

# NATIONAL REPORT 2024

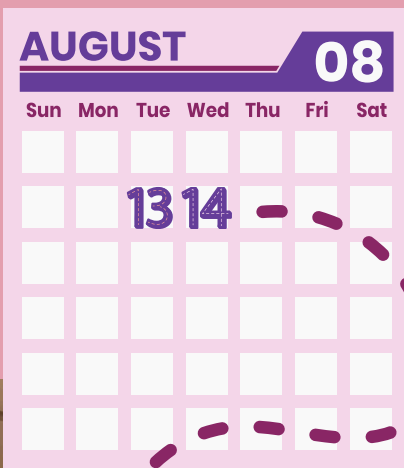




# About ARC (Advocating Reproductive Choices)

ARC is a coalition of over 100 civil society organizations constituted in 2005 to forge a rights-based approach to sexual and reproductive health (SRH) and family planning (FP), focusing on enabling individuals to exercise their bodily autonomy.

The secretariat is currently held by The YP Foundation, which oversees the affairs of the coalition in consultation with the core committee and general body members. Besides national general body members, ARC has its members in five states, namely- Bihar, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh.



Members of ARC during National Consultation in New Delhi

# BACKGROUND

ARC organized 3 regional consultations with 72 civil society organisations from 5 states in June 2024 to map sexual and reproductive (SRH) challenges and status of current policies/programmes across Bihar, Jharkhand, Madhya Pradesh, Uttar Pradesh, and Rajasthan.



Insights from these consultations were discussed during the National Consultation in August 2024 at New Delhi. Through a series of dialogues a roadmap was developed with the members to guide the process to deepen SRH movement in India focusing on the inclusion of youth and marginalized communities in the coming years.



The consultation witnessed the participation of 107 civil society representatives from the coalition to analyze the strengths, challenges, and opportunities of SRH & FP programs in their respective geographies. Drawing from their diverse experiences in the field, we collaboratively discussed the potential strategies to address the identified gaps as a coalition.

# KEY FINDINGS

A significant lack of Information, Education, Communication (IEC) resources/activities addressing SRH issues in vernacular languages, which impacts the access to services and information for individuals, particularly from the marginalized and indigenous communities. Different geographical locations and cultural norms across communities influence the SRH needs of individuals, posing a dire need for localized approaches.

Stigma, biases and preconceived notions among healthcare workers and providers at the community level often restricts access to appropriate SRHR information and services by young people.

Current programs and policies often lack gender-affirmative language and approaches, which restricts meaningful engagement and participation of LGBTQIA+ communities.



The mandates of the POCSO Act, while aimed at protecting children, often hinder adolescents in consensual relationships from accessing SRHR services due to legal and social barriers.

BASKET OF CHOICES

GENDER-TRANSFORMATIVE  
ACCESSIBILITY  
FUNDING  
INCLUSIVE





NOTHING ABOUT US,  
WITHOUT US!





# POLICY RECOMMENDATIONS

1

Integrate a curriculum-based Comprehensive Sexuality Education (CSE) program in the School Health and Wellness Programme (SHWP) that promotes a positive attitude towards SRH. This program can help young people practice bodily autonomy, foster safe and healthy relationships, consent, and make informed decisions about their sexual and reproductive health.

2

Design and implement demographic based policies and programmes to cater to specific needs around FP

3

Promote state-specific policies and programs tailored to the needs of gender minorities (LGBTQIA+), enhancing their right to access to SRH services.

4

Sensitize media institutions to communicate accurate SRH information to address myths and misconceptions.



5

Conduct periodic training workshops to build health service providers' perspectives on SRH through Public-Private Partnerships (PPP).

6

Ensure that IEC materials and Social Behaviour Change Communication (SBCC) activities are in local languages.

7

Strengthen the monitoring mechanism at state/district levels for effective implementation of MPV programmes.

8

Foster convergence with Panchayati Raj Institutions to address SRHR needs and implement hyper-localization of services according to the specific communities they cover.

9

Leverage digital platforms to enhance community level engagement around SRH services, build capacities among young people on bodily autonomy, consensual relationships and SRHR.



# WAY FORWARD

Support the state departments in conducting social audits to create inclusive, context-specific SRHR programs.

Document and disseminate best practices and high impact solutions to strengthen the implementation of SRH programs.

Support the health departments in conducting training programs and support the development and review of training and IEC materials to enhance community-level engagement with youth and adolescent champions including RKSK Peer Educators and SHWP Health & Wellness Messengers.

Aid in enhancing the inter-departmental convergence at the community level to improve accessibility to SRH services by young people, gender diverse individuals & individuals from Particularly Vulnerable Tribal Groups (PVTGs).



# ARC'S ASPIRATIONS FOR ADVANCING SRHR

Sensitization of  
Media along with  
expansion of IEC in  
vernacular  
languages

Meaningful  
engagement of  
young people in  
decision making  
spaces related to  
SRH programs

Integration of curriculum  
based Comprehensive  
Sexuality Education (CSE)  
with National Education  
Policy (NEP)

Adoption of Gender  
Transformative  
approaches in the  
training of health care  
providers to ensure non-  
judgemental service  
delivery

Hyperlocalization  
of IEC

Implementation of Public-  
Private Partnerships model  
for effective supply chain  
management of SRH  
commodities

Direct  
involvement of  
LGBTQ+  
community in  
the SRH  
initiatives

Promotion of community accountability mechanisms  
through strengthened Mahila Arogya Samiti (MAS),  
Rogi Kalyan Samiti (RKS) and Village Health  
Sanitation Nutrition Committees (VHSNC)





# KEY REFLECTIONS



*"A girl's life trajectory can be profoundly affected if it becomes known that she has engaged in or discussed sex education. This could lead to her being denied access to education, which, in turn, may result in early marriage and have serious negative consequences for her future"- **Diksha, Youth Representative***

*"The needs of the tribal population are distinct. Many individuals in my Santhal Community may not know how to use a condom because they cannot read the packaging. Therefore, it is crucial to prioritize education and livelihood improvements before addressing SRH issues."- **Nirmala, Ayo Aidari Trust***



*"We must consider the needs of people in relation to their time and place. For example, while yesterday I needed a particular method of contraception, that need may change. Therefore, hyper-localizing is essential."- **Medha Gandhi, Health and Gender Expert***

*"There have been reforms in the law regarding privacy, dignity and sexual autonomy: the court's have given progressive judgements, which directly impact marginalized communities (sex workers, people living with HIV) these judgements have opened closed doors. The Supreme Court in recent times has used the word pregnant person rather than pregnant woman. The word reproduction is often used in binary terms, however, this is the first time when the spectrum has been visibilised"- **Silvester Merchant, IPPF***



*"Which segments of the population have access to digital spaces and are they aware of the language around SRH? Marginalized communities often face institutional discrimination in these spaces." – **Arti, Love Matters***



# ACKNOWLEDGEMENT

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Illustrated by  
**Ipsita Divedi**

To Join ARC coalition, Scan the QR Code:



**YP** the yp foundation  
feminist • intersectional • rights-based