



## **SAFE ABORTION ADVOCACY INSTITUTE FOR YOUTH CHAMPIONS**

**Asia Safe Abortion Partnership (ASAP)**

**28<sup>th</sup> to 30<sup>th</sup> November, 2016**

**Grant Medical College, Mumbai, India**



## **Introduction**

The Asia Safe Abortion Partnership (ASAP) was formed in March 2008. The organization's goal is "To promote, protect and advance women's sexual and reproductive rights and health in Asia by reducing unsafe abortion and its complications, by promoting access to comprehensive safe abortion services."

## **Objectives Of The Institute**

1. To create a community of trained and sensitized **youth champions** who have an understanding of access to safe abortion as a gender and sexual and reproductive rights, as well as human rights issue.
2. To facilitate the utilization of **social media** and other community level networking and communication by the youth champions through capacity building and ongoing mentoring.
3. To support the **ongoing engagement** of the youth champions, within and outside their community to ensure implementation of the above strategies in order to advocate effectively for improved access to safe abortion services, including medical abortion.

The alumni will be facilitated to emerge as a community with a strong voice on this discourse at local, national and regional levels and to engage with the issues on an on-going basis through the online network as well as through participation in relevant meetings.

# Day 1

## Session 1: Understanding Gender And Patriarchy And It's Linkages With Safe Abortion Issues

**Manisha Gupte** conducted the first session on gender, patriarchy and the need for feminism. She is the founder of MASUM, an organization working towards welfare and development of women in Pune, she's equipped with a PhD in Sociology. The session was centered around explaining the participants the difference between gender and sex, and how gender is primarily a social construct forced upon us via means of patriarchy, which leads to gross inequalities in everyday life, some which we never even perceive.

Manisha Gupte started out by explaining how we unknowingly develop these gender biases. From birth, we expect girls to sit indoors and play while we send the boys out explore, which influences ones personality, behavior etc.

Hence, stating that social differences between the two sexes are many more than actual biological differences. She then moved onto the taboo that surrounds gender, ie. masculinity and femininity. We discussed how society shames masculine behavior in females, and to a more amplified aspect, feminine behavior in men. Eg: Girls playing any sport, guys picking up a doll to play with, men cooking, women having a higher pay check than men.

Manisha Gupte then took on the topic of patriarchy; she explained how it's the root cause of genderism and a means of distributing property and power to males. Women are seen as objects, which produce babies. A question is always raised when a woman doesn't have a child. Public patriarchy leads to injustice towards women when they face crimes such as domestic violence. Patriarchy is like a tree, where the leaves do all the work and resemble the females, identify the tree.

She then introduced the participants to ideological dominance (also called hegemony), which is the concept of oppressing an individual, using ideologies of the oppressors, which they consider to be the perfect/ an ideal scenario. She explained

how it all boiled down to the male ego and its need to oppress the female counterpart for one specific reason: Motherhood is a necessity whereas fatherhood is uncertain. Hence for a man to be certain that it's his child, he must oppress the women, which is the basis of Patriarchy.

She ended the session by explaining how caste and religion too play a critical role in establishing patriarchy within society, quoting Dr. Ambedkar, "Caste is endogamy, and endogamy is caste". Many concepts were tough for everybody to grasp but Manisha Gupta, using her vast experience and day-to-day examples helped clarify many of those misconceptions.



## **Session 2: Human Rights, Sexual and Reproductive Rights.**

Also conducted by **Manisha Gupte**, this session was aimed at educating the participants about human rights. They are rights we have, simply because we are born human, and they exist universally. The Universal Declaration of **Human Rights** is a declaration adopted by the United Nations General Assembly on **10 December 1948**. Till date however, gross human right violations occur all over the world. She explained how there is a link between human rights and the governance patterns, whether it be democracy or dictatorship. The question raised was, 'If our government provides us with every necessity such as food, education, health care etc, do we have a right to complain? Do we have a right to vote against this government if all of our basic needs are being looked after?'

## **Session 3: Values Clarification And Case Studies**

Next session of Values Clarification was taken by YCs **Harshal Rawtani** and **Shwetangi Shinde**. Participants were asked to stand in a neutral space. Statements were displayed on the screen and they were asked to move to either sides of the space giving two ground agreement or disagreement. The statements were extremely controversial such as sex workers cannot be raped, women with HIV have the right to reproduce, poor couples have the right to give birth to a child, sex determination must be a reproductive right etc. For some of the statements, participants found it extremely difficult to pick a side. They also brought out many interesting arguments.

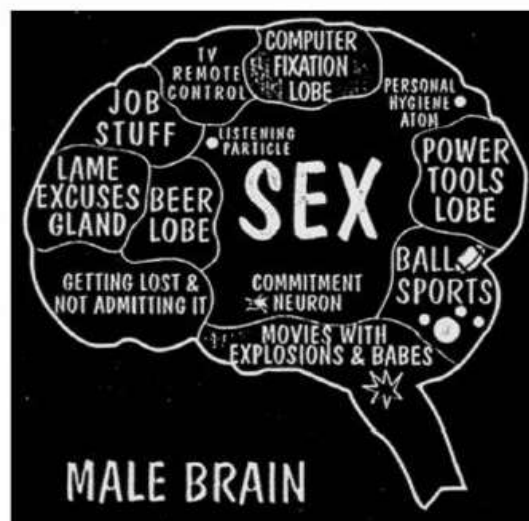
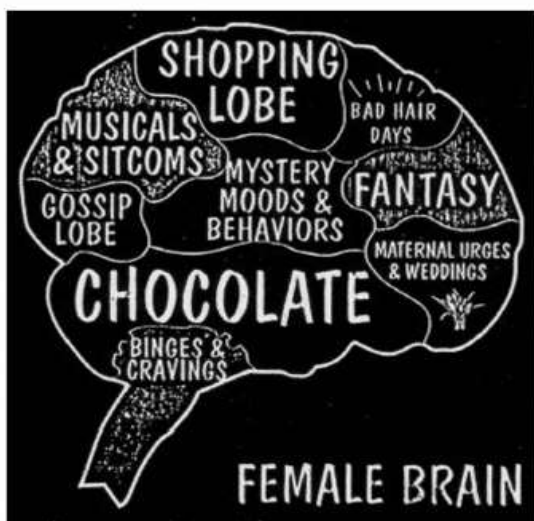
For instance, the statement 'Women with HIV/AIDS should not have babies' being in favor would be denying the woman her right to choose, but being against of it would be jeopardizing the child's health and wellbeing. Participants brought out many interesting arguments. It provided them with a platform to practice voicing their opinion on such sensitive issues.





## Gender And Sexism In Mass Media

A session on gender and sexism in mass media was conducted by one of the YCs **Avi Harisingani**. Participants were shown advertisements to show them how over generalization of roles and characters leads to gender stereotyping which ultimately leads to sexism. Women on screen, drinking or smoking are looked down upon by society. Sexist and body shaming advertisements discriminate and are also often derogatory to women.



## **DAY 2**

The day started with a feedback session, everyone was asked to share one new thing that they had learnt the previous day. The responses received were:

1. The concept of gender and sex being different from each other.
2. Understanding that buying stereotypical gifts can also affect the life of the child (story of Munna and Munni narrated by Manisha Gupte Ma'am)
3. Legal laws regarding sexuality example only peno-vaginal sex being legal.
4. Human, sexual and reproductive rights.
5. Difference between Human and Basic Rights.
6. The concept of hegemony.
7. Discussion on some of the points covered during the value clarification session.

### **Session 4: Reproduction, Contraception And Safe Abortion**

The session on reproduction, contraception and safe abortion was taken by **Dr. Suchitra Dalvie**. It began with understanding the sexual behavior in humans. Essentially, animals have sex for reproduction whereas human beings have sex for pleasure as well reproduction, thus comes in the important role of contraception.

The necessity of contraception was explained for instance, reproductive years for a woman are approximately from 15 years to 45 years of age thus, contraception is a necessity.

Later, Dr. Suchitra asked one of the participants to draw the female and male anatomy methods on the board and state various methods of contraception. The participants were informed about the gender bias even in contraceptive methods ie. the number of tubectomy performed is much more than vasectomy. Vasectomy is a much safer procedure but due to social and cultural myths regarding it, males do not undergo the procedure.



This was followed by a brief session on menstrual cycle by YC **Meghna Gangopadhyay**. The different phases of menstrual cycle, the role of hormones and the time period when pregnancy is more likely on the basis of the viability of sperm and ovum was explained.



Situations where women might want to undergo abortion were discussed, after which Dr. Suchitra explained the methods of safe abortion. Medical and surgical methods were discussed in detail along with advantages of medical abortion over surgical. Former being non-invasive, less costly and privacy could also be maintained. We discussed the case of Brazil, where misoprostol was initially used for later stages of gastric ulcer and the drug stated “Not to be used in pregnancy”, but due to the desperate conditions for seeking abortion, women started using it as a drug of choice to terminate their pregnancy and were successful.



## Session 5: Abortion laws in Asia

A session by **Dr. Shilpa Shroff** on the various laws regarding abortion around the world, in Asia and then in India, followed this session. She spoke at length about MTP and PCPNDT Acts; the way these Acts are mixed up and various doubts regarding them were solved. We even came across many facts like:

1. Canada is the only country which provides abortion as a medical procedure whereas the abortion procedure is controlled by laws in all other countries.
2. Till 10 years ago, Nepal criminalized abortion and women were even put in jail. After realizing the maternal mortality due to unsafe abortion they have liberalized access to safe abortion. Women can now access a safe abortion till 12 weeks without having to give any reason. After that a doctor needs to confirm.

Hong Kong is the only country where a minor can ask for abortion without being much questioned.



## Activity: Real Life Scenarios

The activity Real Life Scenario was conducted by YC **Riti Sanghvi**. Participants were divided into 4 groups with each team consisting of 5 members. The participants were presented with 5 different scenarios of women wanting abortion in a country where abortion is banned. Each team had to prioritize 3 women who they thought deserved abortion, as the President was willing to make some exceptions to the country's abortion laws.

All the teams came up with similar answers, providing justification for their choices which was followed by a discussion. They would opt for a woman who either had a genetically abnormal fetus, or already has had 3 or 4 kids but yet would leave out someone who has a social burden to bear. The participants were later explained that there was no definite conclusion to this activity and how we can be discriminative and judgmental by choosing just 3 cases and easily eliminating the other 2 based on our personal view and belief. Dr. Suchitra helped us understand that each and every woman seeking abortion has a right to access it, and we cannot violate her right by denying safe access to abortion.





## Session 6: Ethics in medicine

Following the activity, a session on ethics in medicine was conducted by **Dr. Amar Jesani**. He explained us via examples how values inculcated in us by the cultural norms, society and family affect our thoughts and actions which might lead to discrimination. Some questions asked by him like “Why do we call it black money, why not grey or white? Why is bad always associated with black?” really struck our minds.

A documentary film was shown by him explaining The Lucifer Effect, how it is possible for ordinary, average, even good people to become perpetrators of evil. After watching that film everyone realized the extent, a human can go to when they are in power. It also spoke about heroism, stating, Heroes are ordinary people with extraordinary acts. They act when everyone is passive. These people are sociocentric rather than egocentric.

Link to the video shown:

<https://www.youtube.com/watch?v=OsFEV35tWsg>



## Session 7: Sexual Orientation And Gender Identity

Post-lunch session was taken by **Sumit Pawar**, a former Youth Champion, representing **The Humsafar Trust (HST)**, a community-based organization of self-identified gay men, Hijras and LBT persons in Mumbai since 1994. We were informed how the health care services are not provided to the people belonging to these communities, and how heterosexuals are given preference over them.

The misconception that LGBT can be cured by medication still persists. Despite having 2 to 12 crore people in their community, most people belonging to the Transgender community continue to earn by begging and sex work because of the ignorance and stigma they face in society. People are afraid of sharing their identity.

At the end of the session, we were told about the kind of approach we should have and treat them with respect because regardless of sexual orientation, we are all the same.





## Activity: Powerwalk And Intersectionalities

This innovative and interesting activity was conducted by **Dr. Suchitra Dalvie** along with **Anushka Kale**, one of the Youth Champions. The participants were made to stand in a straight line and were assigned with characters of people like refugees, doctors, people with disabilities, young boys and girls, etc. The facilitators read out a list of questions. If the answer to it was 'YES', as per the character assigned, a step forward was to be taken and if 'NO', the same position was maintained.

Depending on their identity, people with powerful statuses were standing ahead while the vulnerable ones were near the start. This reflected on how society discriminates one individual from another depending on their age, gender, race, religion and so on. So the importance of equality and non-discrimination was highlighted at the end of this activity.





## **Session 8: What Does It Mean To Be Prochoice?**

**Dr. Suchita Dalvie** conducted a session on prochoice and its relation to safe abortion rights. The concept of prochoice was cleared by sharing video clips, images and various stories that have been used on social media as well.

It is clear that we want a society that preaches the provision of choice over forced beliefs. Hence being prochoice doesn't imply being anti-life, it simply means that the person is entitled to their own decision. However, many confuse this very concept leading to a scenario currently faced (described below) wherein the concept has been confused by the certain so called "pro-life" group.

The session also highlighted the important points which are most commonly used during advocating for safe abortion rights. How sex selection affects abortion services also was discussed.

- Although sex selection has been practiced through home remedies and **female infanticide** for hundreds of years, the use of USG followed by an abortion (mostly early 2<sup>nd</sup> trimester) is what has led to campaigns and rhetoric appeals against the abortion procedure.
- This has unfortunately **moved attention away from gender discrimination issues and social cultural patriarchal norms** which are so much more difficult to change or control.

The fact that health care providers play an important and an influential role in providing abortion services also came to notice and therefore, a non-judgmental view should be maintained.



## Session 9: Medical Textbook Analysis

Since, this particular workshop was conducted especially for medical students, medical textbook analysis, a session conducted by **Dr. Suchitra Dalvie along with YCs Nirbha Ghurye and Radhika Ramkrishna**, played a crucial role to provide better understanding of gender and sexism as well as abortion related issues, social stigma and misconceptions regarding the procedures.

The selection of textbooks was done on basis of enquiries from lecturers and medical students regarding commonly used textbooks by undergraduates and postgraduates. Following textbooks were reviewed for gynecology and obstetrics:

- Howkins & Bourne. Shaw's textbook of Gynecology. Twelfth edition. B.I Churchill Livingstone, New Delhi, Reprinted 2002.
- Textbook of obstetrics including Perinatology and Contraception. DC Dutta, Fifth edition 2001. New Central Book Agency (p) Ltd. Calcutta.
- Holland and Brews Manual of Obstetrics. B.I Churchill Livingstone, New Delhi. Editors: Daftary Shirish N., Chakravarti S., Daftary G. Sixteenth edition. 1998, Reprint 2002.

Medical textbooks don't focus on the importance of informed consent and privacy, giving the patient complete information about abortion or contraception.

For example in the sections on examination of women in the Dutta's textbook, there is no mention of how to make a woman comfortable, the need for a chaperone, and explaining to the woman beforehand why and how the examination will be done.

In the section on female sterilisation, only the procedure (how to carry out the surgery) has been described -- there is very little guidance on the content of counselling in terms of irreversibility of procedure, comparison of female and male sterilisation, complications etc.

Providers may carry negative attitudes towards women seeking abortion (e.g. those not accompanied by family members, or out of wedlock), which may act as barrier to



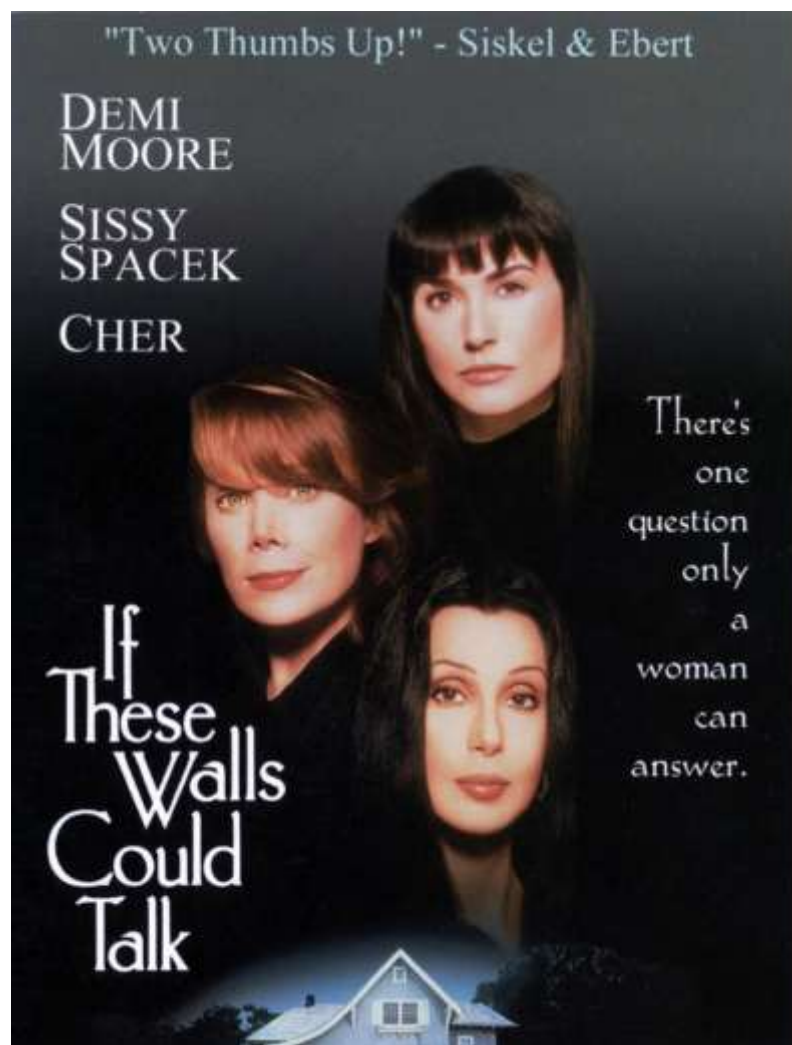
care seeking. Providers need to be sensitive towards special needs of adolescents, for example, their lack of information on aspects related to sexuality and contraception, the difficulty they face in talking to adults on such matters and their financial constraints, which results in delay in care seeking. Medical textbooks need to provide guidance that allows students to acquire appropriate skills in handling adolescents, and assure confidentiality while dealing with all women.

Hence, doctors, who are often the leaders of a team providing services, often carry patriarchal values that influence their professional actions and thereby increase gender inequity. The content and process of medical education has an important role to play in shaping the attitudes and values of doctors.



## Session 10: Film Screening

At the end of the day, the movie **'If These Walls Could Talk'** was screened. The story is about a young widowed nurse, who becomes pregnant by her brother-in-law and decides to undergo an abortion in order not to hurt her late husband's family. However, abortion at the time is strictly illegal. Claire eventually finds another nurse who provides her the phone number of a woman who can find her someone to perform the abortion. The woman on the phone tells Claire that the only trustworthy abortionist she knows is located in Puerto Rico, and Claire cannot afford the travel costs. After a failed attempt to end her pregnancy with a knitting needle, Claire eventually contacts a man who comes to her home and performs a clandestine procedure on her while she lies on top of a kitchen table. Claire finally manages to abort, but dies shortly afterwards due to hemorrhage.





## Day 3

### Recap And Clarification

A brief discussion was had between the participants and **Dr. Shilpa** about the movie “If these walls could talk” shown at the end of Day 2. Everyone agreed with the opinion showed in the movie that abortion is considered a stigma to even mention. Demi Moore, in the film, had to resort to illegal techniques to have the abortion, one of the students mentioned. Another notable point was the absence of any male in the talk regarding the unborn child in the movie, again pointing towards the age old belief that deems an unwanted child a mother’s responsibility and her fault.

### Session 11: Interpersonal Communication

An interactive session conducted by **Dr. Shilpa** and Youth Champion **Shreeya Mashelkar** to open the day. A simple question asked “What is communication?” rewarded with plenty of scattered answers leading to a small talk about how communication works. An activity was initially conducted by the YC, named “Chinese Whispers” where in the students sitting the 2 ends of the participants were given chits to be murmured into the ear of the adjacent person. It ended with two very astounding end statements, hence proving the disadvantage in ear-to-ear communication and a need for mass speech delivery. Another activity was conducted that involved where 2 volunteers were made to sit back to back and one gave instructions to another for drawing and results showed that if the instructions weren’t precise enough, the drawing was never related to what it was supposed to be. Lastly, a third activity was held titled the “mime”, where in initially two volunteers would act out a scene, without speaking, between a woman seeking an abortion and a provider, which 2 other volunteers would have to recreate with words. The eventual approach behind all the interactive sessions was to establish a thought process regarding the concept of direct, effective communication. While face-to-face communication is the most chosen, mass communication is necessary in situations

where the former isn't practical. A follow up discussion on the pros and cons of either also took place followed by various platforms of communication in today's world.

After these very engrossing activities, Dr. Shilpa had a small talk on how social media can be used as the most important platform for advocacy. The details of how Facebook, Twitter, blogs and the ASAP website are used, very actively, was given for better understanding. The top tweets, posts and articles were also shown along with the information about publishing these pieces. The students were offered opportunities to be active on all platforms and help spread the word.





## Session 12: Internet Politics

After a small tea break, a very intriguing session of the working on the internet was held. YC **Suyash Khubchandani** began with a small role-playing exercise where in 5 volunteers were used to explain the working on email. The sender and receiver were assumed to be in different countries, who also had different laws governing abortion. The activity showed how the governing body or any third party can constantly monitor information, believed to be private, in the form of encrypted data or as metadata to be sent across at various levels. This opened the eyes of the participants hence bringing up the subsequent question, "So what now?" Then he went on to explain the need for VPNs, proxies etc. to bypass the possibility of tracing the source of the sender. Dr. Shilpa also added a few points regarding safeguarding of information that could be deemed sensitive in certain regions, which would mean danger for both the person creating the article and the one reading it.





## Session 13: Creating Content

Coming towards a close, **Dr. Suchitra Dalvie** explained how the youth champions work, producing content which contains more than just originality and creativity; how these reflect upon effective communication and the impact over viewers. The participants were then given time pre and post lunch break to think out of the box.

The students came up with some brilliant, witty, artistic and comical pieces to display. A group made a small silent skit about the story of a married woman whose life would have been in danger if the child had been born. Another group created artistic visual pieces, while the group of Youth Champions in the organizing team recreated a popular Hindi song with new lyrics mocking the state of abortion and procurement in India.







## **Closing and Valedictory**

To conclude the 3 day YAI , both **Dr. Suchitra and Shilpa** explained the role and the future as a youth champion. They were also informed about the acquiring of grants for projects and more such YAIs. They handed out certificates and visiting cards to all the new YCs and pictures were captured, smiles exchanged. It had been a different experience for everyone who had entered the hall for the first time, one to remember.



# Annexure 1

## **Agenda**

**Monday 28<sup>th</sup> Nov 12-12:30pm**

Welcome, Introductions and Expectations  
**Suchitra Dalvie**

## **Sessions**

**Day One – Mon 28<sup>th</sup> Nov 2016**

<b> timings</b>	<b>Session</b>	<b>Learning objectives</b>	<b>Methodology</b>
12:30-2:00pm	<b><u>Session 1:</u></b>  Understanding Gender and Patriarchy and its linkages with safe abortion issues	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"><li>• Understand the difference between sex and gender, the social construct of gender and the role of patriarchy in perpetuating the gender inequalities.</li><li>• Understand the cascade effects this has on the differential control over resources and decision-making powers especially with reference to healthcare systems</li></ul>	<b>Manisha Gupte</b>

2:00– 3:30pm	<u>Session 2:</u>  <u>Human rights, sexual and reproductive rights.</u>	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> <li>• Know the definition of sexual and reproductive rights and the linkages with other rights in upholding them.</li> <li>• Understand the significance of the paradigm shift at the ICPD, from demographic goals to individual reproductive rights.</li> <li>• Obtain clarity on the rights based perspective towards safe abortion.</li> </ul>	<b>Manisha Gupte</b>
3:30-3:45 pm	Tea Break	Gender and sexism in mass media	<b>YC Avi Harisingani</b>
3:45-5:00 pm	<u>Session 2:</u>  <u>Values Clarification and Case Studies</u>	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> <li>• Appreciate the impact social ‘values’ can have on individual rights</li> <li>• Understand the nuances of policy interpretations being enabling or disabling</li> <li>• Counter statements made by anti choice groups</li> </ul>	<b>Suchitra Dalvie</b>  <b>Manisha Gupte</b>  <b>YC Harshal Rawtani &amp; YC Shwetangi Shinde leading 2 statements</b>
5:00-5:45 pm		Power walk and intersectionalities	<b>YC Anushka Kale</b>
5:45-8:00 pm	Film screening	(For discussion on day 2)  Dirty dancing	

## Day Two – Tues 29<sup>th</sup> Nov

9:00 – 9:30	Recap and review		
9:30 a.m. -10.30 am	<p><b><u>Session 4:</u></b></p> <p>Basic updates on reproduction, contraception, safe abortion.</p>	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> <li>• Understand how pregnancy occurs and how it can be prevented</li> <li>• Clarify myths and misconceptions around these issues</li> <li>• Explain safe abortion techniques and related concerns in simple language to a layperson</li> </ul>	<p><b>Suchitra Dalvie</b> Participatory session</p> <p><b>YC Meghna Gangopadhyay</b></p>
10.30 – 11.00 am	Tea Break		
11.00 am -12 noon	<p><b><u>Session 5</u> Ethics in Medicine</b></p>	<p>Objective: At the end of this session the participants should understand</p> <ul style="list-style-type: none"> <li>• the role of ethics in medicine</li> <li>• patriarchy in healthcare systems ( and its impact on abortion)</li> </ul>	<p><b>Dr Amar Jesani</b></p>
12-1 pm	<b><u>Session 6</u></b>	SOGI and access to healthcare services	
1.00 pm -1.45 pm	Lunch		



1:45 to 2:45 pm	<b><u>Session 5:</u></b> Abortion laws in Asia:	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> <li>• Understand the implications of the law and its impact on services</li> <li>• Understand the barriers created by laws and practises to safe abortion services</li> <li>• Discuss positive amendments to country laws which would facilitate access.</li> <li>• PCPNDT , MTP, relevance, amendments</li> </ul>	<p><b>Shilpa Shroff</b></p> <p>YC Riti Sanghvi will lead group work</p>
2:45 to 3:15 pm	<b><u>Session 7</u></b>	Critique of articles and publications.	
3:15 pm -4.00 pm	<p><b><u>Session 8:</u></b></p> <p>What does it mean to be prochoice?</p>	<p>Objective: At the end of this session the participants should be able to</p> <ul style="list-style-type: none"> <li>• Advocate for safe abortion as a choice and a right for women ( sex selection as an issue)</li> <li>• Communicate clear messages about pro choice issues via social media and other channels</li> <li>• Being a change agent. Domestic violence, sexual abuse, role of healthcare providers</li> <li>• Role of Subversion</li> </ul>	<b>Suchitra Dalvie</b>
4:00 pm – 4:30 pm	Tea Break		
4.30-5.30 pm		Medical textbook analysis	<b>Suchitra Dalvie</b>

			<b>YCs Nirbha Ghurye and Radhika Ramkrishna</b>
5.30 pm -6.00 pm	Assorted clips:	Discussion next day	<b>YC Nikita Gupta</b>

### Day Three – Wed 30<sup>th</sup> Nov

9:00 – 9:30	Recap and clarifications		
9.30 pm – 10am	Assorted clips:	For discussion immediately afterwards	<b>YC Nikita Gupta</b>
10:00 am – 11.30 am	<b><u>Session 9:</u></b> Interpersonal communication	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> <li>• Understand the communication loop and the importance of message and medium</li> <li>• Using social media for advocacy</li> </ul>	<b>Shilpa Shroff</b>  <b>YC Shreeya Mashelkar</b>
11.30-11.45 am		Tea break	
11.45am – 12.30 pm	<b><u>Session 10</u></b> <b><u>Internet Politics</u></b>	Objective: At the end of this session participants should understand: <ul style="list-style-type: none"> <li>• Politics of the internet</li> </ul> Identify and analyze good campaigns	<b>Shilpa Shroff</b>  <b>YC Suyash Khubchandani</b>

12.30 pm - 1.00 pm	<b><u>Session 11:</u></b> <b><u>Creating Content</u></b>	Objective: At the end of the session participants understand <ul style="list-style-type: none"> <li>• What effective communication entails</li> <li>• How to produce content: curating and creating</li> </ul>	<b>Shilpa Shroff</b>  <b>All YCs will assist</b>
1.00 pm -1.45	Lunch break		
1.45 pm -3.00 p.m.	<b><u>Session 11:</u></b> <b><u>Creating Content</u></b>	Objective: At the end of the session participants understand <ul style="list-style-type: none"> <li>• What effective communication entails</li> <li>• How to produce content: curating and creating</li> </ul>	<b>Shilpa Shroff</b>  <b>All YCs will assist</b>
3.00 – 3.30pm		Tea break	
3.30-4.30 pm		Valedictory and closing	<b>Suchitra Dalvie</b>  <b>Shilpa Shroff</b>

## Annexure 2

### **List of participants:**

Avish Shreyans Parikh  
Bhakti Gade  
Chaitanya Kalra  
Chaitanya Melawane  
Jeshad Todiwalla  
Kahkashan Mumtaz  
Michael Saju  
Nandhini Iyer  
Neha Fogla  
Priyal Mehta  
Prateek Mohapatra  
Raveena Kataria  
Rupali Sachdev  
Shriya Deshmukh  
Soham Virani  
Simran Garg  
Sayuj Mathkar  
Tanmay Jadhav