to information taken from the website of the Ministry of Health and Family Welfare, by 2006 only about 300 cases were taken up for prosecution against doctors and ultrasound clinic owners, most of them for failing to register their facilities or for not keeping proper records.\(^6\) About 11 per cent of these cases referred to the actual sex determination of the foetus. However, very few doctors have been convicted – the first jail term was awarded only in March 2006 in Haryana, despite campaigns against the misuse of medical technology having been waged for two decades. While there is an increased awareness about the law, there is still a long way to go before the law is effectively implemented to prevent the misuse of medical technology for sex selection. Social legislations such as the revised PCPNDT Act have brought in incremental changes which fall far short of bringing about a paradigm shift towards changing the societal attitudes of valuing girls and creating a gender equal and just society.

To comprehensively address the problem of sex selection and to foster a collaborative effort between various stakeholders, UNFPA supported WomenPowerConnect (WPC) to execute a project in July 2008 to be implemented over a period of two and a half years. The project was titled, “Support to community mobilization and a people-driven response in preventing sex selection and arresting child sex ratio decline.” The project model proposed for the effective implementation of the project was an integration of the existing civil society organisations’ approaches along with a combination of advocacy with influential gate-keepers and duty bearers from the public and state institutions to strengthen PCPNDT Act implementation and bring about a change in discriminatory attitudes towards girls.

The project’s goals were:

- To work towards attitudinal change to deter discrimination against daughters and sex selection
- To strengthen Act implementation and support efforts to prevent the misuse of medical technology capable of sex determination

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3 Hudson, Valerie and Andrea den Boer, 2004, Bare Branches, MIT Press
4 Edlund Lena, Hongbin Li, Junjian Yi and Junsen Zhang, Sex ratios and crime: evidence from China’s one-child policy. Institute for the Study of Labour, Bonn. Discussion Paper 3214
The methods adopted to achieve these goals included:

- Creating awareness about the PCPNDT Act and loopholes in its implementation
- Encouraging involvement of all stakeholders, including medical councils/associations, the community and appropriate authorities to ensure proper implementation of the Act
- Building state-wise civil society networks for effective interventions at community level to bring in desired attitudinal change
- Reinforcing existing structures to strengthen partnerships to combine and complement the skills of different stakeholders
- Creating forums for sharing experiences, knowledge and news and to spread awareness about the latest developments to effectively address the issue

In order to realize the objectives, a four-fold model was developed by WPC, consisting of the following components:

- Advocacy at the local, state and national levels
- Building capacities of existing and new groups and strengthening the efforts of important stakeholders to take up the issue appropriately by creating a network of civil society organizations
- Institutionalizing the process for sustainable interventions through community engagement
The documentation process began with the intention of presenting the best practices from the WPC-UNFPA project implemented by 31 partners spread over 11 states in India. The best practices were meant to present and explain in detail the unique features of the chosen case/best practice, outlining the key strategies used for dealing with the issue. However, the response by the Implementing Partners (IPs) to the case study guidelines prepared by WPC (please refer to Annexure for the Guidelines) was quite revealing and the idea of preparing a case study documentation was reconsidered. What emerged from the partners’ efforts were the success stories of individuals and groups, the efforts of Mahila Mandal members and community based response groups. They used persuasion, group pressure and counselling to create awareness and convince families not to opt for sex selection and to celebrate the birth of the newborn girls in the PHC, panchayat and other formal/informal community platforms. As the IPs mainly considered the case study as an opportunity to showcase the success of the community mobilizers’ abilities to effect change at the family/household level for taking a decision against sex selection, it threw up the need to broaden the scope of inquiry to undertake a more nuanced review and understanding of the processes, strategies and the impact of the interventions undertaken by the IPs. It allowed for going beyond measuring success by counting the number of ‘cases’ that did not go for sex selection to providing insights into the lessons learnt for application in the future. A review of the work undertaken under the WPC-UNFPA project showed that the spectrum of approaches used was diverse and there were many implicit and explicit outcomes, which would not be captured using only the quantitative indicators for measuring results.

It was also felt that the project implementation period of a little over two years was not sufficient to achieve the higher level results of preventing sex selection by bringing in attitudinal changes and having a long-term impact on the entrenched issue of gender discrimination in the family and community. The interventions by the IPs could best be assessed as providing an indication of the potential that has emerged from the project that is likely to lead to a long-term change in the attitude towards the value of girls. It was important to capture the essence of the processes that unfolded during the execution of the project, those concerning the community’s greater ownership and accountability for girls and for ensuring their dignity and providing them equal opportunities within the family and society. The document was also supposed to capture how far the project was able to advocate for gender responsive governance on the issue by community action and mobilization by the IPs working at the community level.

Based on the discussions, a consensus was arrived at between WPC, the executing agency, the consultant for documentation and UNFPA to revise the scope of the inquiry of the case study documentation. It was decided to write it as a ‘Lessons Learnt’ document with some of the key criteria being the same as for developing a best practice documentation, focusing on efficiency and effectiveness of the initiative, innovation, ability to motivate long-term change, impact on policy environment, replicability and sustainability.
Undertaking a literature review of the studies, approaches, policy and legal frameworks with regard to the issue of sex selection in India was the first step in preparing the lessons learnt document. An extensive desk review of the project-related documents, progress reports of the IPs and annual project reports prepared by WPC was undertaken to collect information and to corroborate facts. Extensive discussions with the programme managers in WPC were helpful in getting clarifications and verifying and getting factual information. Visits were made to some of the IPs’ field areas to get firsthand experience from the ground. Telephonic interviews with some of the IPs were also conducted to capture the vision, mission and the evolutionary journey of the organization with regard to the implementation of the project.

The document is divided into the following sections:

- Key approaches and processes: achievements, outcomes and challenges
- Key lessons learnt
- Way forward for future programmes
Key approaches and processes: achievements, outcomes and challenges

This section looks at the choices made and the rationale of the IPs while deciding the processes, medium and tools for the execution of project interventions. An attempt has also been made to capture the unique and innovative features of the strategies and interventions. The nature, extent and scope of involvement of concerned stakeholders and the implications on the results of the project interventions are also highlighted. This section also provides an overview of the results attributed to the interventions of the project. The indicated results were reviewed for the impact made on the knowledge levels and changes in the perspective of the key stakeholders involved in the process – noticeable, tangible and non-tangible. The section attempts to understand to what extent the key strategies resulted in short-term/immediate gains and if any long term, process-oriented changes had been set in motion. Following the review of the key approaches and their impact, conclusions were drawn to reflect upon the impact of the project intervention in initiating attitudinal changes vis-à-vis gender equality and women’s empowerment in the community. The focus of the project was on community mobilization, awareness building, sensitisation, enhancing capacities of the potential change-makers, rapport building with the district-level government authorities and broadening the partnership on this issue with multiple constituencies including the youth, women’s groups, media, influential civil society leaders, activists and panchayats.

To translate the project’s focus and its strategies into concerted action, the following common entry points were adopted by the IPs:

- Building on the goodwill and rapport enjoyed by the IPs in their respective geographic areas of operation, the strength of the local women’s support groups and community-based response groups
- Building on the enabling environment created by the government’s education and awareness campaigns and programmes to arrest the declining child sex ratio and to promote the dignity of girls
- Extending support to local-level governance and service structures such as the Anganwadi Centres (AWCs), Primary Health Centers (PHCs), and frontline workers including the Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM) to enhance their performance and build their capacities for gender-responsive handling of the issues related to sex selection. It was expected that such support would facilitate the creation of a disaggregated database of the new births that would be displayed in the panchayat office
- Bottom-up advocacy and systematization and communication of information related to the continuing decline in the child sex ratio
- Advocacy for improved monitoring by the regulatory bodies of the implementation of the PCPNDT Act
- Creating space for increased representation, participation and partnership of civil society groups to influence existing governance and service structures as mentioned above so that they take up the issue of sex selection
- Working with youth as change-makers for bringing about attitudinal changes to break the stranglehold of the patriarchal mindset
Key actors and stakeholders

It is also important to understand the choices made and the guiding factors in identifying the key actors, partners and stakeholders. There were implementers, facilitators and several stakeholders involved in the execution of the project. Each of the IPs had identified a diverse set of constituencies to work with directly or indirectly. Actors, stakeholders and constituencies were chosen by the partners based on their areas of strength, continuity, familiarity and past experience of working with them. The partners were also guided by the factors of complementarity and scope of influencing and developing sustained and mutually supportive partnerships with the selected actors.

Stakeholders were identified from cross-cutting constituencies comprising civil society and community-based groups, government officials from the Health and Family Welfare Departments, block and district level administration, health and legal service providers, Panchayati Raj Institutions (PRIs), schools, colleges, and academic and research institutions.

For the sake of convenience, all the key stakeholders and actors in the project have been categorised as follows:

Group 1 – Women’s self-help groups, community-based resource groups, task forces and youth in colleges and communities

Group 2 – Bodies/committees associated with the panchayat, village-level groups and local communities

Group 3 – Frontline health workers (AWWs, ASHA workers, ANMs,) and government/department officials (Chief Medical Health Officers, Child Development Project Officers, private and government doctors), district administration, district and block health authorities

Group 4 – Media, faith-based leaders, local political leaders, civil society agencies and the private sector
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Government Representatives

District Collector
  - DDO
    - CDHO
    - BHO
    - BDO
    - CDPO

Health Workers
  - ASHAs
  - ANMs
  - FHWs
  - AWWs

Leaders

Social
  - Panchayat leaders,
    Community leaders,
    opinion leaders,
    Sarpanch

Religious

Political
  - President of Taluka/
    Block President of
    Nagar Pallika
    - Sarpanch
The following key approaches were adopted by the WPC – UNFPA project partners.

a. Community mobilization
b. Working with young people and youth organizations
c. Influencing local institutions of governance for gender-responsive governance and to institutionalize the good practices for sustainability
d. Building capacities of key health service providers to respond to the decline in the sex ratio at birth
e. Advocacy, networking and alliance building at the state and district/local level for successful bottom-up lobbying and increased collaboration with the civil society agencies
f. Capacity building and organizational development of the IPs

a. Community mobilization

Mobilizing the formal and semi-formal local bodies, community-based response groups, Mahila Mandals, youth groups and other civil society agencies and individuals was the backbone of all the project interventions. The strategy was used very effectively to motivate social action and build solidarity among the marginalized and discriminated sections of the community on the issue of sex selection.

The multi-pronged approach of reaching out to diverse sections of the society was done predominantly through inclusive partnership building and outreach methods of educating and sensitizing key stakeholders and forming community pressure groups.

i. Education and awareness

All the IPs had undertaken direct outreach and education activities with the community-based groups. Education and awareness activities with the key actors and stakeholders for promoting the dignity of the girls and advocating for improved implementation of the PCPNDT Act was a cross-cutting approach used in the project.

A combination of information, education and communication (IEC) approaches were adopted by all the partners for creating awareness and sensitizing the community on the issue.

The more commonly used interventions for community mobilization included birth registration awareness camps, rallies, street plays, puppet shows, wall writings, exposure trips, regular group meetings, campaigns, and informal door-to-door discussions at regular intervals. Such communication and information tools were used more extensively by those agencies which had previously not worked in a focused manner to address the issues concerning sex selection. These methods were used to kick start awareness campaigns on the issue in their outreach areas. However, agencies with prior work experience on the issue adopted a campaign based approach to back up their behaviour change interventions in the community. The use of communication mediums such as street plays and kala jathas were used effectively to mobilize people around the concerned issues and seek the active participation of the audience. The community mobilizers were chosen from among the active community members for their potential to initiate dialogue on critical issues and create an enabling environment for bringing attitudinal changes within the community. These communities and self-help group leaders were trained on women’s reproductive health rights, discrimination against girls and information on the legal provisions for protecting women’s rights and for the prevention of sex selection.
Initially, the IEC messages given by the IPs focused exclusively on sex selection and its implications. However, soon the field staff of the IPs realized that it was important to connect the issue of sex selection to the issues with which their communities were directly and more overtly struggling with, such as poor health services, girls’ education, mother and child health (MCH) and reproductive health (RH), to name a few. That is when the agenda of community sensitization was widened and discussions on safe motherhood practices, registration of births and deaths and the value of girls and more broadly, gender discrimination, were taken up. The IPs used different methods of introducing the concerned issues while continuing to address MCH issues with their self-help group members. For instance, Voluntary Health Association of India (VHAI) – Odisha, VHAI – Punjab and Society of Education, ECAT – Rajasthan, among other IPs, had developed a weekly calendar for taking up issues related to sensitization and awareness raising, vaccination of children and pregnant women, rights of the girls and women’s empowerment or specific discussions on women, sex selection and awareness of the legal implications of the MTP and PCPNDT Acts while emphasizing their different focus and purpose.

Responding to the need for improving the access of women to primary health services, IPs in the northern states of Rajasthan, Uttar Pradesh, Himachal Pradesh, Haryana and Punjab undertook effective information dissemination and awareness raising interventions with the panchayats and local government health functionaries on the importance of gathering sex disaggregated data of births and ensuring systematic record keeping such as the registration of pregnancies, institutional deliveries and births and deaths.

Reaching out to newly married couples, pregnant women and their families was another effective strategy from the perspective of prevention of sex selection. Interpersonal communication tools such as one-to-one counselling and group discussions were common approaches used by all the IPs in their efforts to reach out to pregnant women and families to prevent discrimination against girls and increase awareness on the impact of the declining child sex ratio and the provisions under the PCPNDT Act. The same approach was used to link these families with the states’ maternal health (Janani Surakhya Yojna) and girls related incentive schemes.

In Himachal Pradesh, Gujarat, Uttar Pradesh, Maharashtra and Odisha, the IPs (VIHAAN, NIRDESH, ECAT, Jatan, Tarun Chetna, Shramik Bharti and Action India among others) relied upon the strength of the women’s groups such as the Mahila Mandals, Ekal Nari Shakti Sangthan, women’s watch groups, Sanjeevani, and Saheli. These groups became vocal champions of issues concerning sex selection. New women’s resource groups were formed by Ekatra, Gramin Evam Nagar Vikas Parishad (GENVP), NIRDESH, and Centre for Action Research and Documentation (CARD) at the village level to address gender discrimination and gender-based violence in the communities. These groups were developed as forums for creating awareness, acting as pressure groups and providing counselling and support to women who were vulnerable to social, economic and family pressures for undergoing sex selection. Community mobilization efforts helped the women’s groups become more pro-active and take increased responsibility to promote awareness of reproductive health rights in their communities.

Prior to the project intervention, there were many pockets in the outreach areas of the IPs – such as Vikas Sahyog Pratishthan (VSP), and Yerala Project Society (YPS) in Maharashtra and ARPAN in Punjab – where there was negligible awareness on the imbalance in the child sex ratio and its implications. As a result, there was low acceptance of the problem. The sustained and multipronged sensitization approach used by all the IPs resulted in a significant and perceptible increase in awareness on issues of sex selection and the dignity of girls among different sections of the community, civil
society agencies, medical professionals, media and other stakeholders. All the IPs reported a positive turnaround in the acceptance and understanding of the issue among the communities. The psycho-social support and counselling provided to pregnant women on the health-related outcomes was also helpful.

The organizations with prior experience of working on the issues of sex selection allowed and encouraged the community-based groups to take the lead in planning and conducting the awareness and mobilization programmes. VIHAAN formed community-based response (CBR) groups; SUTRA formed Kanya Bachao Samitis (KBSs); PRIA formed clusters and SWATI formed community task forces. Their approach was to move from awareness to action. These agencies, while engaging with the community, had, in the first year of the project cycle, also started leveraging existing structures like Village Health and Sanitation Committees (VHSCs), PRIs, and the National Service Scheme (NSS). Whereas the IPs which were taking up the issue for the first time, took time to build linkages. The decision to leverage structures within the government and other agencies was taken much later in the project cycle as a second level of engagement and partnership building. (Please refer to Table 1 which provides a list of the IPs which had prior experience and those with no prior experience of working on the issue).

Many of the agencies that had taken the approach of large outreach through awareness drives and events had initially set ambitious outreach targets. However, they soon realized that these activities were process intensive and required much more interpersonal communication which did not allow for a very large outreach. YPS in Maharashtra started the project in 100 villages and the activities were limited to working with women visiting the Primary Health Centre (PHC). Later, the target area was downsized to 22 villages with the lowest child sex ratio and the action plan was revised, involving more stakeholders. The IP later worked with PRIs and formed CBR groups called Spandan Key Persons (Spandan is the name of the project) who worked as change agents. One of the other major activities that Spandan Key Persons took up was the training of frontline health workers. The Vikas Sahyog Pratishthan (VSP), started with 25 villages in four different districts (i.e. a total of 100 villages) which were more than 200 kilometres away from their head office. It was difficult to undertake the activities, especially in the absence of a local coordinator. Later, they reduced the number to 50 villages in two districts.

The action plan for all the partners was revised twice during the project period, so as to take it to the next level. Taking up advocacy-based interventions with the health service providers and health administration was missing in the first set of plans submitted by the agencies to WPC. For both sets of IPs, activities pertaining to registration of pregnancy, and births and deaths of children were taken up after monitoring and evaluation indicators were provided by WPC in a workshop in the first year of the project. Since SUTRA and its network partners were already collecting and analysing the relevant data and using it for advocacy, other IPs also began the practice of using the data (sex disaggregated data of children born in the village, studying in schools) to draw attention to the urgency of the issue in the second year of the project cycle. For instance, VSP, YPS, Society for Women’s Action and Training Initiatives (SWATI) and Young Citizens of India (YCI) started displaying the data on the walls of the Panchayat Bhawans.

Initially, the IPs used the media to get coverage of the events and workshops organized by them or to highlight incidents of sex selection in their area. Later, they also realized that the media was a very effective communication vehicle and that it was more important to use it to cover the stories of local woman achievers or men, women and youth from the community who had challenged stereotypes.
Table 1: Implementing partners who addressed the issue of sex selection

<table>
<thead>
<tr>
<th>State</th>
<th>Implementing partners who worked on the issue for the first time under this project</th>
<th>Implementing partners who had previous experience of working on the issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gujarat</td>
<td>Young Citizens of India</td>
<td>SWATI, CHETNA</td>
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<tr>
<td>Haryana</td>
<td></td>
<td>HNYKS, PRIA and CSR</td>
</tr>
<tr>
<td>Rajasthan</td>
<td></td>
<td>CECODECON, ECAT, Jatan Sansthan, SURE and VIHAAN</td>
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<td>Himachal Pradesh</td>
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<td>SUTRA</td>
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<td>Maharashtra</td>
<td>Vikas Sahyog Pratishthan (VSP), Yerala Project Society (YPS)</td>
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<td>Uttar Pradesh</td>
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<td>Bihar</td>
<td>JGVM, Jan Jagran Sansthan</td>
<td>NIRDESH, Adithi and GENVP</td>
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<td>Delhi</td>
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<td>Odisha</td>
<td>CARD, OMRAH</td>
<td>VHAI-Aparajita, Sansristi</td>
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**ii. Using the appeal of influential leaders for community awareness**

The approach of using the influence wielded by local faith-based leaders as important opinion makers imparting awareness messages on the issue of sex selection was used specifically by YCI in Gujarat and Ekatra in Punjab. The leaders of the Sant Kabir Group, Sikh and Islam religions, and Sri Sri Ravi Shankar’s Art of Living Centre addressed meetings on this issue whenever they met the youth or the elderly of the villages during *satsangs* (congregations) and *bhajan kirtan* (devotional song) programmes. The IPs used the appeal of the local influential leaders strategically to make the community aware of the implications of sex selection and the disproportionate decline in the child sex ratio. Due caution was exercised, through prior discussions with faith-based leaders to ensure that the issue of sex selection was not communicated in a way that led to a misinterpretation about the safety or legality of abortion.

**iii. Setting up of community watch groups**

Groups such as KBSs which were formed during the project by the IPs CARD and SUTRA, and vigilance and community watch groups, which were formed by IPs such as CARD, NIRDESH, and Tarun Chetna Society (TCS), played a monitoring role in the community and counselled pregnant women and their families. During the community watch group meetings the members were sensitized through group discussions about the ill effects of sex selection and the importance of girls, with special emphasis on issues such as child marriage, equality between boys and girls, girls’ education, the Protection of Women from Domestic Violence Act (PWDVA) and other legal rights of women.

Community based social mobilization and action groups such as KBSs or Save the Girl Child Committees helped in mobilizing women’s groups and government functionaries at the village, panchayat and district levels. Along with regular village-level meetings of the community watch groups and KBSs, meetings were held at the PHCs in all the respective project areas of the IPs. Panchayat members, KBS members, Chief Medical Health Officer (CMHO), the Child Development Programme Officer (CDPO), and Anganwadi workers participated in these meetings.
iv. Introducing positive gender norms and practices of valuing girls in the community

An enabling environment was created for promoting the dignity of girls and changing the mindset of the communities regarding them. Several partners made use of the power of celebration, public recognition and felicitation of the individuals and families who had taken positive steps to promote equality of girls.

Introducing newer gender practices at the individual, household and community levels, as well as institutionalizing some of the good practices was a critical approach for bringing about a change in the discriminatory attitudes and traditional cultural practices. The practice of celebrating the birth of the girls (“Beti Utsav”, celebrating the daughter) in the community, which was introduced by the partners in Rajasthan and Himachal Pradesh, was one example of a transformative approach. The introduction of such practices proved effective in creating an environment of celebration, welcome and joy instead of lamenting the birth of the girls. The IPs from Himachal Pradesh and Rajasthan and Ekatra in Punjab reported that there were perceptible changes in the reversal of some of the cultural practices that were discriminatory to daughters. Introducing Kanya Lohri (inviting the community to a get-together and hosting a feast by the parents/grandparents on the birth of girls) also had a significant effect. This cultural practice was reserved to celebrate the birth of a boy. Especially in northern parts of India a boy’s birth is considered auspicious in an agrarian set-up as the harbinger of prosperity associated with the land and its yield. Lohri is celebrated at the end of the harvesting of the Kharif crop in the month of January, and on this occasion the neighbours and members of the community share the family’s joy on the birth of a son. In areas such as Jhunjhunu and Hanumangarh in Rajasthan, the practice of felicitating outstanding girls by the community group members was initiated. Involving the gram panchayats as a part of these celebrations further helped in the inclusion, involvement and acceptance of the new practices in the community. In the process, the IPs attempted to build greater ownership through some of the common and important public service and civil society institutions such as gram panchayats, cultural and faith-based organizations and government service delivery bodies. In many areas these bodies took the initiative to lead the awareness campaigns on the dignity of the girls and against sex selection. In some areas of Rajasthan, Punjab and Uttar Pradesh where Ekatra, TCS, Vihaaan, ECAT and Jatan were working, the community-based groups and Mahila Mandals started the practice of taking a nominal monthly contribution from the members of the community based groups, so that they could provide gifts on the birth of a girl in the families of its members. It was a positive indication of the community’s willingness to reverse and change some of the discriminatory practices against girls. ECAT took the initiative to promote the positive practice of felicitating the parents of the families with two or more girls. A majority of the above-mentioned IPs reported that there was an increase in the number of birth registrations of newborn girls from their areas after the introduction of such positive gender norms and practices.

Another instance of a gender transformative change was in the wedding vows in Hindu marriages in some villages of Rajasthan and Punjab (where Ekatra, SURE and Vihaaan were working). A couple of
Hindu priests (who were sensitised by the IPs) decided that in the marriages conducted by them, they would include an eighth vow that the couple would not resort to sex selection.

Another approach was to influence the PHCs and PRIs in their respective work areas so that they were more responsive to issues of gender discrimination. In Gujarat and Rajasthan, the IPs made use of the schemes and benefits provided by the state governments to encourage efforts for improving the child sex ratio. Using the incentives provided under the Rajasthan and Gujarat governments’ schemes, the IPs facilitated the process of getting officials from the State Women and Child Development Department to award cash prizes to gram panchayats which had made efforts to sensitize people and make them aware of the consequences of the decline in the child sex ratio and to link families with girls to the schemes providing free health and education related benefits to such families. Such efforts not only helped people to access the benefits of these schemes but in the process also created a suitable environment for improving the efficiency of the institutions of service delivery. As a result, the partners were successful to a certain extent in building bridges between important constituencies for rallying together on the issue of preventing sex selection.

Although the improvement of the sex ratio at birth in the district cannot be directly attributed to the project since it covered only a few villages of a particular block and district, the project’s processes have contributed to the multi-pronged efforts in this regard. Trends would need to be observed over a period of time to make a connection. Notably, positive and multi-pronged efforts of the IP, Young Citizens of India, along with the state government’s own efforts in Mehsana district of Gujarat can be said to have made some contribution in improving the sex ratio at birth in the district, from 801 girls per 1000 boys in 2001 to 844 in 2011 (Civil Registration System, Government of Gujarat).

From the case study document of SUTRA, Himachal Pradesh

Says Anamika, Health Educator of Chauthada Block in Mandi District, “Since I work in the area of health, I can see the difference in the 20 panchayats where this project is being implemented vis-à-vis the others. Not only have the child sex ratio figures shown an improvement, pregnant women have become more regular in their visits to the health sub-centres to get their check-ups and vaccinations done in time. The involvement of the Anganwadi and health workers in each village has also ensured that all the births are registered and newborns monitored regularly at the sub-centres.”

Nisha, an Anganwadi worker from Bhaged Panchayat, Drang Block in Mandi District agrees that ever since the intervention has started in her area, she has become regular about her village visits. “My own interest in the project has increased over time. I attend all the KBS meetings and personally visit pregnant women in order to counsel them against sex selection. It is a very difficult thing to do, but we have to start somewhere,” she says with a note of hope in her voice. “I feel a collective energy behind me now. Earlier, one felt dejected and isolated … as if all the responsibilities had been thrust on the Anganwadi worker alone. But now when we attend Block or PHC level meetings and are congratulated for our efforts by senior officials, we feel very encouraged indeed.”

Excerpt from the report of Tarun Chetna Society, Pratapgarh, UP

The resistance and traditional gender beliefs were overcome by education, awareness and community mobilization efforts. Initially the communities were hesitant to talk openly about the issue; especially women because of their social and cultural status. One of the important findings of the baseline KAP
study conducted by Tarun Chetna Society based in Pratapgarh District, Uttar Pradesh, was that usually there was denial and non-acceptance among the community members that sex selection in their communities was leading to a decline in the sex ratio at birth. However, the pressure of societal norms for son preference was clearly evident during the group discussions and interviews held for the study. Families who had only girls were taunted by the other community members as 'future ghost houses', which acted as a social pressure on the family to send their young daughters-in-law for sex selection. It was a very sensitive issue and treated as a private matter, and therefore, it was difficult to get people to speak about it. Pressure to have small families has in fact made the situation worse. Although the awareness programmes and community education efforts made during the project were successful to a certain extent in raising the awareness of the communities, there is still a long way to go before the discrimination against girls is eliminated.

b. Working with young people and youth organizations

Working with youth and youth organizations for effecting behaviour and attitudinal change was a cross-cutting strategy adopted by most of the IPs. The youth were considered a crucial constituency, based on the premise that sensitized youth would be more willing to challenge harmful and discriminatory gender roles and adopt positive gender norms.

The IPs in Gujarat, Uttar Pradesh and Delhi worked on the peer educator model whereas those in Rajasthan and some in Gujarat also worked with the programme officers of the National Service Scheme (NSS), which is a social and leadership development scheme run in colleges by the respective State Ministries of Youth Affairs and Sports. Strategically, large-scale youth organizations such as NSS and Nehru Yuvak Kendras (NYKs) were chosen as partners for expanding the outreach among the youth, as in Delhi, Punjab, Haryana, Rajasthan, Gujarat and Odisha. The NSS’s training curriculum and their village adoption programmes were the two planks on which the partners worked with the youth organizations in an attempt to integrate issues related to gender-based discrimination in these programmes. This was also done to sustain work on the issue even after the project was phased out. The IPs in Gujarat, Rajasthan, Maharashtra, Himachal Pradesh and Delhi carried out regular sensitization programmes and activities to focus on the causes and consequences of the adverse sex ratio at birth.

In the peer education approach, trainings were organized by the IPs for the Peer Educator Volunteers (PEVs). A diverse range of training materials, modules and communication materials were designed and distributed. The IPs also adopted a strategy of developing a pool of trainers, resource persons and master trainers for replication and sustainbility of the interventions initiated during the project. Active and enthusiastic programme officers (POs), student leaders (SLs) and PEVs were trained to carry on the awareness activities and scale up the programme to more colleges and youth in the community.

As a result of the trainings and sensitization workshops held with the youth in and out of the colleges, the progress reports presented by the IPs reported the positive response of the youth. Tarun Chetna Society in Pratapgarh, Uttar Pradesh had motivated the members of their male youth groups to speak about the issue of gender-based discrimination with their families and the larger community. There were case studies of counselling by youth group members to persuade the family members to allow their daughters to pursue their education in the neighbourhood secondary school. Reports from the
partners, Ekatra and SWATI, also mentioned instances of youth group members intervening to stop incidents of domestic violence in their family or neighbourhood.

Several groups of NSS volunteers took oaths publically not to practise or allow gender-based discrimination which created a positive buzz in the colleges and communities. The IPs collaborated with the NSS awareness programmes and, as a result, were able to spread the message against gender discrimination to more than 10,000 students in universities and colleges spread across 11 states. The following are other successful outputs of the interventions with the youth:

- Through the efforts of Chetna and YCI, several colleges in Mehsana, Anand and Ahmedabad Districts of Gujarat, were able to convince the NSS wing to integrate the issue in its annual plan of action and a few of them also adopted the theme of valuing the girls during their camps. They also organised various programmes and activities to address the issue. This potentially opened the door for future partnerships and building the sustainability of programme activities in this area.
- There is increased coordination between the NSS departments and the local NGO network partners in Gujarat as resource agencies for their ongoing NSS orientation programme activities.
- A signature campaign was launched against sex selection involving the youth from schools, colleges and the university with the support of some active student leaders and Master of Social Work students in Kurukshetra University in Haryana with the support of the IP, Haryana Nav Yuvak Kala Sangam. The campaign involved students from 10 schools, four colleges, and two universities and received massive support during the pre-Diwali fairs where enthusiastic youth signed in thousands and wrote their views and suggestions on the issue.
- The issue of sex selection was successfully integrated in the training programmes for the Programme Officers (NSS) in Rajasthan and Gujarat. The issue was incorporated as part of the village adoption programme by the NSS in the colleges where the IPs were collaborating.
- ‘Valuing the Girl Child’ Committees were formed in 15 colleges in Ahmedabad and Mehsana through the efforts of Chetna and YCI.

c. Influencing local institutions of governance for gender-responsive governance and for institutionalizing the good practices for sustainability

On the bedrock of community mobilization, the IPs had set the stage for actively engaging with the most representative institution of the community at the local level i.e. the panchayat bodies at different levels – village, block and district. This was considered a strategically important approach for improving the public accountability of these institutions and providing models of gender-sensitive governance.

1. PRI representatives sensitized on gender issues including sex selection

Working with the PRIs was perceived by the IPs as an effective approach to strengthen their functioning as a gender-responsive structure of governance. The PRI members in different tiers, but mainly from the village Panchayat, were trained and sensitized about the causes and consequences of sex selection and how to play a more effective and mediatory role in taking up the issue of gender discrimination and gender-based violence. The project was successful to the extent of initiating dialogue and creating a suitable environment for highlighting the importance of addressing the sex selection issue in the agenda of the gram panchayat meetings. IPs such as SWATI and SUTRA utilized the meetings held in the gram panchayat and in the gram sabha to sensitize both men and women panchayat members on the provisions of the PCPNDT Act and the influential role members of the panchayat could play to promote increased birth registration, safe delivery and prevent discrimination against girls. The gram panchayats working with SWATI, GENVP, and SUTRA, were effective in raising
the issues of sex selection and violence against women as governance issues to be discussed in the
gram sabhas. In SUTRA’s work, the local women’s groups were successful in holding mahila sabhas
on such issues.

Several IPs such as Vihaan, SURE, SWATI, SUTRA, CECEOEDCON and GENVP reported that these
efforts helped systematize record keeping. Sex disaggregated birth records and, in many cases, the
data about children going to school was also displayed on the walls of the Panchayat Bhawan. The
gram panchayats in all the project areas were reported to have become stringent about following the
Birth and Death Registration Act. In the villages of Rajasthan, Haryana, Gujarat and Himachal Pradesh
where IPs were working, the gram panchayats were able to mobilize resources from their allocated
budgets to put up bulletin boards to display the updated statistical information related to the birth of
girls and boys.

IPs such as TCS, YCI, NIRDESH, SUTRA and SWATI played an advocacy and bridge building role for
the PRIs to enable more effective monitoring of the PHCs. Most of the IPs reported an increased
participation of women in the gram sabha meetings.

In Himachal Pradesh, the panchayats were made accountable and many of the PRI representatives
actively supported the holding of mahila gram sabha meetings more regularly. Elected women
representatives became more active in the gram sabha meetings and sought information on the legal
provisions under the PWDV Act, 2005 and PCPNDT Act, 1994.

YCI and SWATI became successful in institutionalizing the issues in gram panchayats, such as placing
the issue of sex selection on the gram panchayat’s agenda (SWATI) and ensuring that the Birth and
Death Registration Act were being implemented with the support of the gram panchayat members
and the Village Health Committees (YCI).

In Odisha, due to the work done by the VHAI-Aparajita, the PRI members took up the issue of sex
selection for discussion in the panchayat and gram sabha meetings and discussed matters with the
district and block level administration if there were cases of irregularities reported at the primary
health centres (PHCs).

In a nutshell, the IPs’ interventions with the panchayat bodies ranged from training and sensitizing
panchayat members in different tiers, including the elected women representatives; to promoting
creative utilization of the physical and discursive space of the gram panchayat and building its capacity
to take up the issue of gender-based discrimination as part of the agenda; to providing ideas from the
good practices in the project to be implemented by the panchayats, such as felicitating families on the
birth of a girl or public appreciation in the panchayat meetings.

**ii. Opportunities and challenges of working with the PRIs**

A strong message that emerged from the intensive awareness work done by the IPs with the PRI
members was that the elected local bodies – which are legitimate political entities of governance at the
local level – in partnership with women’s collectives from the communities, should be brought centre-
stage in the effort to prevent sex selection and address other issues related to gender-discrimination.

The influence wielded by the leadership of the local people’s bodies in villages is not just political, but
also social, and their actions could surely help build an environment where sex selection becomes
socially unacceptable. As SWATI, one of the IPs working very closely with the panchayats on gender
A Multi-hued Experience and a Zig-zag Journey on the Quest for Gender Equality

and violence issues in Gujarat had suggested during the field visit undertaken by the consultant, the scope of PRIs needed to be viewed in the light of providing contemporary leadership in keeping with their tremendous potential of being influential socio-political bodies. SUTRA, an IP based in Himachal Pradesh, had demonstrated that advocacy with the PRIs could be done from the perspective of building their capacity to take up issues of sex selection and declining child sex ratio as governance issues. Outside of this project, in the State of Kerala, many gram panchayats and zilla panchayats are actively addressing violence against women (VAW) as one of the listed items for discussion in the gram panchayat meetings. This model could be replicated by the IPs who have a strong body of work with the panchayats.

An important takeaway, therefore, from the project implementation is the need to review and broaden the role of PRIs to go beyond the development and implementation agenda at the local level. The PRI as an influential socio-political third tier of governance needs to play a more proactive governance role in addressing entrenched gender issues and gender-based discrimination in a more systematic manner, as against taking up such issues sporadically and only as an interested and keen PRI member or under the pressure of the strong and empowered women’s collectives working in their respective areas.

Despite the potential of being a tremendous area of opportunity and the evidence of a few village panchayat bodies playing a proactive role in the areas of IPs (such as SUTRA and SWATI), the challenge has been that gram panchayats are still highly patriarchal institutions of governance and there is a strong resistance to introducing norms and processes for gender responsive governance. Sustained long-term interaction with these bodies would be required to change mindsets. As quoted from the SUTRA project document, “... convincing the PRI representatives was not an easy task. Even if they gave their consent to participation, in many cases it was merely a token response. More often than not, Pradhans agree to be a part of such interventions only in name, because it gives their panchayat a good image. But they do not get involved at a deeper level. It is easy to organize meetings and fill registers, but much more difficult to change the mindset of people.”

Another important lesson learnt while working with the PRIs was that the advocacy and capacity building interventions need to invest in building the institutional capacities of the PRIs to provide a decentralized model of gender justice and gender equal governance. This is different from the intensive, but generic, capacity building of individual members of the PRIs, in which the focus remains on the training and sensitizing of individual members of PRIs, especially elected women’s representatives, to carry the torch for women’s empowerment. This human resource intensive approach has limitations from the point of view of sustainability and impact because all elected members occupy their positions for a specific term. There is the danger of dilution of the information in the cascade training methodology and loss due to attrition, because the investment made in the individuals may not be carried forward once their term is over or if they are not very convinced about undertaking new roles and responsibilities.

d. Building capacities of key health service providers to respond to the decline in the sex ratio at birth

Another common strategy used by the IPs was building the skills of the local health service providers and frontline functionaries such as AWWs and ASHAs so that they are gender sensitive in their work on women’s RH and MCH. The IPs organized sensitization workshops with the medical fraternity in public hospitals and CMHOs in their area of implementation for the effective implementation of the
Key approaches and processes: achievements, outcomes and challenges

PCPNDT Act. At another level, the IPs conducted trainings and regular interactions with ASHAs, AWWs, ANMs and health committee members from the women’s collectives to enhance their capacities for conducting joint reviews and monitoring meetings to check the declining child sex ratio. PCPNDT orientation meetings and capacity building trainings were organized at the local and state level and participatory methodologies were used to train the participants in techniques of sex disaggregated data collection with reference to birth registration, status of immunization and vaccinations of children and data related to pregnant women in the community.

This strategy was backed by the IPs through a mapping exercise of the PHCs and other health points and providers to assess the quality of health care services and advocate for better services in their outreach areas. The partners approached the Department of Health and Family Welfare, the Office of the CMHO and medical officers in the local government hospitals in their respective districts with evidence from the service mapping exercise and made recommendations for improving the access and quality of services offered at the AWCs, sub-centres, PHCs, CHCs and district hospitals.

Such attempts met with varying degrees of success, but resulted in creating a positive environment for increased accountability.

Due to the good rapport building and capacity enhancement efforts of the IPs with the primary health service providers, it was reported that the routine area visits of the health officials had increased and became more regular in several implementation areas. Community activism had facilitated better functioning of the AWCs and greater responsiveness of the ANMs. As a result, members of the mahila mandals and women’s self-help groups reported improved access to information about the services, schemes and programmes from the frontline health workers.

Another successful outcome of sustained awareness and capacity building interventions by the IPs in Uttar Pradesh, Rajasthan, Gujarat, Odisha, Bihar and Himachal Pradesh was the formation of joint monitoring committees at the community level with representation of the ANM, ASHA and VHSC members, a PRI representative along with

Increase in birth and pregnancy registration

All the IPs reported an increase in the number of birth, pregnancy and marriage registrations in their respective outreach areas. There were several instances of successful work done by IPs in Bihar, Rajasthan, Gujarat, Himachal Pradesh, Maharashtra, Odisha, Haryana and Punjab (and work of the larger networks and associations in Bihar in partnership with UNICEF) for providing technical support in systematizing information and data gathering and use of good demographic practices for birth and death registrations and its collation and analysis. Such evidence-based approaches helped in making the issue of sex selection and the impact of imbalance in the sex ratio at birth visible as important public issues and in putting these issues on the active list of issues to be addressed by the service providers and governance institutions. Consequently, there was a distinct improvement in the follow-up of pregnant women, in the information level of health functionaries on sex selection and the law and in the referral and care support provided for safe delivery and birth registration processes by the health facilities.

A good practice from VIHAAN, Jatan Sansthan and SWATI

These IPs used the strategy of strengthening the VHSCs for effective monitoring of the actions taken to counter the decline in the sex ratio at birth and in sensitising the community against the harmful impact of discrimination against girls. These agencies capitalized on the work they had previously done on this issue at the local level and a strong community base. The VHSCs were seen as an important link between civil society and PRIs mandated to work on health issues and the state health system. Also, VHSCs being a key community interface mechanism under the National Rural Health Mission (NRHM), the flagship health delivery programme of the Government of India, working with them was found to be both critical and strategic.
representatives of community groups. These groups were active in their role of counselling women and the concerned family members against the misuse of medical technology for sex selection. The district administrations of Ganganagar, Hanumangarh, Jaisalmer and Jhunjhunu and also some districts in Haryana recognized the work done by the partner NGOs on the prevention of sex selection and gave them the responsibility of conducting training and sensitization programmes for the District Advisory Committees (DACs) formed under the PCPNDT Act in districts outside the project area.

e. Advocacy and alliance building at the state and district/local level: successful bottom up lobbying and increased collaboration with civil society agencies

The lobbying and alliance-building approaches adopted by the project partners were mainly undertaken for increased accountability of the government health and administrative authorities (CMHOs and Block Programme Officers), primarily at the district and sub-district levels, to effectively implement the provisions under the PCPNDT Act; and facilitate the development of joint monitoring mechanisms with civil society representatives, Panchayati Raj functionaries, state health and women and child development functionaries in the sub district and district offices.

Prior to the advocacy efforts by the IPs, the DACs in most places were not functioning regularly. However as a result of sustained advocacy by the partners, the DAC’s meetings became regular in many places and in some places the IPs were invited to be members of the DAC or asked to attend the meetings as special invitees. In Uttarakhand, RLEK successfully negotiated for the re-constitution of a dysfunctional State Supervisory Board mandated under the PCPNDT Act. Nine partner agencies under the project are members of the DAC and two are members of the State Supervisory Board. The IPs working in the villages of Uttarakhand, Himachal Pradesh, Punjab, Haryana, Gujarat, Uttar Pradesh, Bihar, Odisha and Maharashtra reported that there was a distinct improvement in the regularity of the meetings and in the participation of the CDHOs, Information, Education, Communication Officers (IECOs) and also the Block Health Officers (BHOs) in DAC meetings for the monitoring of the PCPNDT Act in their area. Similar success was reported by a majority of the partners in the improved submission of ‘F’ forms and their analysis by the Office of the Director (Health & Family Welfare).

In the implementing areas of YCI, Sutra and SURE, some MPs and MLAs came forward to join hands with the local agency to highlight the gravity of the situation of missing girls and its social consequences.

GENVP had undertaken advocacy efforts with government officials at different levels, as a result of which, the Nodal Officer of the PCPNDT Act appointed at the state level in Patna, Bihar became more responsible and took a number of initiatives for implementing and monitoring the activities related to the PCPNDT Act. It was reported by GENVP that for the first time in Bihar, budget allocations were made for the entire state for the year 2011, specifically for monitoring the implementation of the PCPNDT Act. All the blocks were allocated Rs.15,000 for awareness creation and Rs. 10,000 for monitoring purposes. The total amount released at the state level was Rs. 1.45 crore. After the district-level advocacy meetings with the CMO by JGVM, the DAC was formed in Rohtas District of Bihar and ultrasound clinics were asked to submit ‘F’ forms regularly. The efforts of Jan Jagran Sansthan (JJS) at the district level resulted in the CMO of Gaya District issuing a notice to all the ultrasound clinics in December 2010 to register themselves or renew their registration in case they were already registered.

On account of the commendable advocacy work of some of the proactive DACs supported by the IPs in Haryana and Odisha and the districts of Mehsana and Surendranagar in Gujarat, punitive action
was taken against some clinics performing illegal sex determination tests and the registration of these clinics was suspended. However, these were exceptions.

State-level advocacy workshops were organized in seven states and four state-level networks (Maharashtra, Gujarat, Bihar and Uttarakhand) were formed on this issue. CHETNA, GENVP and HNYKS formed issue-based networks in the respective states, with representation from each district. These networks had representation from the media fraternity (both electronic and print), PRI members, DMs, PCPNDT Authorities, DAC members, ICDS, academicians, CMOs, and NGOs. However, the follow-up plan was to be developed for sustaining the networks and fixing accountability of the network members so that they could effectively act as pressure groups. In the absence of the follow-up, not much happened in terms of a concrete impact of these advocacy networks. The lack of planned efforts for advocacy and networking with the premier medical bodies such as Indian Medical Association (IMA) and Federation of Obstetric and Gynaecological Societies of India (FOGSI) remained a gap area.

The DM, Mehsana said during the consultant’s field visit for the Lessons Learnt document,

“I feel that the NGOs in Mehsana are assisting us in fulfilling our commitments to the public. That is why whenever they need us, we are there for them and vice-versa. This intervention has shown that a strategic government and community partnership can really work, if planned properly”.

Another successful outcome of the advocacy efforts was the submission of the petition for the urgent need to curb sex selection in the Rajya Sabha by a five-member team including Dr. Ranjana Kumari (Executive Director, CSR) and Dr. N. Hamsa (Executive Director, WPC). The petitioners have pointed out that despite Government’s efforts to check the unethical practice of sex selection, the same is still being followed clandestinely in society leading to a decrease in the child sex ratio in the country. The petition seeks that

- Appropriate measures be taken by both Central and State Governments to implement the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) and the Pre-Conception Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 effectively and stringent punishment for the private nursing homes/clinics who aid and abet practice of sex selection for sheer profit motive as well as the erring parents.
- Prohibition of manufacture and import of hand held portable ultrasound machines which are used to disclose gender of foetus; and
- Any other measures including reservations in Government and private sectors for women which would make them economically independent and may change the perception of parents who opt for sex selection.

Limitations of advocacy efforts: Advocacy efforts by the IPs were mostly focused on getting the DACs to monitor the implementation of the PCPNDT Act and to perform a more active role to ensure strict adherence to the regulating guidelines of the Act by the medical service providers. A lot of time and energy was spent by the IPs in their efforts to systematize the database of the ultrasound clinics including information from form ‘F’. Several IPs provided human and technical support [YCI (Gujarat), TCS (UP), HNYKS (Haryana) and GENVP (Bihar)] to the district medical authorities for data analysis and tabulation. This support was much appreciated by the authorities. However, these efforts remained largely led and supported by individual IPs, with the exception of Mehsana, the PCPNDT DAC which had allocated resources for the hiring of a person for the systematic feeding of information from Form F. However, such efforts to institutionalize the good initiative, which required human and financial investment, could not be continued by the PCPNDT DAC in the post-project phase in the remaining project areas.
Areas of advocacy where not much attention could be paid and that remained largely unexplored were the sustainability of the DAC’s monitoring processes, influencing other government agencies to make the implementation of the Act effective and sustained work with the media to play a more substantive role beyond event reporting.

For the IPs (ARPN, Shramik Bharti, ECAT) who did not have a strong background of using advocacy-based tools, the approach was mainly event-based so as to get the issue highlighted in the media and to encourage buy-in by influential members from the medical, social, administration and legal sections of society. In other areas also, the focus of advocacy efforts remained largely on creating a buzz with not much work done to systematize the experiences and knowledge generated in the process of implementation so as to build a stronger evidence base for the continuity of advocacy with the duty bearers. As a consequence, long-term strategic planning for advocacy could not be formulated. Only in the case of TCS, the network (formed at district level), were the members asked to file RTIs seeking information related to implementation of the Act. As a result, the monitoring and registration of ultrasound clinics was being taken seriously.

The IPs advocacy efforts against sex selective elimination were limited to using collective pressure, building of public sentiment, urging and demonstrating the negative impact with evidence from their work with the affected communities: However for the PCPNDT Act to be strongly enforced, it would require the political will of the enforcement and regulatory structures at the central (Central Supervisory Board), state, district and sub district levels as well as resources for putting in place stringent monitoring mechanisms to curb malpractice. Such regulatory mechanisms would need to be given the requisite teeth, with adequate resources and power to play their role of guiding, monitoring and strictly enforcing the law. Key suggestions for the effective implementation of the PCPNDT Act were compiled from the project progress report and reports of the workshop proceedings of the IPs.

### Key Strategic Approaches and Focus Areas of the Implementing Partners

<table>
<thead>
<tr>
<th>Name of the Organisation</th>
<th>Main areas of work by the organisation prior to the project</th>
<th>Key approaches and interventions of the IPs in the project</th>
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| CARD, Arpan HNYKS, SWATI, Shramik Bharti, VSP -1, YPS | 1. Health: Improved awareness and access to MCH services and reproductive and child health (RCH) services and schemes for women, 2. Education: Non formal educational programmes, school enrolment programmes, girls’ education | • Capacity enhancement of the local health service providers such as ASHA workers, ANMs, and AWWs  
• Forming task forces for raising awareness on sex selection in Village Health and Sanitation Committees |
| Chetna Tarun Chetna, HNYKS, SURE; YCI | 3. Youth leadership development and mobilization (NSS, college youth, peer volunteers and educators) | Integration of the understanding of the gender discrimination issues in the NSS curriculum and its social service programmes in the rural communities |
| SUTRA, SWATI | 4. Gender and governance: increased political participation of women in PRIs | Trainings and advocacy with the PRI members to take up gender and women’s empowerment issues as part of the PRI agenda |
| Aditi, Shramik Bharati, RLEK; CARD, JGVM, NIRDESH, | 5. Community awareness and mobilization | • Mobilizing women’s self- help groups and collectives such as Sanjeevani Sahelis (community-based health workers) on issues of sex selection, awareness of the PCPNDT Act, reproductive health rights of women, MCH and RH |

Contd...
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| Tarun Chetna; PRIA; CECODECON GENVP, YCI, Jan Jagriti Santhan (UJS), NIRDESH OMRAH, VHAI-2, HNYKS, ECAT, Jatan Sansthan; Vihaan, Sutra YPS-Yerala P.S, VHAP, Prayatn, Action India, Ekatra, VSP-1 | - Strengthening women’s collectives and women’s federations (with 1200-1500 members)  
- Forming community vigilance groups to work with pregnant women; forming of Mahila Shanti Sena (women’s peace group); building capacities of women’s collectives to act as pressure groups  
- Behaviour change communication for families with two or more girls  
- Initiating new practices in the community to promote the dignity of the girls such as Kanya Lohri, feasting and community celebration on the birth of a girl  
- Involvement of influential local community leaders | |
| SWATI, SUTRA, YCI, Tarun Chetna, GENVP, CHETNA | 6. Advocacy and Networking | - Advocacy: At the state, district/local level with key government officials such as CMHOs, DPMs of NRHM and members of the DAC for the PCPNDT Act  
- Networking: At the state and local level with NGOs and government administrative units and officials from the Health and Women and Child Development Departments | |

f. Capacity building and organizational development of the implementing partners

Within the project execution design, space was kept for providing inputs to IPs for capacity enhancement and organisational development. Therefore it would be useful to understand the varied learning curves of different IPs during the course of project implementation.

The IPs that were selected for implementing the WPC-UNFPA project came with a diversity of experiences in terms of scope, areas of work, approaches and varying histories in terms of time span of operation, extent of community outreach and their experience and approaches of taking up women’s development, empowerment and gender equality issues. There were partners like SUTRA, JATAN, VIHAN, SURE, CECODECON, GENVP, ADITI, EKATRA, and CHETNA who had earlier worked on the issue of sex selection either in collaboration with or with the support of international and national development agencies and as alliance partners with other NGOs and women’s agencies. There were IPs such as the Tarun Chetna Society, YCI, Shramik Bharti, ECAT, HNYKS, NIRDESH, CARD, and ARPAN who had earlier worked on MCH issues but had not addressed the issue of the declining sex ratio at birth or sex selection. Their earlier work focused on improving service delivery or directly implementing the services related to health, education and vocational training for women and girls in the community. There were IPs such as CECODECON, ADITI, SWATI, and SUTRA who had worked on sex selection, legal rights of women, issues of gender-based violence, and women’s empowerment through mobilization and forming women’s self-help groups.
Each IP’s individual organizational history of working on gender and women’s issues was different, and had an impact on their approach to this project. IPs such as Sutra, SWATI, ADITI, GENVP, which were previously working with a women’s empowerment perspective, approached the issue of sex selection from the view of gender equality and women’s rights and not only as a ‘save the girl child’ issue. Their approach was guided by a stronger women’s empowerment perspective and these IPs were able to build upon their previous experiences and better place the issue of sex selection in the perspective of gender and development. These IPs were also able to extend community awareness beyond the legal perspective of sex selection and address the related issues of causes and consequences of sex selection in their work by keeping the right mix of messaging between the sex selection issues and women’s reproductive rights including their right to safe abortion.

Most of the partner organizations based in Rajasthan, Gujarat and Bihar had worked with the community, government officials and PRIs to address the issue of sex selection through various community action approaches. Based on their previous work, these agencies stepped up the momentum to strengthen the linkages of the community women’s groups with the service delivery institutions and build their capacities to play a more effective and stronger role in the joint management and monitoring bodies set up by the PRIs, and the departments of Health, Education, Women’s Development and Family Welfare. In this project, these agencies also focused on enhancing their advocacy skills and building a stronger position for interface with the government machinery in seeking effective governance and institutional responses on women’s rights and gender equality.

The organizations based in Maharashtra, Haryana, Punjab and some of the IPs in Uttar Pradesh and Bihar, which had not worked intensively on the issue of sex selection in the community and with other stakeholders prior to this project, took up the issue with keen interest and trained their cadres to use the information and communication approach to build awareness about the PCPNDT Act. These agencies proved to be responsive and quick learners and adapted and modified their plans and approaches for community outreach with a focus on the issues at hand. Through regular monitoring and evaluation support and opportunities for cross-learning, the capacities of these NGOs were built and at the end of the project period all of them expressed their appreciation that the project had helped in evolving the organizational understanding on issues of gender equality and strengthened their approaches to women’s and girl’s empowerment. GENVP, NIRDESH, YCI, TCS and HNYKS worked to integrate the issues concerning girl’s empowerment and prevention of all forms of gender-based violence against women in their organizational policies and programmes.

YCI in Mehsana also attempted to create awareness on the issue of sex selection and gender-based discrimination in its other focus area of work, which was implementing targeted intervention programmes for the prevention of HIV/AIDS with transgenders, sexual minorities and the community of sex workers. Space was created by the organization in the training programmes held under its HIV targeted intervention project for the exchange of experiences of the community mobilizers from the transgender and sex workers’ communities and those working on the issues of sex selection and creating awareness on the PCPNDT Act in the village community.

As a consequence of the intensive community mobilization efforts undertaken by all the IPs, a strong network of community groups emerged at the village level to provide a solid base for continued action on preventing sex selection. These community group members have gained confidence to sustain the momentum at least in the foreseeable future, with support and encouragement provided by the
concerned IP. Several IPs also established very good liaison and working relationships with local social service agencies as well as with professional and training organizations, colleges, local NGOs and government departments. The project provided good exposure to the NGO partners who earlier had a relatively small outreach and limited areas of working in the community on the issues of health and education services and vocational training. These IPs were enabled to work with larger and broader constituencies with enhanced capacities in comparison to their earlier projects.

The WPC-UNFPA project also encouraged the technical and professional skill development of the IPs’ programme staff. The IPs were encouraged to hire qualified and experienced professionals who had previously worked on gender and health issues and those who had experience of working with the government, academic and research agencies.

One of the key impacts of the project interventions was seen in partner organizations which had a predominantly community development agenda. These IPs had reported a growth in their organizational perspective wherein the empowerment agenda of women and girls was much more strongly ingrained in guiding the institutional planning and processes. Using gender equality terminology became an important buzzword for the staff during the course of implementation of the WPC-UNFPA project. However, it remains to be seen how systematic and sustainable the changed perceptions would be beyond the life of the project. The acquired understanding is nascent and would need to be further honed and sharpened as it was for the first time that there was a window of opportunity to deepen the gender and human rights perspective of the IPs.

The partner organizations progressed through different phases of development during the implementation of the project, earned credibility from the community and government agencies, gained confidence and experience and won societal recognition. YCI, TCS, HNYKS, ARPAN, VHAP, CARD, NIRDESH and other agencies developed their advocacy and alliance building capacities and as a result could plan advocacy programmes under this project more systematically and for the first time they could invite the DC and other senior government officials. Their suggestions were heard in the government meetings. Several of them were invited by the local colleges and block development office, PRIs and health departments as resource organizations to address the issue of sex selection and received funding support from the government for the implementation of the gender equality schemes in their outreach areas. Prior to this project, TCS, Uttar Pradesh was organising rallies or dharnas on this issue with small grants. The WPC-UNFPA’s two-year grant gave the agency an opportunity to do focused work with the communities where they already had a presence on issues concerning reproductive health and vocational skills programmes for young girls and boys. Under the project, the organization received recognition and was successful in activating the networks that were formed on women’s issues and mainstreaming the issues of addressing sex selection. Tarun Chetna Society was invited to become a member of the DAC. YPS, which had earlier worked as a mother NGO on RCH issues under the government’s NGO scheme, Aarogya, broadened its scope of work to address the issues related to women’s legal rights, the PCPNDT Act, the Prohibition of Child Marriage (PCM) Act and the PWDVA. For the VSP in Maharashtra, whose niche had been working on issues of land rights for the marginalized groups, implementing this project helped in building its organizational capacities for developing gender-disaggregated, evidence-based and conceptualized work on gender equality. In a way, this helped as it fulfilled one of the objectives behind partner selection wherein efforts were consciously made to bring on board partners who had not worked on the issue but wanted to further their limited work on gender equality.
Prayatn started implementing the project like any other community development programme. Their approach was to impart information, not expecting any action from the community. Action-oriented awareness and other activities related to advocacy, creating change agents were brought in later, based upon review and feedback. The project was re-strategized and other components of working with the government, involving men, adolescents, and others were also incorporated in its work plan. ARPAN, a small time organization had probably received such a large grant for the first time. This enabled the agency to expand and consolidate its work and it received attention from the local media and government authorities for its efforts.
Key lessons learnt from the project

There are significant lessons that could be drawn from the approaches, interventions, results achieved and challenges faced in the implementation of the project. The earlier sections of the document provide a good understanding of what worked and what did not; what key (external and internal) factors led to positive change and what the barriers to change were. Lessons have been drawn to understand the immediate, intermediate and long-term and substantive changes in gender norms, roles and relations vis-à-vis the status of women and girls in society that were initiated by the efforts of the IPs through community mobilization, as well as policy advocacy. There are lessons to be drawn on the replicability and sustainability of approaches, processes and strategies used in the project so as to arrive at a better understanding for the enhanced efficiency and effectiveness of such initiatives in the future. The project has provided pointers to what could be avoided and the dos and don’ts for future replication and scaling up. It also highlights the need to define a few, but crucial and non-negotiable points for such projects.

Lessons from community mobilisation and sensitisation

Implementation of the WPC-UNFPA project clearly showed that the involvement of the community is critical to the success of any intervention tackling deep rooted socio-cultural practices such as sex selection. In the WPC-UNFPA project, the IPs had shown the positive outcomes of working through an umbrella approach of reaching out with positive messages on the birth of the girls, sensitizing and enhancing the capacities of the community groups, galvanizing influential community leaders and gate-keepers and most importantly, working with the health service providers at the local level. The IPs consciously built partnerships and evoked a spirit of collaboration with the government and other civil society agencies, as it was clear that concerted efforts at all levels and multi-pronged strategic interventions were required to bring about the desired impact.

Due to large scale awareness programmes on the value of girls and against sex selection by the respective state governments’ Health and Family Welfare Departments, and in many states also due to the active involvement of the non-government agencies at the local level, there is a high level of awareness amongst the women, their families and communities on the issue of sex determination. Several IPs (SUTRA, SWATI, Aditi, Prayatn, Action India to name a few), had quoted in their project reports that there were several women’s groups, as well as their families, who were aware of the health hazards and risks to life from unsafe and/or late term abortions. They also knew that it was illegal to undergo tests for sex selection. However, despite this awareness, the practice of sex selection continued to be reported from their work areas. Amartya Sen, the Nobel Prize winning economist, had argued in an article published in *Frontline* magazine (27 Oct-9 Nov 2001) that when dealing with the new “high tech” face of gender disparity, one must go beyond the agency of women. He had argued for the need to look for a more critical assessment of received values. The anti-female bias in action reflects the hold of traditional masculine values from which women themselves would not be immune. Dr. Amartya Sen had said that what is needed is not just freedom of action, but also freedom of thought in men and women’s ability to question received values.
An important learning from the implementation of the project was the need to revisit the understanding of community attitudes, behaviour and practices drawn from the experiences of the project IPs. The social notions under the patriarchal structures of the family wherein daughters continue to be considered a liability and sons continue to enjoy a privileged position need to be reviewed and challenged. There is need to understand the role partners can play to bring about a change in mindset through the process of socialization, keeping in mind the communities they are working with and the notions and beliefs they have with respect to girls. These notions and beliefs have been further strengthened with the global policy pressures related to enforcing the small family norm of having only one or two children.

Another important lesson therefore, was that with the continuing hold of such harmful gendered norms and unchanging power relations, mostly unfavourable to the women and girls in the family, banning and/or regulation and monitoring of sex selection tests, though an essential and urgent step, is not the final solution. In the long run, the prejudices against women and girls need to be overcome by improving the overall status of women and girls in society.

A purely legal approach that treats sex selection as a crime (which it is) and focuses on regulatory and punitive action, will need to be supported by actions that address factors that make daughters unwanted such as dowry, safety and security and financial independence. At the same time, Act implementation cannot be overlooked as is borne out by the evidence of the abysmal rates of prosecution and conviction against the malpractices under the PCPNDT Act reported from all the states of India. For instance, Gujarat was amongst the first few states (Maharashtra was the first one) to enact the PCNDT Act and had launched state-wide campaigns against sex selection and valuing the girls. However, not a single conviction for illegal sex determination has so far taken place in the state.

To deepen the understanding of the community on the gender dynamics of sex selection, the IPs would require technical support from the executing agency to develop a critique of the state health and population policies, schemes and programmes, especially those promoting small family or a two-child norm (which is important) so as to fine-tune their approaches and response in designing future interventions on the issue. A paper by Sutra, one of the IPs of the project, aptly summed up that the struggle to restore the natural sex ratio is not only against the unethical and illegal use of ultrasound machines leading to sex selection, but also against the mindset of ensuring a ‘small masculine family’. There is also a need for the IPs to facilitate assessment of their own approach to addressing the issues of decline in sex ratio and sex selection and undertake a review of the work they have done on women’s reproductive health rights.

**On the use of a multi-pronged approach**

The biggest learning from the project was the realization that the issue of sex selection has multiple-influences and implications; therefore the strategies to address the decline in the child sex ratio and prevent sex selection need to be multi-pronged, involving a cross-section of stakeholders. A bouquet approach was used by the IPs for impacting change in the policy environment, for awareness and sensitization of the affected communities and for capacity building of the stakeholders from the health service delivery and public administration at the local level to be gender responsive.

The project showed that it was beneficial to work with a wide range of stakeholders with the objective that everyone who can influence decision making within the family or community was to be targeted. They in turn could exert influence and bring about a positive change in attitudes and perceptions
Key lessons learnt from the project regarding the female child. The project had one axis of approach that entailed working with women’s collectives and different sections of the community to raise awareness about the repercussions of sex selection; and the second axis of approach was to build capacities of the health service providers and engage with the health administration to be responsive to women’s reproductive health rights and seek increased accountability from the health system.

The core strength of the project was undoubtedly drawn from the remarkable energy and agency of women’s groups and community collectives in rural and urban belts of Uttar Pradesh, Bihar, Haryana, Rajasthan, Maharashtra, Gujarat, Odisha and Delhi. Scores of community-based response groups of women and youth worked with enthusiasm, dedication with a spirit of leadership and partnership to create a sensitive and enabling environment in their respective communities on the adverse repercussions of sex selection and decline in child sex ratio. Building a community-centred response was the driving force behind the project, drawing heavily on IEC based strategies. The enthusiasm of the women’s groups and their voluntary spirit has survived and progressed through different phases of the project development, thereby, gaining credibility and confidence through social recognition.

A significant lesson learnt from the use of a ‘bouquet approach’ was to focus on the convergence of action by different actors and not to have unrealistic expectations from the community to change; or to expect results in reversing son preference in the short-term from any one of the key stakeholders, whether it be gram panchayat members or a motivated group of community mobilizers or ASHA workers and youth leaders. Taking all the key stakeholders on board helped to build an environment based on consensus and collective ownership for creating public opinion to prevent sex selection.

The importance of appropriate and effective communication strategies – balancing between discrimination against girls and women’s reproductive health and rights

Amongst the IPs, there was a consensus that sex selection is legally and ethically unacceptable. This had an impact on the kind of interventions made by the project partners and on the nature of the messages and the message bearers used by them.

A scan of the project proposals and progress reports of some of the IPs showed a lack of clarity about what gender sensitive messages should be used in their communication activities and how. For instance, some of the partner reports had used inappropriate language such as “beteyon ke bojh se daba pariwar” (Bihar, JGVM) in the text. Another quick scan of the messages addressing issues of sex selection and MCH from the respective State Departments of Health and Family Welfare showed that the state-wide campaigns of the government and civil society in Gujarat, Himachal Pradesh, Bihar, Uttarakhand and Haryana had used terms such as bhrun hatya, stree bhrun hatya, kanya bhrun hatya (sex selective elimination), which were emotive terms. In another instance, messages given under the PCPNDT Act were standalone messages, either promoting the importance of giving birth to girls or giving information on the provisions of the Act. The communication campaigns against sex selection lacked perspective for linking the messages on sex selection with women’s reproductive health services related to safe motherhood, safe abortion and gender-sensitive information on family planning services.

The IPs working in the field need to be encouraged to strengthen their campaigns, using evidence-based approaches. In the project, most communication efforts were aimed at enhancing awareness of the target groups from the community and health service providers. Whether such efforts have an impact on influencing and changing the mindset of the community against gender unequal and
discriminatory norms and values inherent in the practice of sex selection has not been measured and assessed through a systematic process of validation. The importance of undertaking regular and systematic impact assessment of the information and behaviour change communication activities needs to be emphasized as part future programme design execution by the IPs, so as to make evidence-based mid-course corrections.

Conducting a gender audit of their interventions could also be an effective tool for inquiry and reflection and for determining the key principles and guidelines for future communication strategies on the issue.

It would also be relevant here to reflect on the implications of the IPs bringing on board locally influential leaders from the religious, political and social fields as message bearers on the issue of sex selection. While such leaders often had tremendous outreach and ability to influence people’s actions, their understanding of the overall gender concerns is limited. This at times led to messaging that could inadvertently uphold rather than break gender stereotypes. The strategy of working with these influential stakeholders therefore needs to be well thought through with substantive investments in capacity building of such leaders.

A case of missed opportunity

A significant lesson learnt from the approach of focusing only on providing information and creating awareness related to the legal measures for the prevention of sex selection and for increasing the sex ratio of the girls, is to widen the scope for the programme communication strategies to address other significant social and cultural factors which fuel gender discrimination in the future. The programme missed an important opportunity for providing communication models to address the issue of sex selection in a holistic manner, taking on board the causative and systemic factors, which lead to gender-based disparities and gender discriminatory norms and values. There was a lack of focus in the programme strategies on the consequences of the practice of sex selection, including increased risk and vulnerability to violence against women and girls. For instance, the IPs made little attempt to address the emergence of newer forms of gender discriminatory and harmful cultural practices such as aata saata (barter system of exchanging sons and daughters of two families), increased incidence of dowry-related harassment, incidents of trafficking, forced marriages, polyandry and the purchase of brides in their respective areas of work. The IPs in Uttar Pradesh, Haryana, Punjab and Gujarat mentioned that the inability of men to find brides from their own caste/community was leading to a rise in social problems such as increased incidence of alcoholism, substance abuse, rise in cases of domestic violence and child marriages. There is a need to build systematic programmatic linkages between the causative factors and the consequences of sex selection – different forms of gender-based violence and socio-cultural distortions in society, which could further marginalize the position of women and value of daughters in the family.

The perceived conflict between women’s access to safe abortion and the legislative provision for prevention of misuse of technology for gender biased sex selection

One of the major challenges that the project partners faced was advocating against gender biased sex selection, while upholding women’s access to safe abortion. Especially IPs in Uttar Pradesh, Bihar, Rajasthan and Haryana IPs had to tread cautiously while addressing women’s health and
Key lessons learnt from the project

well-being, while creating awareness and encouraging community action for the prevention of sex selection.

Community workers and other stakeholders, especially in Gujarat and UP had a daunting task driving home the message that gender biased sex selection was prohibited by law while women had the right to access safe abortion under the MTP Act. Through various interventions the stakeholders had to be engaged in discussions that could drive home the point that the fight against gender biased sex selection should in no terms mean denying women the rightful access to safe abortion. However, this had to be handled carefully so that even inadvertently it did not perpetuate the notion that access to abortion is linked to the issue of decline in sex ratio.

Lessons learnt for bringing long-term changes from projects such as WPC- UNFPA

Given the short implementation period of the project, the time and space was not sufficient to evolve process-based strategies to address systemic factors, which underpin the societal compulsions for gender-based discrimination and lower the status and dignity of women and girls.

Definite gains were made in increased awareness and sensitization of the community on the issue of sex selection; however it was too short a time to be able to measure and assess whether these small beginnings had the potential to sustain action at the community level on an ongoing basis or whether they were effective in initiating any long-term changes in gender attitudes and perceptions towards girls and boys, men and women.

Role of the community-based groups – Vigilance and watchdog or mentoring and empowering?

Many IPs had formed vigilance committees (in Odisha and Bihar), joint monitoring groups (Rajasthan and U.P), Mahila Shanti Senas (Bihar), and Thakkedari Samitis (Gujarat) to perform a watchdog function in the community and to see that pregnant women and their families were dissuaded from undergoing sex selection. Information on the legal control and regulatory provisions under the PCPNDT Act were used along with moral, social and group pressure to deter pregnant women, couples and their families. The efforts of such vigilance groups resulted in several reported cases of families and women being convinced to carry on with the pregnancy despite having undergone sex determination tests and finding out that the foetus was female. The case study documents prepared by all the IPs mentioned several such success stories of one or more members of these pressure groups having changed the decision to opt for sex selective elimination. The role of the community for creating pressure groups with an increased emphasis on vigilance had benefits in the short-term, but how effective it had been in creating an enabling environment to address the causes which lead to sex selection and help in empowering women was not reflected by the IPs which had successfully trained the women’s groups in their vigilance and monitoring roles.

Experience of monitoring by the women’s community groups, which was used as an approach by several IPs, showed that the tactics of social censure could arguably be more effective than taking legal or punitive action. However, women’s vigilance committees need to take care not to be intrusive and be ‘vigilant’ to stop themselves from becoming another social pressure group in the women’s lives having power of sanctions and disapproval and which could end up being disempowering for
the women in the long run. By definition, the women’s groups are self-help groups, support groups and collectives for providing an inclusive, participatory and safe space for women members who seek protection, nurturing, guidance and solidarity, though in some cases these groups also checked the erring medical service providers indulging in the malpractice of sex selection and supported women who were being pressurized against their will to opt for sex selection.

A clear take away from such an approach would be to continue efforts to make the state accountable and take steps to check the misuse of reproductive technologies for non-medical purposes and ensure that women’s reproductive rights are protected.

Learning from the experiences of engaging, partnering with the civil society and government institutions and its functionaries

Strategic partnerships and collaboration between the key state and civil society actors and stakeholders at the village level for enhancing the capacities of the key justice and health service institutions and improved monitoring of the PCPNDT Act was an important take away from the project.

The IPs used a mix of approaches to engage with the health service providers and with other civil and government institutions and its functionaries. These approaches included information based awareness campaigns and events with the ward panches and elected women representatives in the village panchayats; advocacy-based interventions with medico-legal bodies such as the district PCPNDT Committee; networking and alliance building with civil society and NGOs; and last, but not least, skill and capacity building activities with the health service delivery and panchayat bodies such as the VHSCs and ASHAs and the Anganwadi workers and ANMs.

Engaging with the medical and medico-legal authorities operating in the district, block and panchayats was done with the understanding that such bodies need to be held accountable to fulfil their respective roles and responsibilities, since they have the mandate and power to monitor, influence and ensure the delivery of services to the people in the community.

Training and capacity building efforts were made to improve the quality of service delivery of the public health institutions, and make the primary health service providers more gender responsive. The perspective of panchayat and gram sabha members was changed to get them to address the gender and health issues as part of the local governance agenda of the panchayats.

Learning from the project showed that the response from the state, district and local administration was largely welcoming towards the partnership building efforts. The IPs’ capacity building efforts were recognized and attempts were made by the government agencies to institutionalize some of the good practices of the project. The strategy of forming joint review committees and task forces comprising civil society organizations and community-based groups along with the government functionaries was also recognized as a good advocacy initiative.

Several IPs had worked towards institutionalizing some of the good practices in the government service delivery systems. One such approach was to get the resources allocated from the budgets of primary health, rural development or PRIs for replicating the good and innovative initiatives of the IPs, whether it was with regard to felicitating the families with daughters and providing incentives for the girls’ education or birth registration and tracking and display of birth data by the gram
sabhas. There were also instances of the Departments of Health and Family Welfare and Women and Child Development sanctioning funds to the NGOs working in the communities where the sex ratio was low.

Despite significant gains, in brokering partnerships and expanding the space for civil society to play a more active role, the challenge was to ensure the sustained engagement of the government institutions to be accountable and responsive to the localized and prevailing context impacting the problem of declining child sex ratio. It is still a challenge to ensure that the government agencies work in a spirit of partnership and in a mutually supportive relationship with the civil society agencies. The ‘good’ response was mostly individual centric, banking on one or two ‘sensitive’ individuals in the government system. For most of the DMs or CMHOs, implementation of the PCPNDT Act was not a priority and more often than not, regulation and monitoring of the Act was an additional portfolio for them; therefore at times they did not allocate adequate time to it. Securing timely government participation in the IPs’ training programmes remained a challenge and if it happened, participation was quite often tokenistic or done more to comply with the government order to attend the training. Frequent transfers of government functionaries also caused delays in some of the programme’s planned activities. The IPs had to spend a lot of time and effort in establishing relationships with newly appointed government officers, which took away precious time from other activities.

Despite trainings and numerous sensitization campaigns which were conducted with and by the health departments and with the members of the panchayat bodies, these institutions appear to still maintain a status quo and people in these bodies are largely guided by the mindset and patriarchal values that discriminate against women and girls. Several IPs reported cases of resistance and indifference from the concerned government authorities when approached for information about the committees set up under the Act, registration of facilities, monitoring or even renewal of the registration of ultrasound clinics. However, there were cases of extremely supportive and sometimes sensitive officials, doctors, frontline health service providers and lawyer activists as well who had made a difference and in a way contributed to achieving the positive project outcomes mentioned earlier.

Under the project, therefore, the work for institutionalizing the good practices of the IPs would be considered as work in progress for them to continue expanding alliances and partnerships to ensure that the gains made are sustained and there is ownership by the State and civic institutions to be gender responsive. In the WPC-UNFPA project there were several IPs whose work prior to this project was mainly related to implementing service delivery projects in the areas of education or health along with the communities where they were working. Advocacy and partnership with government institutions was a new role. These IPs would need support to build capacities to work with the government partners on an ongoing basis. Something it is hoped, WPC, as a large network based organization, will be able to provide in the time to come.

An important lesson to be learnt from the project is to acknowledge the limitations of an NGO or a civil society organization or its network for strategizing through advocacy and partnership building with the government agencies. The size, scale and resources at the disposal of the NGOs cannot be matched with those available with the government systems and institutions at all levels. This constraint has to be kept in mind while designing future programmes to address issues such as sex selection, which require time intensive advocacy and coordination with the government and civil society institutions for increased accountability and ownership. It would always be a herculean balancing task for civil society to hold a mirror to the government and, yet persevere in partnership building with the government.
Lessons drawn from project execution and knowledge management

There were lessons to be drawn from the perspective of the execution of the project and its monitoring and reporting by the executing agency, i.e. WPC and by the IPs. An important lesson was to provide clearly defined guidelines at the outset of the execution of the project on the ‘what’, ‘how’ and ‘how much’ of monitoring, reporting and documentation. It would be advantageous for the executing agency if, right at the beginning of the project, a simple but clear set of monitoring and documenting criteria are provided to the IPs. It would also be crucial during the stage when each IP’s proposal is expected to be finalized for approval, for them to provide a self-assessment of their capacities for undertaking systematic monitoring and documenting of the project. This particular skill set is especially critical for a process intensive project, where the outputs are unlikely to be tangible or quantitative, and it would be crucial to capture small changes in practices and processes. The IPs would need to have skilled human resources and organizational capacities for doing systematic documentation and evidence-based monitoring of their work.

In this context, it is be important to state that in general the monitoring, self-assessment and documentation capacities of the majority of the IPs was limited especially when it came to implementing a process-driven project such as this one. Despite training inputs provided to the partner agencies to finalize their respective indicators and regular monitoring and feedback by the WPC project staff, the partners had not made systematic efforts towards achieving the indicators agreed upon. The feedback from the project partners provides another lesson to exercise caution in keeping the reporting and documentation requirements realistic and striking a balance between quantitative, tangible, time-bound targets and qualitative and process-based indicators and expected outcomes.

A systematic planning of interventions would therefore be required, taking into the account the monitoring, review and assessment and documentation requirements right from the beginning of the project. It would also be useful to allocate adequate time, space and resources for this to really happen.

Being a leading national level women’s rights advocacy platform, WPC has networks and partnerships with women’s organizations in several states. The project had the potential for the IPs to engage with and learn from the advocacy work being done by WPC for the increased political participation of women and advocating for gender-sensitive legislative reforms. This potential could not be fully capitalized due to staff vacancies in WPC. The hands of the project officers and director of WPC were more than full with the execution of the UNFPA project which had 31 partners, and with other ongoing projects. In future, WPC could plan its role in executing such projects in a systematic manner and investing time and resources in building stronger linkages with its niche area of work, i.e. alliance building, cross-learning and advocacy.

There are also lessons to be learnt on how to mine and share the body of knowledge and learning generated from the rich and diverse experiences of the project. WPC had organised regional and state-wise workshops and meetings for cross-learning and sharing among the IPs; however these efforts were not adequate to focus on creating a knowledge base for the project. More time, resources and professional expertise would need to be allocated in the design of the project for knowledge management, so that the good practices and models of community mobilization and action could be developed and strategies for their replication and upscaling fine-tuned collectively.
Way forward for future programmes

Demographic trends as revealed in the latest census exercise of 2011 indicate that the gender gap seems to have been significantly bridged with improved performance on indicators with regard to the sex ratio, female literacy, female mortality and male/female life expectancy and girls’ education. However, the gains made on these gender indicators do not seem to have any significant impact in arresting the decline in the child sex ratio. The figures of the 2011 Census are a strong indication that the female demographic disadvantage is unlikely to improve in the near future, despite several legislative and policy measures taken in the last decade to curb prenatal sex determination and address female devaluation. The effective implementation of the PCPNDT Act needs to be seen not as an exclusive measure, but as one of the pegs of the solution for reversing the declining child sex ratio. There is a need to make a shift in the current approaches and programmes to make them more inclusive and develop a layered response. To strengthen the implementation of the PCPNDT Act, efforts would need to be made to put in place stringent checks and balances to curb the increased non-medical use of reproductive technologies. The unregulated and unethical supply side of the problem has a direct impact on pushing up the demand for sex selection and this seems to be one of the key factors which has contributed to the country’s declining sex ratio. Unless medical practitioners are dissuaded from the lucrative practice of sex determination, it seems unlikely that significant results would be achieved in combating the problem. It is important that an intensive follow-up of the legal cases registered against errant doctors and allied reproductive health and medical service providers be done, so that the law can be enforced in its true sense. Professional associations need to be more deeply involved as important partners for self-regulation and to bring peer pressure to bear on those who continue to violate the provisions of the PCPNDT Act. These professional associations would need to be sensitized and their capacities would need to be enhanced so that they play a stronger role as gender equality advocates, while addressing issues of declining child sex ratio and sex selection.

These measures for better monitoring and regulation by the PCPNDT Act would need to be supplemented by equally strong measures for awareness creation and capacity building and advocacy for the effective implementation of other legislations for gender equality such as the PWDV Act 2005, Prohibition of Dowry, legislations for property and resource rights of women in the family and community, and advocacy for increased socio-economic empowerment and enhanced political participation of women.

Alongside, there is a need for greater investment in developing appropriate evidence-based models that provide solutions which address the mindsets with regard to discrimination against the girls and son preference. With a strong foundation on people-centred response and approaches guided by the principles of community partnership and ownership, there is scope for community mobilization work to be more strongly guided by principles of gender equality. The applied approaches need to focus more on women’s rights to equality, freedom and decision making while addressing the issue of sex selection. To move the community action to the next level would require investing in developing a common body of knowledge and an understanding of how the increased awareness and availability of new reproductive technologies has redefined traditional notions of conception and procreation. How
is the understanding of reproductive choices being understood and exercised in the family and within the sphere of interpersonal relations between a man and a woman?

Implementation of the WPC-UNFPA project has provided pointers for future programming to develop a multipronged, intensive, behaviour change approach for transforming the prevalent gender discriminatory norms and practices so that the birth of girl is indeed as welcome as that of a boy and girls are equally valued and cherished in the family and the community.

The project successfully built on strategies of community mobilization and awareness and education campaigns, which emphasized the responsibility of the individual members, couples and families to desist from sex selection. With this approach there are short-term gains which make some families desist from sex selection, though the systemic socio-cultural factors that fuel gender discrimination may remain entrenched, unchallenged and deeply biased against girls and women. The way forward is to adopt result-oriented interventions with change agents taking the lead. This would be reflected in an improved child sex ratio and change in attitude towards girls. These are changes with regard to the incidence of gender-based violence manifested in the form of dowry harassment, sexual abuse, crimes in the name of honor and trafficking of women and girls including false and coerced marriage and coerced polyandry that have mental health implications such as emotional trauma and stress.

To increase the efficiency and effectiveness of communication strategies, the emphasis needs to be on behaviour change communication and not limited to information and sensitization work. For instance, communication strategies could showcase different role models that promote questioning and breaking of gender stereotypes with regard to the gender division of labour and roles.

The extremely positive response received in the project from the initiatives with the youth, which mainly included working with boys, brings home the importance of working with men and boys. There is a need to reach out to young men and women in schools and universities with counselling, life skills, and information and sensitization messages on gender equality. It is crucial that men and boys are made aware of the harmful and lifelong crippling impact of hegemonic masculinities, the manner in which these create violent and abusive relationships based on notions of male superiority and the pressures and expectations from being a ‘son.’

In order to sustain the changes and impact of the key strategies and approaches of advocacy and education, the programme needs to build upon the successful strategies of integrating the reproductive health rights of women with their other legal rights pertaining to age of marriage, property, and a violence-free life. Besides being actively involved in monitoring the implementation of the PCPNDT Act, the IPs could take up the building of linkages with legal rights and advocacy campaigns for stringent enforcement of anti-dowry legislative provisions, the Child Marriage Act, PWDV Act and the women’s right to property under different personal laws. Community-based campaigns could be launched against the giving and taking of dowry. The experience of other projects such as GARIMA, a USAID supported project on women’s reproductive health and legal rights, has shown that the twin approach of ensuring women’s health rights while addressing their legal rights related to domestic violence, safe abortion and delay in the age of marriage could be used by the IPs to inform the community and women’s groups. Under the GARIMA project, along with the interventions on legal advocacy and capacity building of the service providers from health and justice institutions, the IPs also focused on assisting women facing gender-based violence with group support, legal counselling and referral services that enabled them to access reproductive health services and exercise informed decision making.
For any future programming too, the concerns related to the protection of the reproductive health rights of women would need to be addressed clearly along with the prevention of sex selection. There is a need to build linkages between RCH programmes, population and development programmes and the campaigns and programmes for curbing sex selection. The RCH and Family Planning programmes need to develop communication messages and strategies to curb sex selection and create awareness about the risks of unsafe abortions; and the communication campaigns for the PCPNDT Act need to portray a balanced perspective between the legal sanctions with regard to sex selection and the position regarding a woman’s reproductive health rights, and her right to safe abortion. Therefore, any legal and policy measures and programmes for addressing the issue of the child sex ratio need to have checks and balances to ensure that a woman’s right to health and well-being are not contravened. For instance, schemes and campaigns to save the girls and those offering special incentives for the girls and her family need to be guided by the rights perspective so that patriarchal interests are not promoted but instead challenged and transformed. Of course, there are no easy answers to maintaining a balanced human rights perspective!
Annexure

Format for documenting best practices/case studies

Name of organization

Title of the best practice/case study

Introduction to the case study/best practice & background

Implementation of the practice

What were the resource implications?

Results of the practice – outputs and outcomes

Lessons learnt

Conclusion
**Guidelines for documenting best practices/case studies**

**Name of organization**

**Title of the best practice/case study**

This should be concise and reflect the practice/case study being documented. It should also locate the practice/case, within one of the following categories:

1. Advocacy at the state and district/local level
2. Networking at the state and local level
3. Community mobilization
4. Bringing about a change in the mindset
5. Garnering the support of the local bodies
6. In integrating the issue with other programmes of civil society groups/government departments
7. Any other (please specify the category)

**Introduction to the best practice/case study & background**

*Note: This is the opening section that describes the cultural, economic and social scenario of the geographical area from where the best practice/case study is presented. The cultural aspects that can be covered are beliefs, values, religious affiliations and practices prevailing that may be relevant for the case study/best practice. The section can also have a background of the organization if required.*

This should provide the context and justification for the practice and provide information under the following sections:

1. What is the problem being addressed?
2. Which population (specific section of the community) is being affected?
3. What were the objectives with which the organization planned its interventions to address the stated problem?
4. State the set of strategies thought of to address the problem. Please mention the approach involved in evaluating each potential strategy.
5. Brief write-up about the background of the best practice/case study presented with the reasons for choosing this particular example and the incidents which spurred the organization to take up the problem and facilitate in solving it.
6. What is the unique feature of this case? (This is a very important aspect; therefore please explain this in detail. It should have information on the recommended strategy for dealing with the problem.)

**Implementation of the practice**

1. When and where (specify the community, block, village) were the activities carried out?
2. What are the main activities/interventions carried out to accomplish the objective?  
   *(This can have information on what the staff did differently; the approach/process used. It would be helpful to mention the entry points also.)*
3. Who were the key implementers and collaborators?  
   *(This would have information on the people like the staff, people from the village, government, other organizations etc. who were involved in the process of solving the problem; the stakeholders involved like the local government, organizations, media, local communities; resources – financial, technical, and material – that were used in carrying out the activities related to the case study.)*
What were the resource implications?

Note: This is the descriptive part of the best practice/case study. Please ensure that this section explains any specific challenges that arose during the implementation. Discuss how you resolved these issues, and what the outcome was. Mention any parts of the project that were unsuccessful, and describe why your strategy or approach did not work.

This section should have information on:

- The entry points
- The specific activities that were undertaken
- The initiatives taken

Results of the practice – outputs and outcomes

Note: This is the observation part of the best practice/case study, where the change noticeable on the ground is highlighted, and shared; the changes that have occurred as a result of the interventions, which can be intangible or tangible. Describe in detail, the actions that depict the change in mindset, process, practice, and approach.

1. What were the concrete results achieved in terms of outputs and outcomes?
2. Was an assessment made of the results stated/attributed to the interventions undertaken in the project? (This is mainly to capture whether it is a one-time response or looks like a change in mindset as a result of the practice carried out or case study presented)
3. What the stakeholders (involved in the process) have to say about the best practice. (This would include the perspectives of each stakeholder on the case, who was involved in the process, and what the individuals who have been part of this case have to say about the changes that have occurred.)
4. Mention whether the results achieved were any different from what had been envisaged?

Lessons learnt

Note: In this section please include a brief write-up on any similar activity that your organization is involved in, albeit in another area. If so, what are the learnings that make the process easier or what are the things that you would advise others to avoid?

1. What worked really well?
2. Who/what facilitated this?
3. What did not work and why?

Conclusion

1. How have the results benefited the community/project/staff?
2. Why may the intervention be considered a “Best Practice”?
3. Challenges faced:

You can break down the problem and present each part with its unique details. Present the challenges surrounding the case and share your experiences and thoughts when you were researching about the problem. Your analysis will be written in this section. How can similar situations be handled? Could there been any additional steps to have a better impact? (This section will have specific pointers; the do’s and don’ts to handle such a situation.)

Key factors that led to the change, with special focus on the replication potential of the approach, process, strategy. What have been the key success factors of this initiative?

(The factors can be external as well as internal factors. The external factors for example can be the community, local government, the groups formed, etc. The internal factors can be within the organizations, i.e. financial resources, staff, infrastructure, etc. Here please also include what more could have been done in terms of...
learning, or capacity building or knowledge sharing or resources provided that could have made the process easier, accelerated. Please also include what you consider are non-negotiable for the successful replication of any similar initiative.

4. What is the scope of the replicating the initiatives taken by the organization?

5. Recommendations for those intending to adopt the documented “Best Practice”, or how it can help people working on the same issue(s).

6. How the changes can be sustained when the project is phased out. Here mention the approach if specific steps/mechanism can’t be listed.