

***Project: Support to Community mobilization and people driven response to prevent sex selection and arrest child sex ratio decline***

**EXECUTIVE SUMMARY**

Decline in child sex ratio has been one of the priority issues of WPC, right from its inception. The organization has addressed the issue of declining child sex ratio in numerous national, regional and state level forums in India, and has also engaged in discussions regarding stringent implementation of the Act. With idea of adopting holistic and integrated approach to arrest the decline in child sex ratio, WPC in collaboration with UNFPA implemented a project titled **‘Support to community mobilization and people driven response in preventing the sex selection and arresting child sex ratio decline’**. The project was aimed at addressing diverse aspects of sex selection through partner NGOs in identified states where the decline in child sex ratio has been continuous. In the whole programme WPC acted as a nodal agency and under the able guidance of an advisory committee and, following a meticulous selection process, 32 NGOs were selected from 11 states for implementing the project. The partner agencies were given 24 months, (starting from May 2009 to April, 2011) for implementing the programme, so as to get a significant and measurable impact of the interventions that was undertaken at the field. The selection of the partners depended on various criteria but important ones included; the child sex ratio of the area for which the programme was proposed and experience of the organization in working on the issue or on issues concerning health /gender were selected for funding.

A conscious and strategic attempt was made to rope in all those who work on this issue. Since the whole phenomenon is supply and demand driven, both dimensions were influenced so that the issue is dealt with in its totality. It was crucial that the issue be tackled from all three sides: demand, supply and implementation. On the ‘demand side’, people were educated and influenced in a manner that discourages them from seeking sex-determination services, and on the ‘supply side’, interventions were designed to ensure that the medical community and service providers do not indulge in practices that promote sex-selection. The sensitization of those who make up the ‘implementation side’ – that is, the appropriate authorities and state representatives – was vital, so that they can discharge their duties in effective implementation of the PCPNDT Act. While it was necessary that adequate efforts be made at all three levels, it was also essential to build a strong political will by influencing the Government at the policy level. Hence, the project started with the three broad goals: Ensuring reduction in demand for pre-birth sex selection practices; Curbing supply of facilities which encourage sex selective abortions; Creating pressure groups within states for effective monitoring of implementation of the Act. In order to reach these specific goals the focus of the partner agencies and WPC has been community mobilization, forging alliances with the key players, CSOs and building rapport with State and District level authorities.

During the three years of the project WPC has advocated with state governments to allow representatives from the selected IPs to serve as either members or special invitees in the state/district level advisory committees. State level advocacy workshops have also been conducted in Bihar, Gujarat, Orissa, Maharashtra, Uttarakhand and Haryana, in order to enhance communication between NGOs, media and the concerned government officials. The state level meeting in Uttarakhand resulted in the reconstitution of the state supervisory board, with the implementing partner, RLEK as a member. During the state level meeting in Gujarat, senior government officials pledged their support to the issue and agreed to incorporate initiatives into pertinent programs. At the national level, WPC has been actively discussing the issue of female foeticide and the PCPNDT Act at any event organized in either New Delhi or in other states guaranteed to generate a large audience.

Through various interventions aimed at mobilizing community, partner organizations reached out to 5.5 lakh households from 1260 villages in 410 Gram Panchayats /69 blocks spread across 51 districts in 11 states. The interventions by the partners could best be assessed to provide indicative direction as to what were the potential ideas that have emerged from the project which could be further developed for deeper engagement with the issues of decline in sex ratio and strategies for prevention of sex selection. It was felt important to capture the essence of the processes which got unfolded in the execution of the project, these were concerning greater ownership and accountability of the community to prevent gender discrimination and ensure the rights of the girl child beginning with her right to life and how far has the project been able to prioritize gender responsive governance in the state and its duty bearers.

## **ACTIVITIES UNDERTAKEN BY WPC AND ITS PARTNERS**

### ***Formation of Advisory Committee***

An Advisory Committee (AC) was formed to aide WPC in successfully executing the project. The AC served as a guide in identifying implementing partners, developing constructive implementation strategies, and examining indicators for realizing the objectives. Partner agencies were also chosen based on the process for selection established by the AC. The list of members in the advisory committee is given as Annexure B.

A 'request for proposals' (RFP) was developed and as per the AC's decision, advertising was carried out through various networks of NGOs, WPC's members and the organization's website. The RFP was also sent to UNIFEM, MWCD, MOHFW, UNFPA and Solution Exchange on September 19, 2008 for distribution among the organizations' partner agencies. The deadline for receiving proposals was established as October 20<sup>th</sup> 2008. The RFP included the implementation period of the project, areas of interest and the requirements that would need to be satisfied by any applying organizations in order to be selected for funding. A diverse group of possible partners was encouraged to apply, including voluntary organizations, academic and research institutions

which are registered under the Societies Registration Act and have been functional for a minimum of three years.

As a result, 143 proposals were received from 21 states and reviewed utilizing a series of objective standards. Partner agencies were selected based on a number of criteria, namely, the state's need with regards to Government and NGOs responsibility, registration under the Societies Registration Act, competency in and familiarity with the issue of sex selective abortions, the project design, implementation plan, monitoring mechanisms and budget and sustainability strategies. Additionally, each NGO underwent a reference check involving formal and informal networks while a letter of recommendation was also required from their respective State Governments.

Following a meticulous selection process, 32 NGOs from 11 states were selected for funding. The partner agencies would be implementing the projects in the proposed area for two years, starting from May 2009-2011.

### ***Orientation Workshops***

From the period June, 2009 to August, 2009, WPC project team conducted 9 orientation workshops for all the partner agencies, which were also attended by the UNFPA official. The schedule of the workshops is given below:-

Date	Place	State from where the implementing partners have attended the workshop
8-9 June, 2009	Jaipur	Rajasthan
11-12 June, 2009	Patna	Bihar
15-16 June, 2009	Ahmedabad	Gujarat
30 June-1 July, 2009	Chandigarh	Himachal Pradesh
1-2 July, 2009	Chandigarh	Punjab and Haryana
13 July, 2009	Mumbai	Maharashtra
17-18 July, 2009	Bhubaneswar	Orissa
20-21 July, 2009	Lucknow	Uttar Pradesh and Uttarakhand
30 July, 2009	Delhi	New Delhi

During these workshops, the participants were briefed of the project background and partners shared their respective implementation plans. One of the lead partner agencies or an expert from each of the state presented the status of the issue. Some of them also captured the work done by the civil society and government on the said issue. The issue and its various aspects like; causes, consequences, PCPNDT Act and action points, were discussed with the partners. The orientation workshops were a good opportunity to understand the areas required to be addressed internally by the project staff /consultant. The partner agencies also shared the areas where they need assistance and the kind of information they need from the nodal agency.

The workshops were attended by the concerned government officials who shared the initiative taken up by the Government in respective states. The workshops turned out to be a good interface between the Government and the implementing partners. The officials assured the involvement of the partner agencies in the district advisory committees either by giving them a chance to attend the meetings or be a member of the committee. As a result 7 organizations became members of the district advisory committee.

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

- Lobbying and advocacy at the State and National levels
- Building capacity of the existing and new groups to take up this issue
- Creating a network of civil society organizations
- Institutionalizing the process for sustainable interventions (Community Mobilization)

### ***Overview of Interventions undertaken***

#### ***At the national level by WPC***

As part of the advocacy efforts by WPC and its partners various activities were undertaken such as the State Level Advocacy Workshops, meeting with the government officials and policy makers etc.

At the national level, WPC has been actively discussing the issue and the PCPNDT Act at any event organized in either New Delhi or in other states guaranteed to generate a large audience. Information regarding the project and the issue was also sent periodically through the WPC newsletter, while communication material is distributed among the organizations 2000 members. WPC Executive Director was a part of the 5 member delegation, which presented a petition raising concern regarding the declining child sex-ratio and the urgent action for the effective implementation of PC&PNDT Act, to the Rajya Sabha Committee

WPC's project team had been advocating with state governments to allow representatives from the selected IPs to serve as either members or special invitees in the state/district level advisory committees.

At the State level advocacy workshops were conducted in Bihar, Gujarat, Orissa, Maharashtra, Uttarakhand and Haryana, in order to enhance communication between NGOs, media and the concerned government officials. In two states Maharashtra and Uttarakhand the advocacy workshop focused on alliance building as there were NGOs representing each district in the state. This platform was used to circulate a format to each one of them to get information/data that would be collated and used to put pressure on the Government for effective implementation of the Act. In the last quarter of the project the lead agency in both these states presented the

compiled data in as state-level meeting. The network in Maharashtra would also be meeting the concerned health minister and chief minister in this regard. In the Uttarakhand workshop participants took the responsibilities for the grass root level intervention while discussing about role of VOs and civil society. It was also decided that the status and data on PC & PNDT act would be collected on district level and status document will be developed and shared with government at the state level.

Keeping in view one of the objectives of the project, IEC materials were collected from nearly 17 partner agencies. WPC project staff categorized the types of material and short listed a few on the basis of the accuracy of the content, visuals, relevance, technical quality etc. The screening at this level was done to shortlist the ones which could have been of any use with little appropriations. A consultant was engaged who assessed the shortlisted material on the basis of its strengths and limitations. The content of the selected posters would be mixed/ adapted for more impact and would result in the development of two posters. These posters has been annexed as C

From the films that were collected, 'No country for young girls' was selected and with support from a consulting agency and a resource kit has been prepared. The kit includes a facilitator's guide and action points for various stakeholders. This kit is being annexed at D and would be disseminated to the partner NGOs and other organizations working on this issue. The kit and posters would also be distributed to WPC's network members and agencies working on the issue of gender and sex-selection.

### *At the state level by the implementing partners*

#### **Bihar:**

In Bihar, WPC implemented the project with five partners covering 198 Villages in 15 blocks often districts. The five implementing partners were; Gramin Evam Nagar Vikas Parishad, Jan Jagran Sansthan, NIRDESH, Jayprabha Gram Vikas Mandal and ADITHI. Adithi worked with two other sub partners Nari Nidhi & Purwa who implemented the project in two of the three districts. Earlier to this project the partners have been working on gender and believe that empowerment of women is important to be able to see changes in the communities. They have had previous experience of working on the same issue or on Reproductive and Child Health, Trafficking, etc some partners worked in the same field area and some of them entered new areas to implement this project.

The main stakeholders involved in the state were Block and district, State level officials, Doctors, hospitals and Ultrasound Center owners, Frontline workers like ANMs, ASHAs, AWWs, Health workers, SHGs, Panchayati Raj Institutions, including Sarpanch and members,

Students and youth groups Other NGOs covering most of the districts in the state. One of the IPs had the Shadow /Beneficiaries who were are the indirect beneficiaries These beneficiaries are mainly medicine shop owners, tea stall owners, hotel owners, vendors, bus drivers/conductors etc who provide information to the Vigilance Committee Members (VCMs). This group shares information which helps the VCMs to counsel the families and pass the necessary message to the family members.

The activities carried out by these partners during the project period of two years involved capacity building of staff by JGVM and GENVP ; 741 village level awareness programs on the issue of declining child sex ratio and PCPNDT Act reaching out to over 32,000 community members; 28 birth registration camps; 117 Orientation and Capacity Building for the PRIs involving 4350 panchayat members ; 101 Orientation and Capacity Building and review meetings for health workers with 1652 ASHAs, AWWs, ANMs ; 5 district level meeting with the media both electronic and print media with 111 participants; 17 district level advocacy workshop with 1091 participants; 18 Workshops for students/ youth reaching out to about 1000 students; 14 Block level advocacy program with 782 participants; 95 orientation and capacity building of the committees (SHGs, Mahila Shanti Sena, Community based resource groups) formed by the IPs ; 82 Review meetings with the committee members with 1921 participants; one state level advocacy workshop which had participation of Govt. Officials from Health Dept., Civil surgeon, Health Minister, Nodal Officer of PCPNDT, ED of NRHM mission, Program Officer of UNFPA, Principal secretary of rural development, M D of WDC, Representative of International agencies, local NGOs, Advocates; one Alliance Building meeting with 54 NGO representatives from most districts of the state organized by GENVP ; Orientation of MOICs with 28 participants and finally there were about 200 activities related to IEC reaching out to more than 2000 people by all the IPs. Apart from these activities the organizations also had regular interactions with government and NGOs.

### **Impact:**

- During the last two years of project implementation, the impact of the project can be seen at different levels in the state. At the community level with all five IP's regular interaction with the people has brought in high level of awareness in the stakeholders on the issue of declining child sex ratio, sex selective abortions and PCPNDT Act. The ANMs and ASHAs who are the first point of pregnant women have become conscious of their roles in preventing sex selective abortions and UBR. The PRI members understand the process of birth registration and support the members of the community in registering the birth of the child. All these efforts have led to increase in birth registration .The committees that has been formed by the partners be it the SHG groups , CBR groups ,the Mahila Shanti Sena, have taken ownership and are working on this issue on their own with support from the partner organizations when needed.
- As a result of advocacy done by GENVP, the Nodal officer of PCPNDT act in Bihar has realized his responsibility and has also taken initiatives for improving the level of the implementation of

the act. GENVP has done advocacy with the government officials at different levels, as an impact of which, the government officials at different level have started taking initiatives to monitor the activities related to PCPNDT act. At the district level, after the district level advocacy meetings and meeting the CMOs by JGVM, the DAC was formed in Rohtas district and USCs were asked to submit 'F' forms regularly.

- JJS efforts at the district level has resulted in the CMO of Gaya district issuing a notice to all the USCs in Dec 2010, to register themselves or renew the registration.
- Apart from these as a result of the state level advocacy efforts carried out, the state govt. incorporate administrative and policy level suggestions from the project level initiatives. First time in Bihar budget allocations were made for the entire state specifically for monitoring the implementation of PCPNDT Act. All the blocks have received Rs.15000 for awareness creation as well as Rs.10000 for monitoring purposes. Total amount released at the state level is Rs. 14,525,000/-.
- The work with media by all the IPs has resulted in increase in girl child related issue in Newspapers and electronic media.
- With regard to networking a State level Alliance of CSO from 32 districts has been formed to address the issue of decline in child sex ratio. The alliance members have taken initiative to monitor the activities of the committees as well as the ultra sonography centres in their districts. Besides this all the alliance members have also incorporated the issue of PCPNDT act in their ongoing programmes.

### **Orissa:**

WPC implemented the programme with the help of four partners: Sansrishti, VHAI, OMRAH and CARD. The districts covered were Nayagarh, Jagatsinghpur, Cuttack and Khurda. The partners started off the intervention with the existing platforms such as the SHG Federation, network of ASHA, network of Anganwadi workers, Panchayat meeting and popularized the issue at the community at large. CAR also promoted the vigilant group by involving the key leaders of SHG, ASHA, PRI members and Anganwadi workers, youth and community leaders.

The activities that were carried out during the two year project were 128 events of training and capacity building workshops for about 2692 SHG Federation members that includes Phase 1 (Orientation/training workshops), Phase 2 (Refresher trainings); 4 workshops on district level advocacy attended by 320 people that includes the DC, Block health officer, media, NGOs, Nursing home proprietors, etc; block level workshops were organised for 212 health functionaries at block level, CHC medical officer, PHC medical officer and ANMS; 950 community meetings in the villages was organised and attended by 14683 community members; meeting with network members in Gram Panchayat attended by 496 network members; 86 events on sensitization program with adolescents and youth was attended by 420 adolescents boys and girls altogether; 9 family integration programmes were organised attended by 529

family elderly members such as father-in-law, mother-in-law, and elderly women; 33 activities were conducted for sensitization among community opinion leaders attended by 589 PRI members, and Government officials residing at village community leaders; 67 activities were planned for sensitization with PRIs attended by 190 PRI members such as Sarapanch, Naib-Sarapancha ward members, Panchayat Samiti members, etc of 3 GPs; 6 workshops with Gaon Kalyana Smiti was organised by OMRAH (under NRHM programme each village Gaon Kalyana Smiti looks after the entire health plan and programmes of the village. Each committee, the ward member is the chairmen, AWW is, the convener and ANM is the joint account holder of the grant of the scheme) attended by 268 chairman, convener and ANM. 3 members from each committee were sensitized in six batches; 6 events of Mahila Gramasabha was organised and attended by 568 women members of the community including SHGs, women PRIs, etc; 2 exchange programmes with NGOs/CBOs was organised attended by 71 NGOs/CBOs of Cuttack district by OMRAH; 133 programs from forming the group, capacity building to review meeting with 80 members of the vigilant group consisting of 15/17 members (leaders of SHG, elected women, ASHA, youth and community leaders (men) by CARD; 2 district level consultation and coordination meeting with health department, policy makers, judiciary officials and NGOs working on the issue attended by 90 (46 and 44) CDMO, District Collector, members of district advisory committee, Doctor, media people, police, Advocates, NGOs, ASHA, CBOs and representatives of vigilant group members; 144 meetings with block level ASHA network members reaching out to more than 350 ASHA and PHC workers; 3 media workshops attended by more than 45 print and electronic media of the district; 115 meetings with the anganwadi workers and supervisors at Panchayat level attended by 47 anganwadi workers, supervisors and ICDS by CARD; IEC activities such as campaigns, wall writing, street plays etc

### **Impact:**

- The groups formed by the IPs are active and carrying out the awareness not just in the project area of the partners but are moving out to other areas of the district and panchayats.
- Implementation of ICDS and NRHM has been ensured in 5 panchayats of CARD with the pressure of vigilant group and ASHA/Anganwadi workers.
- The PRI members have owned up the issue and are discussing the issue at the panchayat meetings and gram sabhas and taking steps in taking it up at the district and block level administration in case found and irregularities at the health centers both at private and government settings

### **Maharashtra:**

In Maharashtra the project covered 66 villages in Karad, Koregaon, Lanja, Chiplun, Palus, Walwa, Miraj blocks. The partners Vikas Sahyog Pratishthan and Yerala Projects Society

worked with Government officials at block and district levels, Frontline members like ASHAs, AWWs and ANMs, Youth workers, such as Junior College students, Panchayati Raj Institutions including Sarpanch and members, Key persons from villages, Women and Media persons.

The activity carried out by these partners included a state level workshop participated by 35 government officers, doctors, medical officers, ASHA, media representatives, Panchayat Raj representatives, ANM, health officers, NGO representatives, ICDS workers ; 31 meetings on sensitization with college youths attended by 4190 college youth, professors, principal; 3 meetings with media persons attended by 29 media people; 43 community level meetings(village) to share the information about the issue participated by youth, SHG, eligible couples, pregnant women; 2 programmes on orientation of youth leaders attended by 40 youth leaders and ASHA; 2 activities on one day review meeting with these youth leaders attended by 34 youth leaders and ASHA; 48 activities on village level exchange meetings with community through youth leaders attended by 446 youth, SHG, eligible couples, pregnant women; 2 sensitization meetings attended by 13 PRI members; 2 organizing community meetings in each of the village with the support of the PRI members participated by 24 PRI members specially Sarpanch of the village; 1 district level advocacy workshop attended by 39 government officers, doctors, medical officers, ASHA, ANM, health officers, NGO representatives, ICDS workers; 2 awareness meetings conducted with the college youth participated by 457 youth, professors, principal; 1 training of members of district advisory committee members attended by 35 PCPNDT committee members, district advisory committee members; 1 staff capacity building exercise attended by 17 Satara staff; 9 review meeting/stock making/ refresher training with youth leaders attended by 378 youth, ASHA and ANM; 3 block level sensitization meetings with government/ private doctors and medical officer attended by 79 government officers, doctors, medical officers, ASHA, ANM; 4 district level advocacy workshop attended by government officers, doctors, medical officers, ASHA, ANM, health officer, NGO representatives, ICDS workers; 2 sensitizing media and community actors attended by 80 electronic and print media; 7 block level refresher training participated by 316 ASHAs, ANMs and AWWs ;2 advocacy/alliance meeting of CSOs and other experts on PCPNDT Act and provisions attended by 63 CSOs, PCPNDT committee members; 50 community meeting in each of the village with support of PRI leaders attended by 1318 youth, SHG, eligible couples, pregnant women, etc; IEC activities like folk arts, Shahir programme, video shows, etc; 57 sensitization meetings with pregnant women in PHC/ Sub centers quarterly once in 22 villages in presence of SKPs attended by 555 pregnant mothers, 64 ANM, 7 MPWs,468 SKPs and other 66 members.

**Impact:**

- Out of the 290 sonography centers, 35 centers have been sealed as an impact of state level and district level workshops and other activities conducted for spreading awareness in Satara district.

- VSP's dialogues with the health department have enabled the IP to put up health boards indicating the ratio of men and women within the villages. The department has committed that a sex ratio board will be put up in the village using the Rs.50, 000 health fund available for the same.
- SPANDAN Key Persons (SKP) have been formed by Yerala which will be addressing the issue by themselves even once the project is over.

### **Rajasthan:**

WPC is working with 5 partners in Rajasthan covering 12 districts. All these partners had prior experience of working on the issue of sex selection with support from other donors and were familiar with the nuances of interacting with the community and authorities. Some districts in Rajasthan have very low sex ratios as the state is known for its patriarchal values which are reflected through various socio-cultural practices followed. The interventions planned by IPs were primarily targeted at changing the mindsets, age old customs and motivating community to establishing the dignity of girl child. The efforts have been worthwhile and very encouraging.

The work that was done by the IPs during the project period is: community mobilization on situational analysis for the rural communities and group, PRI members, religious leaders and government functionaries, medical professionals; workshop on sensitization for PRI members attended by 134 PRI members; 21 capacity building of service providers attended by 846 ASHA, Sahayoginis, Anganwadi workers, ANMS; capacity building of youth groups attended by 50 youth from each block; 12 college seminars attended by 959 youth; also meetings in school and colleges with 10 such activities in Jaisalmer, 30 in Hanumangarh, 22 in Ganganagar, 13 in Alwar, 23 in Jhunjhunu attended by teachers, professors, lecturers, Vihaan personnel. . A dialogue for the dignity of the girl child in Ganganagar participated by 125 law students, professors, lecturers. 3 meetings with youth groups attended by 354 youths; Mahila Pakhwada ( a campaign in schools) with 26 such activities in Jaisalmer, 28 in Hanumangarh, 31 in Ganganagar, 7 in Alwar and 6 in Jhujhunu participated by 4247, 5518, 4992, 1815, 1566 teachers, vihaan personnel in each state respectively; 18 activities of school awareness programmes attended by 978 students; 9 follow up meeting with PRI members attended by 292 PRI members; 30 such meetings in Jaisalmer, 48 in Hanumangarh, 44 in Ganganagar, 42 in Alwar, 47 in Jhunjhunu; 2 follow up meeting with service providers attended by 193 ASHA, Sahayoginis, Anganwadi workers, ANMS and Gram Sachiv; 24 follow up meeting of youth leaders attended by 929 youth; village level leadership program in 4 villages attended by 81 community and women PRI.

Mass mobilization through IEC programmes includes

- 4 sets of posters and pamphlets
- 3 activities of Shrishtri Dayani Samman Samaroh attended by 450 (in each) families with one or two daughters
- District level poster competition and exhibition attended by district level officials, PRI members, service provider and youth group members
- 60 Kala Jatha each in Jaisalmer, Hanumangarh, Ganganagar, Alwar, Jhunjhunu attended by 6731, 15925, 11779, 10989, 12698 CBR Groups, community, children, PRIs, Teachers, AWWs, ANMs, ASHAs in each state respectively.
- 60 each melas cum Kala Jathas in Jaisalmer, Hanumangarh, Ganganagar, Alwar, Jhunjhunu attended by 7251 CBR Groups, community, children, PRIs, Teachers, AWWs, ANMs, ASHAs, VHSC members in Jaisalmer, 5505 in Hanumangarh, 5440 in Ganganagar, 2008 in Alwar, 4617 in Jhunjhunu.
- Health exhibitions 60 each in Jaisalmer, Hanumangarh, Ganganagar, Alwar, Jhunjhunu attended by 7251 CBR Groups, community, children, PRIs, Teachers, AWWs, ANMs, ASHAs, VHSC members in Jaisalmer, 5505 in Hanumangarh, 3200 in Ganganagar, 3662 in Alwar, 5601 in Jhunjhunu.
- 7 rallies in Hanumangarh, 2 in Ganganagar, 1 in Alwar, 3 in Jhunjhunu attended by 750 children and teachers in Hanumangarh, 425 in Ganganagar, 325 in Alwar, 299 in Jhunjhunu as well as one more rally attended by 125 no of people.

Advocacy and networking includes Jan Samvad meeting attended by 350 government officials, service providers, PRIs and community people, media persons and political leaders; Documenting cases of denial health care attended by 36 people; advocacy through WRG (any committee) attended by 22 people; workshop with District Resource team attended by 22 PCPNDT Coordinators, representatives of NGOs, lectures and PRI members;

### **Impact:**

- Peer educators trained by CECODECON in 100 villages of Chaksu and Newai have had many success stories while preventing sex selection and female foeticide. They also promoted female education, vaccination and birth registration.
- The sex ratio in our intervention villages improved from 877 as per the baseline to 927 at the end of the project.
- The Government has recognized the efforts and is involving the IPs personnel in all their activities and they are being recognized at the State level for networking with NGOs and also with Government. The Government has planned to involve the NGOs in inspection in the districts.

### **Himachal Pradesh:**

In Himachal Pradesh, SUTRA was implementing this project in seven blocks from five districts in partnership with other NGOs, who have worked extensively in RCH programmes. The objective of this project was to improve the declining child sex ratio, promote the and *right to abortion*.

Government officials, panchayat members, self help groups, health workers, frontline health workers, pregnant women and families with one or two girl children were the stakeholders involved by the organizations in the state. The strategy of the IP was to make this a Governance issue and form committees in each of the panchayat which would undertake sustained interventions at the community level. Twenty panchayats from each of the targeted seven blocks were identified, where the sex ratio has declined. To steer the agenda forward, *Kanya Bachao Samitis* (KBS) were formed in each Panchayat. KBS have number of men or women, and comprised of representation from Ekal Nari Shakti Sangathan, Mahila Mandals, Self Help Groups, Panchayat members, health workers and anganwadi workers. In each block 60 KBS were formed; 3 KBS per Panchayat.

The number of activities that took place during the project period were: 49 Workshop at PHC level with PRI, Health workers, PHC staff, teachers, members of mahila mandals, members of single women committees with 2552 participants; 490 Mahila Gram Sabhas with 28448 women participants; 2240 meetings with 30762 PRI members and Kanya Bachao Samiti Members; 420 Meeting with the KBS members at ward level; 333 Meetings at the health care sub centers with 3823 health workers; 87 orientation programs for 1808 newly elected panchayat members and 5 district level workshop on the issue with 905 participants.

### **Impact**

- The Panchayats have been made accountable and the ownership has been passed on to them. Now these representatives are approaching to make Mahila Gram Sabha more regular, they have started writing down the sex ratio on the board in panchayat office. Women by taking part in the gram sabha gained a lot of knowledge. They came to know about their rights and duties, about the domestic violence law of 2005 and PCPNDT Act of 1994.
- During the project period a total of 140 panchayats were held. In these 140 panchayats, a total of 339 Mahila Gram Sabha took place in which had a total participation was 19534 and including men.
- All the private ultrasound clinics were sealed and closed down, where ever the crime of sex determination took place in the project area.
- The newly elected PRI members initiated and formed KBS in Gagret panchayat of Una district .
- Some members of the KBS won the Panchayat elections in 2010.

### **Delhi:**

In the state of Delhi, WPC was in partnership with two organizations Action India and Prayatn , whereby Prayatn worked in two districts in South West Delhi and South Delhi covering an approximate population of 67,000 people in four villages Bijwasan, Bhartal, Mahipalpur and Rangpuri. Action India covered most parts of Delhi in terms of its interventions. GRC women, AWW , Health Workers,Community Members including men and women, Panchayat Members, District PCPNDT Advisory Committee, District Authorities, Adolescent Girls and Para Legal Workers were involved in these areas.

The two partners carried out various activities like; 34 Capacity Building and meeting of paralegal workers involving 25 community women; 6 capacity building programs with 126 adolescent girls, 290 community based awareness programs reaching out to 4264 community members; 108 meetings with lactating mothers with 1816 mothers; 102 meeting with GRC with 1590 participants; IEC activities 5+12, 31 awareness programs in schools and colleges, 15 awareness and sensitization of RMP and doctors with 53 of them; 107 meeting of 1193 basti leaders and male community men ; 6 Capacity Building trainings and meetings with 59ASHA,AWWs; 8 capacity building of mahila pachayat members by Prayatn reaching out to about 100 women leaders; Capacity Building trainings and meetings with SHGs; identifying and mobilizing 30 youth volunteers by Prayatn; district level advocacy meeting on the implementation of the PCPNDT act in Delhi with 156 participants; 12 beti utsav, apart from these major activities International Girl Child Day was celebrated by Action India and Prayatn. Both the organizations have individual community women, ASHA, AWWs, taking up cases and counseling women and couples to promote the birth of girl children. As part of the DAC, Action India has been able to regulate the functioning if the committee as per the act. With the advocacy done by the organization, the DAC now takes stringent action if form 'F' or other papers are not in place rather then just send notice. Also now the IP's presence is a must for the DAC to go on monitoring visits to the USCs.

### **Gujarat:**

As part of this project WPC has more or less covered the whole of the state with three IPs; CHETNA, SWATI and Young Citizen of India Charitable Trust (YCICT). The stakeholders as part of this project were Health Department –State of Gujarat,NGOs, Panchayat Members, Youth Groups /networks, District PCPNDT Advisory Committee, District Authorities, Adolescent Girls, Para Legal Workers, Community Women and Men, Social, religious and political leaders and SHG Leaders.

The activities carried out by Gujarat IPs are 8 capacity building workshops with 354 people; a range meetings numbering to 332 covering 7389 people, including ASHA workers, ANMs, students, gram panchayat members etc.; 48 awareness workshops involving 3801 people; 47 campaigns with 7755 people; district level advocacy meetings were carried out by CHETNA and YCI. All the IPs have made efforts to reach out to youth through campaigns, meetings etc. For example, CHETNA has been working with Nehru Yuva Kendra (NYK), National Service

Scheme (NSS) and National Cadet Corps (NCC). All IPs in Gujarat have also reached out to media, either through meetings, orientation workshops and/or inviting press to each of the IPs' activities carried out under the project. CHETNA also conducted a state level workshop with government officials.

**Impact:**

- All 3 IPs made efforts to reach out to government officials and involve them in the project's activities.
- All 3 IPs reached out to community members to spread awareness, facilitate change in attitude and to mobilize support in favour of the girl child.
- YCI and SWATI have become successful in institutionalizing the issue in Gram Panchayats, such as placing the issue on the Gram Panchayat's agenda (SWATI) and ensuring that the Birth and Death Registration Act is followed (YCI).
- All the IPs reached out to include youth in the issue and steps were taken in this regard, such as, collaborating with/reaching out to NSS programmes.
- North Gujarat University included this issue as a core issue in the NSS programme.

**Punjab:**

WPC was implementing the project with the help of three implementing partners in the state of Punjab: Advancement of Rural People and Natural Resources (ARPAN), VHAP and Ekatra, who covered four districts and four blocks. The stakeholders who were part of the project were PRIs, AWWs, Mahila Mandals, SHGs, Youth, Community Members, Community Health Volunteers (CHVs) and District Level Officials.

The activities carried out by the IPs during the project period were: situational analysis and research; 12 formation and training activities of 55 support staff, peer educators; one state level advocacy workshop with 29 participants; 2 district level coordination meeting with 65 participants; 12 village level meetings with 45 ASHA, AWWs, eligible couples etc; 110 sensitization meeting and capacity building workshops with the 85 health workers, AWWs, parents etc; IEC activities such as rallies, wall writing, street plays; 27 focus group discussions with adolescents and gram sabha members; 12 orientation with the youth groups; 6 advocacy meeting with para medical officials of the district ; 1 training of NGOs and alliance bodies for registration of the district ; Sensitization meetings with village level workers like ASHA,AWWs, Mahila Mandal ; 1 Meeting with the PRIs; 1 Sate Level Experience Sharing workshop; 1 Alliance Building Workshop; 82 birth registration camps; 18 awareness camps for adolescents; 111 community meetings reaching out to 4359 community members; 223 meeting with the

committees for med by the IPs Girl Child Protection Committees (Arpan) with 1574 members and CBR groups with ; 23 sessions with NCC and NSS students; meeting with religious leaders.

**Impact:**

- After the advocacy workshops and meetings with Health Department, Education Department, Rural Development Department, Social Welfare Department etc and discuss about the data of sex ratio in area they also started awareness activities and involve ARPAN workers in their activities.
- Health Department started raids on Ultra Sound Centers and legal action is taken against faulty Ultra Sound Centers with the advocacy work done by VHAP and Arpan.
- Ekatra has been successful in forming CBR Groups and train a battery of volunteers (CHVs). Formation of CBR Groups has organized some of the important community members who can sustain this campaign with the help of inputs from NGOs.

**Uttar Pradesh:**

In UP Shramik Bharti and Tarun Chetna were the implementing partners covering about 61 villages in Kanpur and Pratapgarh. The partners are working at district, block and village levels with Panchayati Raj Institutions, ASHA, AWW and LMP members, other influential members of the community, Community Based Organizations and NGO members.

The activities by the two partners in the state were; Formation of SHGs which involved 477 women in the work area, their capacity building to take up the issue etc; formation and capacity building of 15 youth groups by Tarun Chetna; 392 community level meetings reaching out to 3653 community members; 13 meetings with 1271 ASHA,AWWs, ANMs,RMP,LMP ; 5 meetings with about 120 PRI members; 13 district coordination meetings with participation of 442 people; 8 college seminars reaching out to 1900 students; 8 birth registration camps, 95 IEC activities which constituted theater, radio programs, wall painting, rallies; 2 Media Advocacy workshop with 115 media representatives; 2 oath ceremony involving 210 community members; 6 capacity building and meetings with the committees formed by the IPs (Sanjeevani Saheli by Shramik Bharati and BCC by Tarun Chetna) which includes 495 members; 40 Tehsil and Panchayat Level Meeting with 855 participants and 2 meetings with NCC/NSS youth by Tarun Chetna.

**Impact:**

- Advocacy with the media by Tarun Chetna has been very effective as the media has taken up the issue seriously and are ensuring that the message is spread through them.

- Tarun Chetna has formed committee at the district level with NGOs, Professors, Media representatives etc whose role is to take up the issue at the state level and pressurize government to work towards improving the situation in the state and the district.
- The organization head of TC has filled RTI seeking information on the implementation of the PCPNDT Act in the state, which is an ongoing activity for them even after the project has got over. Advocacy at the state level has earned Tarun Chetna support of the officials in the health department.

### **Uttarakhand:**

WPC was implementing the project in partnership with Rural Litigation Enlightenment Kendra (RLEK) in the state of Uttarakhand. RLEK has been carrying out community mobilization, district level advocacy and forming issue based alliances. The project was implemented in 23 villages of two districts: Dehradun and Haridwar. The IP carried out the project by involving and targeting various stakeholders at block, district and state levels including PRI members, Youth Groups, Community members, Frontline health workers.

The activities carried out by RLEK during the project period involved, 2 one-day orientation workshops for EWRs, which saw the attendance of 120 ASHAs and ANMs; formation of youth resource group comprising of 20 people; 16 community meetings by youth groups covering 312 participants; 2 sensitization workshops with media persons reaching out to 125 personnel; 3 district level advocacy meetings covering 183 SHGs, EWRs, youth and the wider-community; 32 refresher trainings of the village-level community, reaching out to 764 EWRs, ANMs/ASHAs and SHG members; 4 reviews of village level committees covering 110 EWRs, ANMs/ASHAs and SHG members; 20 Panchayat level trainings were carried out, covering 65 EWRs; 21 training and sensitization meetings were carried out with health workers, such as 310 ANMs/ASHAs and TBAs; 70 village level sensitization meetings, covering 2111 people in the community; 4 strengthening of District Coordination Committee, comprising of 80 EWRs, committee members and youth; 15 college seminars reaching out to 1210 college youth; 5 birth registration camps reaching out to 1445 members of the community; 10 interschool sessions covering 850 youth; 5 nukkad natak, reaching out to 350 youth and other community members.

### **Impact:**

- The state government has started taking appropriate steps as a result of which many of the unregistered ultrasound centers have been registered and a number of clinics have closed down.

- The youth was tapped into as a part of this project and sensitized to the situation
- A strong force of stakeholders has been developed through capacity building of media personnel and women's groups in the PRI to work as a pressure group at the grassroots level
- Mobilization of social support in favor of the girl child, promoting the value of girl children and equal treatment of and opportunities for girls

### **Haryana:**

The Implementing Partners working with WPC within the state of Haryana were, Haryana Nav Yuvak Kala Sangam (HNYKS), Center for Social Research (CSR) and PRIA covering four districts of the state. The IPs involved Elected representatives of PRIs/ULBs, AWWs, Mahila Mandals, SHGs, Health Care Authorities, Youth/ Students, Members of Sakshar Mahila Samuha (SMS) and Women & Adolescent Girls.

The activities carried out by these partners during the project period involved, 421 gender sensitization training and PCPNDT Act orientation, including a college session conducted by PRIA, reaching out to 12,225 people, 4 capacity building trainings/workshops covering 311 stakeholders such as, AWW, motivators, cluster members, other trainers etc., 11 District level workshops were conducted, covering 185 people including CMOs, doctors, DV officers, NGO representatives etc., 12 training programs for 462 people including PRIs, ANMs etc., 33 quarterly meetings were conducted by HNYKS and PRIA with 1242 people, 12 campaigns (including rallies and demonstrations) were conducted, reaching out to 471 people, 14 sensitization workshops (PRIA conducted a consultation with the District Advisory committee reaching out to 75 people) were conducted in total for students, District Advisory Committee members and academicians, covering 920 people (including the number of people PRIA reached out to), 47 press briefings took place, involving 75 people, 158 meetings have taken place at the cluster level, covering 2397 people (including cluster leaders), 240 meetings were conducted at the Gram Panchayat level, reaching out to 3298 people, PRIA conducted 2 focus group discussions involving 20 people, an action plan was drawn up involving 10 civil society organization representatives, a seminar was conducted by PRIA on role of academia and sex selection with 88 people, 7 orientation programs involving 825 people, 51 refresher meetings were conducted covering 1532 people, 4 state level experience sharing workshops were conducted by HNYKS involving 275 people, 7 divisional workshops were conducted covering 214 people, 72 community outreach programs were carried out covering 2520 people, including ANMs, PRIs, lawyers etc., CSR also conducted 4 interface program with the community involving 440 members, such as, CMOs, doctors, DV officers etc., CSR conducted 26 Community Watch Group meetings attended by 650 active community members.

### **Impact:**

- All the IPs have made significant strides in enhancing the awareness of the stakeholders and the wider community and mobilizing their support. One of the results of this achievement has been the increasingly frequent celebration of a girl child's birth by the community members.
- A number of stakeholders that the IPs have been working with on this project have become a part of the District Advisory Committees. The IP PRIA has also been invited to become a member of the DAC.
- All IPs have been actively interacting with media personnel, which has led to the urgency of the problem of sex selective abortions gaining momentum. (For example, the DAC in Somepat has decided to invite media persons to their bi-monthly meetings).
- Through PRIA's efforts, a district level monitoring group has been formed with the inclusion of various stakeholders, such as PRIA's cluster members, representatives of the District Advisory Committee, CBOs, health workers etc.
- PRIA's efforts have led to the formation of a strong women's coalition group in the villages and wards. They also belong to Sakshar Mahila Samooh, Mahila Mandal, SHGs etc.
- CSR's continuous dialogue with the state level officials has led t the uncooperative Kurukshetra CMO to be transferred out of the district. The new CMO is more responsive to the issue.
- The State Nodal Officer has released a sum of Rs. 20,000 to each PNDDT Committee to create awareness on the issue.

## **PROJECT MANAGEMENT**

During the monitoring and assessment visits the strategies were reworked and the efforts were more concentrated. The organizations which had not worked (previous to this project) on this issue in a focused manner were very ambitious in the beginning and selected a wider target area. However, after 3 months the IPs realized that it is difficult to complete the planned activities in such a large area, which would make getting a desired impact near impossible. E.g; Yerala Project Society started the project in 100 villages and activities were limited to working with pregnant women or women visiting the PHC. Later, during the monitoring visits the target area was downsized to 22 villages with lowest child sex ratio. Additionally, the action plan was revised, thereby involving more stakeholders. The IP later worked with PRIs and formed CBR groups under the name of Spandan key persons (Spandan is the name of the project) who work as change agents. One of the other major activities they took up was training of front line health workers. Vikas Sahyog Pratishthan, started with 25 villages in four different districts which were more than 200 km away from their head office. Hence, it was difficult to undertake the activities,

especially in the absence of a local coordinator. Later they worked in 50 villages in 2 districts. Given below is the categorization of the NGOs as per the work experience.

	Organization who have addressed this issue in a project mode/focused manner for the first time under this project (set A)	Organizations who have previous experience of working on this (set B)
Gujarat	Young Citizen of India	SWATI, CHETNA
Haryana		HNYKS, PRIA and CSR
Rajasthan		CECODECON, ECAT, Jatan Sansthan, SURE and VIHAAN
HP		SUTRA
Maharsashtra	Vikas Sahyog Pratishthan (VSP), Yerala Project Society(YPS)	
UP		Tarun Chetna, Shramik Bharati
Uttarakhand	RLEK	
Bihar	JGVM, Jan Jagran Sansthan	NIRDESH, Adithi and GENVP
Delhi	Prayatn	Action India
Punjab	ARPAN	Ekatra and VHAP
Orissa	CARD, OMRAH	VHAI-Aparajita, Sansristi

It was noticed that for set B organizations also had sensitization and awareness programmes but in the first work plan itself they talked about formation of task forces and CBR groups. E.g; VIHAAN formed CBR groups , SUTRA- Kanya Bachao Samiti, PRIA- formed clusters, SWATI- task forces; their approach was more of awareness to action. However all these organizations were good with community mobilization but weren't doing effective advocacy with the government. For some of the organizations like CHETNA, SUTRA, ADITHI and VIHAAN, networking came naturally, therefore they implemented the project in partnership with other NGOs, mentoring and training them to take up issue at the community level. The action plan for all the partners was revised twice during the project period so as to take it to the next level. The advocacy component was missing in case of most of the NGOs in the first action plan. Set A organizations were addressing the issue like any livelihood or education project, which is more to do with imparting skill or knowledge but not expecting any action after that. During the project cycle they realized the need for taking up other women's issues, as well, such as, cases of domestic violence, discussing pregnant women's health, registration of birth and death etc. For both set of organizations the activities pertaining to tracking of pregnancy, birth and death registration of children came in after M & E tools were introduced in the first year of the project. Set B organizations, while they engaged with community in the first year only they

had also started leveraging on the existing structures like use VHSC, PRI, NSS etc. and for set A organization this was second level. More or less all the NGOs except SUTRA, started using the data (sex disaggregated data of children born in the village, studying in schools) for relating it to the issue in the second year of the project life cycle. E.g; VSP, YPS, SWATI, YCI started displaying the data on the walls of Panchayat Bhawan. Media was used by them to get coverage of the events/ workshops organized by NGOs or when a foetus was found dead. But later they realized the importance of covering stories of local woman achievers or who challenged stereotypes.

With Set B organizations the efforts were focused right from the beginning. Set A organization had to start the project with rallies, wall writing because in their target area the issue had never been talked about but for set B rallies were not required. Nukkad nataks were not encouraged in the beginning as it was being organized as an event. But later taken up because that was a good medium to collect people and effective one to convey the message. However the subsequent discussions were strategized. The IPs were assisted in writing the script. E.g; kala jathas performed during VIHAAN's community meeting. Organization's facilitator would sum up the programme in the end so that take away for all the audience is same, and take feedback from the audience.

Experience sharing workshops were organized twice in the PLC which turned out to be a useful platform where the partners collectively addressed the constraints in implementing the project and worked out mechanisms towards accomplishing the common goal. M & E tools were introduced during the workshop and strategies for effective communication were also discussed.

During the Project Life Cycle (PLC) the contract of the partner NGOs was extended thrice and simultaneously the work plans were revised. The work plans of each of the partner agencies were finalized in consultation with WPC which were mainly in response to the need of that area and strength of the organization. In some cases the target area was downsized at the time of renewal of the contract and activities were planned in a manner that made the efforts more focused. At the beginning of the project, one round of orientation workshop was held in each state for the respective partner agencies. The issue; its causes, consequences and PCPNDT Act were discussed with the partners. The work plan, mechanism to address the issue with the stakeholders and gauging the interim impact were discussed during the workshops.

As per the finalized work plans, the installments were released to all the selected NGOs on quarterly basis. In case of Bhartiya Association of Rural development (BARD), an IP from Uttar Pradesh, the contract has been terminated w.e.f from April, 2010 on the basis of information received from a reliable source that this organization has been blacklisted which was later confirmed in writing by the Director NGO Cell. With PRIA, an organization implementing the project in Haryana the contract was signed up to December, 2010 as they expressed their inability in continuing the project beyond this year as the organization was winding up its other

activities in the target area. The agreement was signed only on the condition that they would complete all the activities as per the initial proposal which received sanction.

### ***Monitoring and Evaluation***

Monitoring visits to all the organizations were undertaken at least twice in the PLC. The focus of these visits was to draw up a plan to consolidate the activities each of the partners had undertaken along with ensuring effective implementation of the Act and mainstreaming the issue with other projects/ activities that they have worked on in the last quarter. It has been observed that most of them are doing well in building awareness within the community, have had sensitization meetings and trainings with peer leaders and front line health workers. However, it was felt that there was need to evolve a holistic approach to evoke community to action in stopping discriminatory practices. Thus during the visits in case of some partners the work plans were re-strategized for effective implementation of the activities with the community and also taking up issue with the Government. The accounts team visited Sutra in Himachal Pradesh, HNYKS in Haryana, VIHAAN in Rajasthan and VSP in Maharashtra for financial review of organizational internal controls.

A mid-term baseline survey was conducted in the target areas covered by 14<sup>1</sup> partner organizations, through which the data regarding the birth, death of any child and marriage registration was collected. The aim of baseline and endline data collection is to check the increase in these, e.g. birth, marriage, pregnancy and death registration as a result of the project activities. Where validation of data is possible, whether proportion of actual figures captured in official data have increased or not will be seen. E.g. If at the baseline 60% of births were registered and this became 80% at the endline, then there is an improvement. The quarterly data collection in between will point towards the trend. Pregnancy tracking will also allow the community to know unregistered pregnancies and birth outcomes. Official data collection from the Panchayat and other offices will be done only for the end-line, once the base-line is completed. All the partners were also collecting information as per the PCPNDT tool, which contains data about the number of meetings of the district advisory committee held in the reference period, cases registered if any and action taken etc, in the covered area. The report of the house hold survey has been annexed at E. The baseline survey was useful in a way that the partners started using current data in the community meetings to discuss the child sex ratio. The findings of the baseline survey revealed that the community had not been proactively registering the birth and death of the child which were later included in the agenda of the meetings. Household survey was administered by 14 partners, who covered nearly 2 lac households. Through the survey, information has been collected on birth, marriage and pregnancy registration from each of the households in the target area. A report of the base-line survey has also been

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<sup>1</sup> JJS,JGVM & Nirdesh in Bihar, YCI in Gujarat, HNYKS in Haryana, CARD,OMRAH & Sansristi in Orissa, Arpan in Punjab, Jatan Sansthan, Vihaan & CECODECON in Rajasthan, Tarun Chetna & Shramik Bharati in UP.

prepared which gives analysis of the data collected by the said organizations. The report only draws comparison between the statistical data available with the Government and the data collected, to assess the situation in current scenario. A filled in tool about the status of implementation of the PCPNDT Act has been received from 27 IPs, the analysis of which is being annexed at F.

### ***On site capacity building of the partner agencies***

WPC project team had undertaken monitoring visits for assessing the work being done at the ground level by the NGOs and also by the consultants engaged by UNFPA. Each of the partner agencies were assessed on their performance and were classified into three categories as strong, moderate and weak. Twenty one partner agencies which were rated moderate and weak were further evaluated by consultants engaged by UNFPA and some of its officials. The assessment reports highlighted that although the partners were implementing programmes as per the work plan but it was observed that there were certain areas that required re-strategizing the interventions for the programmes to have lasting impact in the targeted areas. Compliance from the partners was sought by the WPC team on the action that the partners intend to take against the areas of concerns pointed out in the assessment. However, there was a felt need to make a provision for inputs from an expert. In response to that, a plan for building capacities of these agencies was developed. The chief functionaries of the strong partners' organizations like, VIHAAN, SUTRA and CHETNA and some experts like Varsha Deshpande and Dr. Neelam Singh, were engaged to visit each of these organizations and give inputs specific to their requirement. The partners who only required some re-strategizing in their activities were assisted by the WPC team.

These consultants engaged for giving specific inputs to not so strong partners were the experts working on this issue and key people from those partner agencies who have a considerable experience of working with the community. They assisted the respective project staff in re-strategizing the project activities so as to consolidate the gains that could be made from the project and mainstream the issue in their existing programmes.

The Capacity Building Report submitted by the Consultants and feedback from the IPs has been supported by Annex G.

The partners visited by WPC staff in Orissa and Uttar Pradesh, were asked to focus their efforts with limited stakeholders, who have the potential of keeping the issue alive even after the project phases out. For example the organizations whose target area is limited only to a few villages in one or two of one district in the state and are doing sensitization meetings with college students, have been asked to work with NSS or NYKs and their project officers, so that it becomes a part of their village adoption curriculum/programme. It was stressed that while they are working with community and frontline health workers, they should also be working with Panchayats and medical officer in-charges at the block level to fix accountability.

A training workshop on the provisions of the PCPNDT Act and mechanism for extracting information from the community and then advocating with the Government for effective implementation of the Act, was organized for all the partner agencies in Bihar. Formats have been developed for collecting pertinent data was developed which would be collated and presented during the state-level workshop due to be held in March, 2011.

### ***Documentation***

WPC with help of an expert has also put together a process document which would be a complete narration of the programme implemented by each of the partner agencies. This would give an insight into implementation experiences, concepts, plans, strategies, learning's etc. Another consultant has been engaged who would be documenting the lessons learnt and experiences gained during the PLC. The first draft of both the documents is ready and would be finalized by the mid of June, 2011.

A lot of interventions have taken place at the field level, which are also bringing about some change in the behavioral patterns of the people. These would be recorded in the form of case studies. In response to the format sent out to the partners for recording the case studies or best practices, 28 NGOs have sent 94 case studies. What came out predominantly from the partners were heroic success stories of individual and group efforts of task forces and/community based response groups, using persuasion, group pressure and counseling to convince the pregnant woman to carry on with her pregnancy and later celebrating the birth of the new born girl child in the PHC, panchayat and other formal/informal community platforms. As the response of the implementing partners was to see the case study mainly as an opportunity to show case the success of community mobilizer's abilities for effecting 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 of the project partners, so as to go beyond the immediate results of measuring success by counting the number of 'cases' that didn't go for sex selection and provide insights into the lessons learnt for application in future. Based on the discussions, a consensus was arrived between the executing agency, the consultant for documentation and UNFPA to revise the scope of inquiry of the case study documentation to write it as a lesson learnt document with some of the key criterion being the same as for developing a best practice documentation which included looking at the efficiency and effectiveness of the initiative, innovativeness, ability to lead long term change; having impact on policy environment; replicability and sustainability.

### **Major Outcomes of the project**

As a part of advocacy efforts by the partners, non-functional state supervisory board in Uttarakhand was reconstituted. In Bihar, form F is being submitted more regularly to the office of Dir (H & FW) and the partner agency, GENVP has been instrumental in compiling the information sent by the districts. The project staff during the visit to Bihar, met the Director (H & FW) and in-charge PCPNDT Cell, formed under State Health Society to urge upon convergence between these departments for effective implementation of the Act in the state. The names of the partner organizations from the state were shared with Incharge, PCPNDT cell for inclusion in their resource group which is likely to be formed in next year in each district.

In Maharashtra, one of the partners; Vikas Sahyog Pratishtan, has been able to improve its advocacy efforts with the Government. Despite not being a part of the District Advisory Committee (DAC), they have been able to arrange for training of its members and conduct meetings in the recent past. The consultant assisted them with inputs specific to improving the efficacy of their community mobilization component. They have been asked to substantiate their discussions with the community with relevant data. It should further be linked with other important aspects of violence against women and neglect of a woman or girl child's health, which can be shown through IMR and MMR. To bring in community ownership ASHAs and Panchayat leaders should become important actors in the campaign, and each village should display data that reflects treatment accorded to the girl children in that area. The other organization; Yerala Project Society, whose community programmes are fine has been asked to strengthen its advocacy efforts. The mechanism and formats developed for the partners in Bihar were shared with them to enable them to work on similar lines.

Additionally, efforts were made to take up a role which is beyond just being a pressure group where the network members become resource person for the government.

In case of Tarun Chetna other measures were adopted, such as, the network (formed at district level) members were asked to file RTIs for seeking information related to implementation of the Act. As a result of which the matter of monitoring and registration of US clinics is being taken up seriously. GENVP in Bihar has been able to evoke the interest of media and MLAs after the successful organizing of a state level workshop in collaboration with legislative assembly members.

Twelve IPs <sup>2</sup>are members of District Advisory Committee and two<sup>3</sup> of State Supervisory Board. In one of the districts in Uttar Pradesh, the IP has formed a district level coordination committee, which has membership from all non-government sectors. This committee acts as a pressure group. As a result of this, meetings are being held quite regularly. State-level advocacy

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<sup>2</sup> Ekatra in Punjab, Action India in Delhi, CECODECON, Vihaan and Jatan Sansthan in Rajasthan, JGVM, Adithi & GENVP in Bihar, HNYKS in Haryana, OMRAH in Orissa, Tarun Chetna in UP, YCI in Gujarat, Jatan Sansthan in Rajasthan.

<sup>3</sup> RLEK in UK and Adithi in Bihar

workshops were organized in 7 states in the project period, however a formal state level network on this issue has been formed in four states; Maharashtra, Gujarat, Bihar and Uttarakhand. All the IPs have conducted advocacy workshops in their respective districts which have been an interface between government, civil society, media, experts etc.

Steering committee/core groups were formed in each of those states where there are three or more number of partner NGOs, with the objective of working towards mainstreaming the issue in other programmes run by the Government, complement its efforts in monitoring the implementation of PCPNDT Act and building capacities of the stakeholders. In the state of Rajasthan a committee/core group has been formed under the chairmanship of the Director (RCH), Govt. of Rajasthan, which comprises of officials from UNFPA state office, WPC and two other funding agencies, namely International Foundation for Electoral Systems (IFES) and Centre for Advocacy and Research (CFAR), which are giving grants to NGOs for the said issue in this state. This group had been very effective in ensuring that there is no duplicity of efforts by any of the agency. The committee provided opportunities for the members to give inputs in the state PIP and influence budget allocation with respect to this issue. The process of formation of a steering committee was initiated in the states of Gujarat and Orissa. Due to the transfer of Secretary, (Women & Child), Gujarat and Director General (H& FW), Orissa, the matter was not taken up.

CHETNA, GENVP and HNYKS have managed to form issue-based networks in the respective states, with representation from each district. Besides collecting data on the implementation of the Act and presenting it to the state governments, not much has been done in this area. In other places, during the state level advocacy workshops NGOs from various districts have participated bringing on board the experiences/knowledge about the issue but did not get into evidence building for advocating with the state authorities.

List of Partners under WPC-UNFPA Project  
2008-2011

SI. No.	Sate	Partner Organization	District Covered	Block Covered
1.	Bihar	1. Adithi	Vaihsali, Muzzafarpur and Motihari	Bhagwanpur ,Kurhani, Banjariya
		2. Gramin Evam Nagar Vikas Mandal	Patna	Daniawan, Phulwarisharif
		3. Jan Jagran Sansthan	Gaya, Nalanda and Jehanabad	Asthawan, Manpur and Modanganj
		4. Jayprabha Gram Vikas Mandal	Rohtas and Bhojpur	Rohats, Tilothu,Sasaram, Shahpur and Bitiya
		5. NIRDESH	East Champaran	Motihari & Bankatwa
2.	New Delhi	6. Prayatn	South West and South	Ohkla, Vasant Vihar and Najafgargh
		7. Action India	South,North, NorthEast, East District, South West,North West, South	
3.	Gujarat	8. Chetna		
		9. Swati	Surendranagar and	Halvad, Dhrangadhra

			Patan	
		10. The Young Citizens Charitable Trust of India	Mehsana	Mehsana, Vishnagar and Unhja
4.	Haryana	11. Centre for Social Research	Kurukshetra and Ambala	Ambala Cantt and Thaneswar
		12. Haryana Nav Yuvak Kala Sangam	Rohtak	Lakhan Majra, Meham and Rohtak
		13. PRIA	Sonipat	
5.	Himachal Pradesh	14. SUTRA	Una, Mandi, Kangra, Solan and Sirmor	Una, Gagret, Darang, Chontda, Bejnath, Nalkhanda and Panwata Sahib
6.	Maharashtra	15. Vikas Sahyog Pratishthan	Satara and Ratnagiri	Chiplun, Ratnagiri, Koregaon and Karad
		16. Yerala Project Society	Sangli	Miraj, Walwa and Palus
7.	Orissa	17. Orissa Institute of Medical Research and Health Services	Cuttack	Nischintakoli
		18. Sansristi	Nayagarh	Nayagarh 2 GPs :Badapandusara and Sinduria
		19. VHAI	Jagatsinghpur	Kujanga

		20. Centre for Action Research	Khorda	Tangi
8.	Punjab	21. ARPAN	Roopnagar	Anandpur Sahib and Tehsil Nangal
		22. Voluntary Health Association, Punjab	Fatehgargh and Patiala	Sirhind, Khera and Rajpura
		23. Ekatra	Tarn Taran	Tarn Taran
9.	Rajasthan	24. CECODECON	Jaipur, Tonk	Chaksu, Niwai
		25. Ecat Bodhgram	Naguar	Kachuman
		26. Jatan Sansthan	Rajasamand	Rajasamand and Railmagra
		27. Society for Uplift Rural Economy		
		28. Vihaan	Jaisalmer, Hanumangarh, Ganganagar, Alwar and Jhunjhunu	Jaisalmer and Sam, Hanumangarh, Ganganagar, Kotkasim and Surajgarh
10.	Uttar Pradesh	29. Bhartiya Association for Rural Development	-----	
		30. Shramik Bharti	Kanpur Nagar	Bidhnu
		31. Tarun Chetana Sansthan	Pratapgarh	PATTI
11.	Uttarakhand	32. Rural Litigation and Entitlement Kendra	Dehradun, Haridwar	Vikasnagar, Kalsi, Laksar and Bahadrabad

