



GAINS & GAPS

ICPD + 15: A CIVIL SOCIETY REVIEW IN INDIA

BACKGROUND

The International Conference on Population and Development (ICPD, Cairo 1994) marked a watershed in the understanding of population and development issues. This led to integration of population issues into all development planning, policies and programmes. It not only endorsed the idea of rights based approaches in health through the adoption of the concept of 'reproductive rights' but also attempted to do away with the earlier "population explosion rhetoric", and included sustainable development, along with the need to look at varied populations – the indigenous, the disabled, migrants, children, the elderly etc. The ICPD Programme of Action (PoA) also highlighted the need for male responsibility along with the empowerment of women, and mentioned sexual health.

In India, the years immediately following the Cairo (ICPD) and Beijing (Fourth World Conference for Women, Beijing 1995) Conferences saw a slew of progressive social sector policy making. The National Population Policy (2000), the National Policy for the Empowerment of Women (2001) and the National Youth Policy (2003) addressed issues identified as crucial during these international deliberations. Soon after ICPD, the target approach was done away with at national level. It also led to the questioning of coercive population policies in many states. Along-with introduction of some measures for dealing with reproductive tract and sexually transmitted infections, some concern has been shown for adolescent health as well. Of late maternal health, after languishing in long years of neglect, emerged as a primary policy agenda. The health system after remaining chronically under-funded has received some injection of additional public resources in recent years. However the last 15 years have also seen the continuation of many older challenges. Vertical health programmes continue to garner support, fragment our health system and challenge an integrated approach to community health. Inadequate technical arguments and bio-medical analyses continue to prevail over a more integrated social determinants' perspective. And despite the rhetoric of gender sensitive, high quality and inclusive health services little has found expression in action.

The year 2009 marks an important milestone in the journey of actualizing reproductive health and rights; it is fifteen years since ICPD; six years from the MDG and ICPD goals which are to be met in 2015; and midway in the NRHM which culminates in 2012. In November 2008 a preliminary consultation was organized on Gains & Gaps - ICPD+15: A Civil Society Review in India bringing together diverse organisations and networks working on women's health including nutrition, maternal health, primary health, women's rights, human rights, dalit rights, young people's health and development, issues of sexuality, transgender and sexual minorities as well as population issues. This meeting underscored the need to revisit the ICPD – PoA and take stock of the gains and gaps as well as emerging challenges in the fields of population and reproductive and sexual health and rights. This shall enable a constructive engagement with the government and call for additional measures to fulfill various health related promises. Also it was felt that there is a need to push the boundaries of conceptual thinking around reproductive health, to have a dialogue on various health issues, and establish linkages with different groups and movements within civil society so as to create synergy. This is particularly important considering that a new national government will also be setting its new agenda this year.



CONCERNS TODAY

The last 15 years have been a period of unprecedented economic growth. However, the health status of the poor and especially that of women continues to be a matter of serious concern. We live in paradoxical times, where economic growth is coupled with hunger deaths and increasing malnutrition among women and children. In the domain of reproductive health India continues to contribute the largest proportion to the global burden of maternal mortality. Access to safe abortion services, an area in which India has been a pioneer in the past, has been compromised. Issues of access (and supplies), quality and informed choice continue to dog the family planning programme. There is continued discomfort in addressing sexual rights and sexual health, with lack of clarity over the need and form of adolescent sexuality education. This has potentially disastrous health consequences for large sections of the population. While HIV and AIDS have rightly been accepted as areas of concern, the programme is vertically driven with little integration with other communicable diseases or reproductive health programmes. There is little acknowledgement of violence against women, severely impacting their health status. Same sex relations continue to be criminalized.

This period has also seen the emergence of new concerns e.g. artificial reproductive technologies, growing needs of adolescent population and needs of the elderly. While there has been some mention of women's vulnerability in policy making, many other socially vulnerable groups like dalits, adivasis, religious minorities, transgender and sexual minorities, remain invisible in the policy domain. Policy-making continues to be influenced by international concerns and agencies and also by corporate sector and commercial interests. The 'for-profit' private sector continues to grow without any regulation and health costs remain an important reason for impoverishment of people. While new schemes to bring women within the ambit of health systems have been floated there are hardly any measures to make the system accountable to the citizens of the country, which is an essential component of a rights based approach.

OBJECTIVES

Keeping the diversity of space, time and stakeholders in mind, the overall objectives of the review process are as follows:

1. To conduct an overview of key gains and challenges that have emerged in the last fifteen years since ICPD in the context of health related policy and programming in India.
2. To initiate advocacy efforts with policymakers, parliamentarians and international organisations
3. To raise awareness among multiple stakeholders about the significance of reproductive and sexual rights in the context of the existing health condition of specific vulnerable groups
4. To identify areas for action for different stakeholders across sectors and regions to realize reproductive and sexual rights of various groups.



Gender equity, social justice, rights approach and quality of care of services will be the underlying principles in this review process.

The review process consists of the following:

A. Reports and Publications –

A comprehensive Report covering the different issues mentioned above, in the context of ICPD indicators, will be prepared by resource persons / experts and organisations involved with the specific issue. It will reflect on the government's stated commitment and civil society advocacy processes and outcome thus outlining the gains and the challenges in meeting the ICPD expectations.

Multilingual Fact Sheets will also be prepared on various themes. These will serve the purpose of informing various stakeholders about the key concerns for advocacy.

B. Consultations / Roundtables -

Series of Regional consultations will be organised to bring together civil society and government representatives to dialogue and debate on laws, policies and programmes in the context of ICPD +15. The regional meetings aim to highlight both the regional concerns as well as cross cutting themes. There will also be thematic round tables organized on issues that require consensus building between different stakeholders. The process will culminate in a multi-stakeholder, multi-theme National meeting.

C. Communication and Advocacy

A proactive communication and advocacy strategy will be adopted to reach out, inform and receive feedback from multiple stakeholders about the issues and concerns. In addition to print media, web enabled services such as a web site and list-servs will be utilised to make available relevant material from national and international sources. Additionally, media advocacy will be done through media briefings, identification of appropriate stories, press releases and so on.

D. Networking and Partnerships

The success of this overall process will depend to a great extent on the nature of partnerships and relationships that will be built with the different stakeholders – both government and civil society. We also wish to initiate a process of dialogue among various people's movements on these issues.



STEERING COMMITTEE

A steering committee has been formed to plan and execute the ideas. The secretariat is housed at Centre for Health & Social Justice (CHSJ).

Members:

- » Abhijit Das – Director, Centre for Health and Social Justice (CHSJ), New Delhi
- » Anjali Gopalan – Executive Director, Naz Foundation (India) Trust, New Delhi
- » Anuradha Kapoor – Director, Swayam, Kolkata
- » Indu Capoor – Founder Director, Centre for Health, Education, Training and Nutrition Awareness (CHETNA), Ahmedabad
- » Jashodhara Dasgupta – Co-ordinator, SAHAYOG, New Delhi
- » Jaya Sharma – Founder Member, Nirantar, New Delhi
- » Jaya Velankar – Consultant, CHSJ, New Delhi
- » Jayeeta Chowdhury – Programme Manager, CHSJ, New Delhi
- » Kousalya – President, Positive Women Network, Chennai
- » Madhu Mehra – Executive Director, Partners for Law in Development, New Delhi
- » Manohar Elavarthi – Founder Member, Aneka, Bangalore
- » Meena Seshu – Director, Sampada Grameen Mahila Sanstha (SANGRAM), Sangli
- » Neha Sood – Member, Youth Coalition, New Delhi
- » Paul Divakar – Convener, National Campaign for Dalit Human Rights (NCDHR), New Delhi
- » Renu Khanna - Founder Member, Society for Health Alternatives (SAHAJ), Vadodara & Common Health
- » Sreekala M.G. – Executive Director, North - East Network, New Delhi
- » Subhash Mendhapurkar - Director, Social Upliftment through Rural Action (SUTRA), Shimla
- » Sudipta Mukhopadhyay - Project Manager, Advocacy & Communications Program, Population Foundation of India (PFI), New Delhi
- » Sundari Ravindran - Founder Member, Rural Women Social Education Centre, Tamil Nadu (RUWSEC), Trivandrum
- » Suneeta Dhar – Secretary and Director, Jagori, New Delhi
- » Vandana Prasad – National Co-ordination Committee Member, Jan Swasthya Abhiyan (JSA), New Delhi



We invite you to join and support this effort. Anyone who believes in principles of human rights, and in democracy, equality, justice and inclusivity is welcome to join us. Please write to us: icpd15sect@gmail.com

HOW YOU CAN CONTRIBUTE:

You can participate in our events.

You can co-organise events on theme of your interest.

You can dovetail your events with our review process. In case your planned event is related to the ICPD Review related themes, the Steering Committee will be more than willing to offer support.

SECRETARIAT:

Gains and Gaps - ICPD + 15: A Civil Society Review in India

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