

Training Module for SLMTs on LSDGs:

Theme 9: Women Friendly Village

*(To achieve gender equality, provide equal opportunities,
empower women and girls in a safe environment)*



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Panchkula, Haryana

Foreword

In our pursuit of sustainable development and the realization of the United Nations' Sustainable Development Goals (SDGs), the localization process plays a pivotal role. It involves careful consideration of thematic targets and indicators at the local level, integrating them into our local planning efforts. The significance of localized SDG targets cannot be overstated, as they serve as guiding beacons for Panchayats in formulating and executing their Gram Panchayat Development Plans (GPDP). The successful implementation of these plans is crucial for achieving the SDGs by the year 2030.

One of the key focus areas under Localisation of SDGs is Theme 9 – Women Friendly Village. This is an important theme that focuses on achieving gender equality, provide equal opportunities, empower women and girls in a safe environment. Advancing gender equality is critical to all areas of a healthy society, from reducing poverty to promoting the health, education, protection and the well-being of girls and boys. Women have achieved significant advancements in diverse areas such as education, health, and employment. Nevertheless, persistent challenges still exist. Various women empowerment schemes and initiatives have been implemented, including Beti Bachao Beti Padhao Scheme, One Stop Centre Scheme, Ujjawala Scheme, and Mahila Shakti Kendras. These programs aim to address the diverse needs of women in difficult circumstances, provide support and resources, and recognise their contributions to society.

As an esteemed apex training institution, the National Institute of Rural Development and Panchayati Raj (NIRDPR) is taking a proactive role in empowering State-level Master Trainers (SLMT) through Training of Trainers (ToT) sessions. The primary objective of these training sessions is to equip Panchayati Raj Institutions (PRIs) with the expertise to meaningfully align GPDPs with SDG targets, fostering effective and impactful local development.

In context of standardizing learning material, we are pleased to present the comprehensive module on Theme 9 – Women Friendly Village, developed by Dr. Pratyusna Patnaik, Centre for Panchayati Raj, Decentralized Planning, and Social Service Delivery (CPRDP&SSD) at NIRDPR. In the module, the Chapter - 3: Maternal and Child Nutrition has been developed by Dr. J. Vanishree, Centre for Gender Studies, NIRDPR. The module is divided into five parts, encompassing the Training design, Learning Material, Frequently Asked Questions, Multiple Choice Questions for pre and post-training evaluation, and links to videos related to the theme.

We are confident that this module will prove to be an invaluable resource for the Faculty of NIRDPR and SIRDPR during the training of Master Trainers on Theme 9 of Localization of SDGs. Together, let us march forward on the path of progress, leaving no village behind, and realizing the vision of a better, inclusive, and sustainable world.

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INDEX

Sl. No	Description	Page No
1	Volume I - Training Design	1
2	Volume II - Learning Material	11
3	Volume III - FAQs	79

VOL I – Training Design

Contents

Sl. No	Description	Page No
1	Introduction	1
2	Localisation of SDGs for achieving Women Friendly Village	3
3	Training Design	4
4	Session Plan	5
5	Training Modules / Training Content	8
6	Training Approach	8
7	Training Methodology	8
8	Conducting the Training Programme	8
9	Guidelines for Training Facilitators	9
10	Assessment and Evaluation	9
11	Annexure - I	10

VOL II – Learning Material

Contents

Sl. No	Description	Page No
1	Chapter 1: Overview on Localising Sustainable Development Goals: National policy for setting targets and indicators	11
2	Chapter 2: Concept and Significance of Women Friendly Village	21
3	Chapter 3: Maternal and Child Nutrition: Role of Gram Panchayats	28
4	Chapter 4: Role of Panchayat in ensuring health services for women and adolescent girls	33
5	Chapter 5: Women's empowerment through programmes and schemes to ensure Women Friendly Village	43
6	Chapter 6: Social protection and enabling provisions for safety of women and girls	51
7	Chapter 7: Gender responsive governance through Mahila Sabha	58
8	Chapter 8: Role of Panchayats in Ensuring Women Friendly Village	64

VOL III - FAQs

Contents

Sl. No	Description	Page No
1	Session 1: Overview on Localising Sustainable Development Goals: National policy for setting targets and indicators	79
2	Session 2: Concept and Significance of Women Friendly Village	81
3	Session 3: Maternal and Child Nutrition: Role of Gram Panchayats	85
4	Session 4: Role of Panchayat in ensuring health services for women and adolescent Girls	87
5	Session 5: Women's empowerment through programmes and schemes to ensure Women Friendly Village	94
6	Session 6: Social protection and enabling provisions for safety of women and girls	96
7	Session 7: Gender responsive governance through Mahila Sabha	100
8	Session 8: Role of Panchayats in Ensuring Women Friendly Village	102



VOL-1: Training Design

Theme 9: Women Friendly Village

1. INTRODUCTION

The Ministry of Panchayati Raj (MoPR), Government of India, has advised that all Capacity Building & Training initiatives for Panchayati Raj Institutions (PRIs) must take place centering on Sustainable Development Goals (SDGs). PRIs being the nearest institutions to villagers are best placed to design and implement locally relevant policies aligned to SDGs. It is expected that PRIs can link the National/State goals and targets with local communities and achieve sustainable development through effective Panchayat Planning, particularly Gram Panchayat Development Plan (GPDP).

The Expert Committee constituted by the MoPR on Localization of SDGs (LSDGs) has recommended the following 9 Thematic Areas along with local targets and indicators which make foundation for vision of PRIs for local level planning. LSDGs would help PRIs to adapt, implement and monitor SDGs in their areas. It is expected that the LSDGs would guide PRIs in formulation of comprehensive GPDP (and also Block Panchayat Development Plan & District Panchayat Development Plan) and, on the other hand, proper implementation of Panchayat Plans will deliver on SDGs.

Theme #	Theme Description	Interlinked SDGs	No. of LIFs
Theme-1	Poverty free and enhanced livelihoods in village	SDGs 1, 2, 8	37
Theme-2	Healthy village	SDGs 2, 3	23
Theme-3	Child friendly village	SDGs 1, 2, 3, 4, 5	85
Theme-4	Water sufficient village	SDGs 6, 15	30
Theme-5	Clean and Green village	SDGs 6, 7, 12, 13, 14, 15	41
Theme-6	Self-sufficient infrastructure in village	SDGs 1, 2, 4, 5, 6, 9, 11	161
Theme-7	Socially secured & Socially Just village	SDGs 1, 2, 5, 10, 16	70
Theme-8	Village with Good Governance	SDGs 16	79
Theme-9	Women Friendly village	SDGs 1,2,3,4,5, 8	51
Total			577

Source: Panchayat Development Index Committee Report, 2023



In collaboration with and support from the MoPR, NIRDPR has made necessary arrangements for conducting Training of State Level Master Trainers (SLMTs) on each of the nine Themes. This ToT for SLMTs will be more activity-based; following the targets set to address Theme-9: Women Friendly Village (Annexure-1), than based on the conventional concept of their orientation by Subject Matter Specialists and Resource Persons. However, based on their own experience of ground realities and perception about social realities in rural areas, the SLMTs will visualize, and help the Trainers down the line to visualize, what PRIs, particularly Gram Panchayats can do to address the various social dimensions in achieving the 'Women Friendly Village' through LSDGs focused Panchayat Plans. The Faculty Members and Resource Persons will provide insight into various best practices to expand the horizon of thoughts and imagination of the SLMTs who will disseminate them to the GP level through Trainers operating at different levels.



सशक्त पंचायत सतत् विकास



2. Localisation of SDGs for achieving Women Friendly Village

Vision of Theme 9: *“To achieve gender equality, provide equal opportunities, empower women and girls in a safe environment”*



This is an important theme that focuses on achieving gender equality, provide equal opportunities, empower women and girls in a safe environment. Gender equality is a fundamental human right and inevitable for a peaceful and sustainable future. The exclusion of women places half of the world's population

outside the realm of opportunity to partner in building prosperous societies and economies. Indian Constitution envisages a discrimination-free nation based on sex, race and caste. It also guarantees women equal access to education, decent work, and representation in political and economic decision-making processes. These rights are vital to democracy, benefit humanity at large and lead to a fairer world. Without ensuring gender equality and equal rights for women, safety and security, social and developmental disparities cannot be eliminated. This theme focuses on ending all kinds of discrimination, improving their inclusion and participation in different areas leading to financial, social and economic empowerment.

The XI schedule of the 73rd amendment of the constitution of India outlines clearly that women and child development are among the 29 subjects transferred to Panchayats. Laws have been framed for providing equal rights to women. There are 21 states and one Union Territory which have made provisions for 50% reservation of seats for women at all levels of Panchayats.

Gender equality is a cross-cutting issue with interlinkages with all 17 SDGs. The 2030 Agenda for Sustainable Development cannot be fully achieved unless gender inequality is addressed. The theme is interconnected to specifically 10 out of the 17 goals. In total 25 targets and 51 indicators have been identified to achieve gender equality, provide equal opportunities, empower women and girls in a safe environment. Hand-holding support from different Ministries and Departments would be provided to the Gram Panchayats to attain the Theme 9: Women Friendly Villages and overall achievement of Sustainable Development Goals.



3. Training Design

Training refers to the systematic formal process of acquisition or learning of job competencies based on knowledge, skills, and attitude that would enhance job performance. Training design is concerned with specifying instructional objectives, sequencing training materials, incorporating learning principles, and identifying effective training methods. The training design for the Theme 9: Women Friendly Village is developed for a Training of Trainers (ToT) of 3 days duration involving interactive lecture method, case studies and videos emphasising on the achievement of them under the Localisation of SDGs.

3.1 Objectives of the ToT Programme:

Ensuring and achieving women friendly villages is the overall training objective. The specific training objectives are given below:

- To understand the plan preparation for achieving women friendly village;
- To understand the significance of gender in development;
- To make aware the issues, schemes pertaining to women's health and nutrition;
- To understand gender equality perspectives in terms of empowerment of women;
- To sensitise the protective mechanisms available for preventing gender-based discrimination and violence;

3.2 Training Content:

- Localising Sustainable Development Goals: National policy for setting targets and indicators
- Concept and Significance of Women Friendly Village
- Maternal and child nutrition
- Role of Panchayat in ensuring health services for women and adolescent girls
- Social protection and enabling provisions for safety of women and girls
- Programmes and schemes to ensure Women Friendly Village
- Empowerment of women and girl children through Mahila Sabha and Bal Sabha
- Role of Panchayats in ensuring Women Friendly Villages

3.3 Duration of the training: ToT for SLMTs of 3 days

3.4 Training methods:

Interactive and participatory methods including interactive lecture, brainstorming, group discussions, guided reading and best practice sharing, cases studies, role plays, group activities, video/audio clips, pre and post training quiz etc.

3.5 Outcomes Expected from the ToT Programme:

It is expected that this residential ToT Programme will enrich the SLMTs with substantial capacity (in terms of knowledge, awareness, attitude, skills and self-confidence) about the rationale and policy of thematic approach to mainstreaming of LSDGs in GPs and other tier of PRIs and issues related to women friendly villages. It is also expected that they will deeply understand their own roles and responsibilities and the tasks to be performed by them including grooming the trainers down the line and developing appropriate learning materials in the local language for multi-level stakeholders.



4. Session Plan

Session	Duration	Session Title	Learning Objectives	Content
Session - 1	45 Minutes	Inauguration of the Training Programme	Introduction and setting the context	1. Registration, Self-Introduction, norms setting and expectations of the participants; 2. Sharing design of the training, its objectives and matching it with the expectations of the participants; 3. Pre-training quiz
Session - 2	60 Minutes	Training Facilitation Skills	Training delivery and skills	Training Methodology, Knowledge, Skills and Attitude
Session - 3	75 Minutes	Overview on Localising Sustainable Development Goals: National policy for setting targets and indicators	1. To provide overview on national policy of LSDGs 2. To make aware about importance of setting targets & indicators	1. Concept of Sustainable Development Goals 2. Role of Panchayats in local development 3. Awareness about LSDGs & Panchayats Targets, NIFs, LIFs and PDI
Session - 4	75 Minutes	Concept and Significance of Women Friendly Village	1.To orient about the thematic approach on women friendly village 2. To discuss key issues related to Theme 9	<ul style="list-style-type: none"> Key elements & Issues related to women friendly villages Importance of localizing SDGs for achieving women friendly village – national policy
Session – 5	75 Minutes	Maternal and Child Nutrition (Targets-8, 9, 10, 11 & 15)	1. Understand key nutritional challenges faced by women and girl children 2. Explain the role and	<ul style="list-style-type: none"> Significance of proper nutrition for women and girl children The importance of Gram Panchayats in



			significance of local government, programmes, including ICDS and Poshan Abhiyan	addressing nutrition issues
Day 2				
-	30 Minutes	Recap of Day 1 learning		
Session - 6	75 Minutes	Role of Panchayat in ensuring health services for women and adolescent girls (Targets – 5,23,24&25)	<ol style="list-style-type: none"> 1. To discuss the dimensions and determinants of health 2. Role of Gram Panchayat (GP) in ensuring good health and well-being in the community 	<ul style="list-style-type: none"> • Understanding dimensions and determinants of health • Role of GP in ensuring access to health and improving health services in villages
Session - 7	60 Minutes	Women's empowerment through programmes and schemes to ensure Women Friendly Village	<ol style="list-style-type: none"> 1. To understand various elements of women's empowerment 2. To discuss various schemes and programmes for planning development of women and adolescents' girls 	<ul style="list-style-type: none"> • Dimensions of empowerment • Key schemes and programmes for development of women and girl child • Adolescent Girls Club
Session - 8	60 Minutes	Social protection and enabling provisions for safety of women and girls (Targets – 1, 2, 3, & 14)	<ol style="list-style-type: none"> 1. To sensitise on gender and gender-based discrimination 2. To make aware about the protective measures for preventing gender-based discrimination and violence 	<ul style="list-style-type: none"> • Gender-based discrimination and harmful practices (Child Marriage, Sex selection, etc.) • Supportive mechanisms for preventing gender-based discrimination and violence



Session – 9	180 Minutes	Group Work and Action Plan preparation on Women Friendly GPDP	1.To facilitate action planning on Women Friendly Village	<ul style="list-style-type: none"> Facilitated by Training Team
Day 3				
-	30 Minutes	Recap of Day 2 learning		
Session – 10	75 Minutes	Gender responsive governance through Mahila Sabha	1. To understand the need for Gender Responsive Governance 2. To make aware about Mahila Sabha and GP-SHG convergence	<ul style="list-style-type: none"> Gender Responsive Governance Mahila Sabha GP-SHG Convergence
Session – 11	60 Minutes	Role of Panchayats in ensuring Women Friendly Villages	1. To orient on role of Panchayats in achieving Women Friendly Village	<ul style="list-style-type: none"> Strategies and action plans for achieving Women Friendly Panchayats
Session - 12	90 Minutes	Group Presentation on Planning for Women Friendly Village	1.To set priorities for preparing indicative women friendly GPDP 2. To prepare strategy for monitoring targets and indicators	<ul style="list-style-type: none"> Model GPDP on Women Friendly Village
Session - 13	60 Minutes	Concluding Remarks and Valediction		Training Team

NB: In the evening of first two days, the SLMTs will work in State-wise small groups, go through the training modules and the learning materials to prepare an Indicative Action Plan for GPDP on achieving Women Friendly Village for the subject discussed based on the Targets (Annexure-1).



5. Training Modules / Training Content

The training module prepared for this theme include Training Design, FAQs, learning material, MCQs and links to reference material and video films.

6. Training Approach

The participants are given basic introduction to the theme and relevance of SDGs to plan for achieving the targets. Local indicators framework enable the Gram Panchayats to understand the programmatic and financial priorities. The targets are placed in a right based frame to prepare GPDP. Each GP has to identify action points related to the theme as suggested by the MoPR for formulating GPDP. Opportunities for reflection and action planning is provided to ensure participants can apply the knowledge and skills gained during the training. The facilitators will employ various strategies and techniques to engage learners to ensure their understanding and retention of the material.

7. Training Methodology

The training methodology will essentially be participatory and interactive, combining various methods like small presentations followed by discussion, brainstorming, experience sharing, group work, case studies, short videos/ films etc. The resource person will facilitate the process of learning through building on existing knowledge and skills of participants. It combines elements of instructional psychology, adult learning principles, and effective communication to deliver impactful training programs. After conducting ToT for SLMTs the respective SIRDPR will take the responsibility for grooming the trainers down the line and developing appropriate learning materials in the local language to suit multi-level stakeholders.

8. Conducting the Training Programme

The training facilitator takes charge of the programme and follows a broad sequence:

- a) Introduce the training programme with overall session plan as per schedule
- b) At each stage of the content delivery adopt an interactive methodology and participatory styles to ensure that , the quality of delivery is not get diluted as it gets cascaded
- c) Begin each sub-session with a predictive question to the participants related to the expected outcome of that sub-session. The indicative questions are given in FAQs which the facilitator can ask, the participants to discuss in groups and note down key points.
- d) Make a brief presentation covering the topic and then the session could be opened for discussion and experience sharing for conceptual clarity on the subject.
- e) Encourage participants to share positive as well as negative experiences from field
- f) While organizing field training to elected representatives on LSDGs certain themes could be delivered in an immersive mode through engagement with a village. This will help the learners absorb a lot of theory naturally, which may not be explored otherwise, as few people spend time with the reading material. Experiential



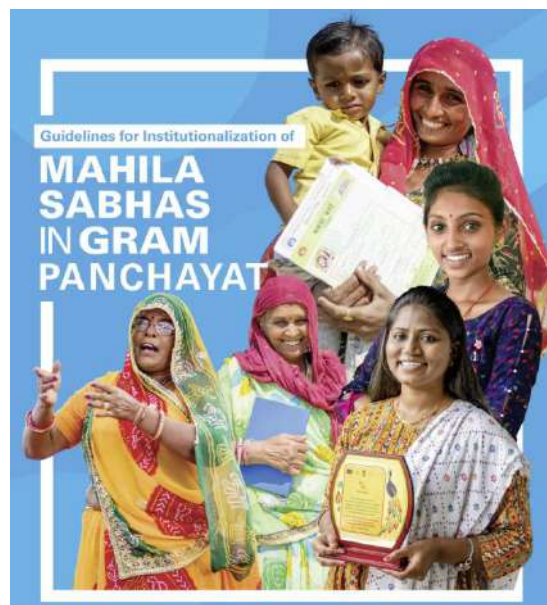
learning/immersive learning would motivate the learners to actually bring out the desired impact on the ground.

- g) Conduct a recapitulation session at the beginning of day 2 & 3 for the participants to reflect on the previous day's learning

9. Guidelines for Training Facilitators:

The facilitators may follow the following guidelines:

- a) Ensure the training arrangements are OK and functional by visiting the training venue in advance
- b) Before commencement of the training session refer to learning material, FAQs and the relevant guidelines on the theme for presenting the subject matter in sequence within the stipulated time
- c) Be proficient and know the subject matter related to the theme. Read widely beyond the information provided in the training module
- d) Where possible share views with co-facilitators or other people conversant with the subject matter
- e) Prepare own power point presentations, and other audio-visual support aids based on the content in each topic .Before commencement of the session ensure that all the training materials are in place and ready to be used
- f) Be prepared to handle any training related problems as they arise in the course of the training.
- g) Minor changes/innovations can be made in the content as per local needs and time-spills etc.
- h) Have a positive attitude about the training, the participants and other co-facilitators.
- i) All the salient points that featured in the previous day's session shall be briefly highlighted before beginning of day session for consolidation of learning.



10. Assessment and Evaluation

The progress of learning of the participants will be assessed by conducting online a pre-test before the beginning of the training program and a post-test at the end to measure participants' knowledge and understanding of the subject matter. Comparing this scores can indicate the progress made during the training.

**Annexure - I**

Targets to be Achieved by PRIs to Address Theme-9: Women Friendly Village	
Target no.	Description of The Targets
1	To reduce crimes against women and girls
2	Ensuring safety of women in public and private spheres
3	Prevent girl Child Marriage
4	Improve participation of women in political, economic activities and participation in community-based organisations
5	To improve to reproductive and sexual health care to women
6	Equal Access to Economic and Natural resource and Financial Services for women
7	Planning and budgeting for the girls and women
8	Ensure quality nutritious food to all girl children aged under five years
9	Facilitate enrolment of girl children, pregnant women and adolescent girls under ICDS
10	Reduce malnutrition among girl children, women.
11	Facilitate the nutritional needs of adolescent girls, pregnant, lactating and older women
12	Increase the income of women
13	Ensure full and productive employment and decent work for women
14	Implement social protection schemes for women.
15	To improve the activities of ICDS programme for girl children
16	To improve the institutional assistance to Senior Citizen women
17	To facilitate banking services to all women
18	Create environment for total enrolment and retention of girl children in school
19	Ensure that all girls complete free, equitable and quality primary and secondary education
20	Ensure that all girls and boys have access to quality early childhood development, care and pre–primary education
21	Ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education
22	Eliminate gender disparity in all levels of education
23	Reduce the maternal mortality ratio
24	End preventable deaths of newborns and girl children under 5 years of age
25	Reduce Girls/Women Suicide Mortality rate



Vol - 2: Learning Material

Theme-9: Women Friendly Village

Chapter - 1: Overview on Localising Sustainable Development Goals: National policy for setting targets and indicators

1. Learning Objectives:

- a) To provide overview on national policy of LSDGs
- b) To make aware about importance of setting targets & indicators for LSDGs
- c) To understand the Targets, National Indicator Frameworks, Local Indicator Frameworks

2. Introduction

In September 2015, the world leaders at an historic UN conference adopted the 17 Sustainable Development (SDGs) with 169 targets, which provided a plan of action for 'people, planet and prosperity' to achieve sustainable development. In the Indian context, sustainable rural development remains the key to achieve the Sustainable Development Goals (SDGs) by 2030. Hence, it is appropriate to highlight that decentralised local government systems of India – the Panchayati Raj Institutions (PRIs) – with their emphasis on inclusive rural development, ensuring social justice and deepening democracy play a significant role in realising the SDGs. The success of these global development agenda lies in its effective institutionalisation at the local and grassroots level, with the active participation of local citizens. It, therefore, becomes essential to highlight the role and the efforts that are to be undertaken by PRIs, which will help in localisation of SDGs.

2.1 Global Agenda of Sustainable Development Goals

The concept of sustainable development was conceived in the 1987 World Conference on Environment and Development (WCED), and emerged as one of the most influential thoughts in development discourse. The outcome of WCED – the Brundtland Commission Report *Our Common Future* – defined sustainable development as the “development that meets the needs of the present generation, without compromising the ability of the future generation to meet their own developmental needs” (Adams, 1990). While integration environmental protection into development agenda remained the central contribution of the sustainable development approach, the Human Development approach of 1990 called for the incorporation of quality of life indicators such as literacy and health into development.

Further, The United Nations in September 2000, organised the Millennium Summit with attendance of heads of states of 189 countries, and adopted the Millennium Development Goals (MDGs). The MDGs dominated the development discourse of 2000s, where the UN and its 189 signatory countries committed themselves to achieve eight goals such as eradication of extreme poverty and hunger, achieve universal primary education, promote gender equality, reduce child mortality, improve maternal health, combat HIV/AIDS, ensure environmental sustainability and develop global partnership for development and corresponding 21 targets by the year 2015.



The MDGs, which set for a 15 years target at the beginning of the millennium, were further extended in the UN Sustainable Development Summit of September 2015. On 25th September 2015, 193 world leaders adopted a global development vision called Transforming our World: The 2030 Agenda for Sustainable Development. The 2030 Agenda is “a plan of action for people, planet and prosperity”. The 2030 Agenda contains 17 new Sustainable Development Goals (SDGs) and 169 targets to stimulate global action over the next 15 years on issues critical to humanity and the planet. It has become applicable from January 2016. The deadline for the SDGs is 2030. The 2030 new Development Agenda is committed to 17 global goals with an aim to: (a) end extreme poverty, (b) fight inequality and injustice, and (c) fix climate change by 2030. The 17 SDGs are as follows:

The 17 Sustainable Development Goals:

- Goal 1: End poverty in all its forms everywhere
- Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3: Ensure healthy lives and promote well-being for all at all ages
- Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5: Achieve gender equality and empower all women and girls
- Goal 6: Ensure availability and sustainable management of water and sanitation for all
- Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation
- Goal 10: Reduce inequality within and among countries
- Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12: Ensure sustainable consumption and production patterns
- Goal 13: Take urgent action to combat climate change and its impacts
- Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17: Strengthen the means of implementation and revitalise the global partnership for sustainable development.



A pictorial representation of the SDGs



Source: <https://sdgs.un.org/goals>



3. Localisation of Sustainable Development Goals (SDGs) with Panchayati Raj Institutions (PRIs)

The 2030 Agenda for Sustainable Development and the priorities of inclusive rural development are in tandem with each other, and Panchayats play a significant role for achieving both. The key stakeholders of the global development agree to the agenda of adopting, localising, implementing and monitoring of SDGs at the local level i.e. PRIs and prepared focused action plans to achieve SDGs.

The government of India has been driving various initiatives for localisation of SDGs through the partnership with grass-roots institutions, civil society and private sector. In recent times, India's national development agenda of, '*Sabka Saath, Sabka Vikas*' or 'Collective efforts, Inclusive growth,' has converged with the SDGs and has been reflected by the Hon'ble Prime Minister Shri Narendra Modi himself in his speech at the United Nations Sustainable Development summit in September 2015, 'Much of India's development agenda is mirrored in the Sustainable Development Goals. Our national plans are ambitious and purposeful; sustainable development of one-sixth of humanity will be of great consequence to the world and our beautiful planet' (NITI Aayog, 2019).

3.1 Localisation of Sustainable Development Goals (LSDGs) as an agenda of National importance:

While the SDGs are global, their achievement will depend on the ability to make them a reality in constituent States, cities, districts and villages. Therefore, State governments have the prime responsibility in achieving SDGs and are essential stakeholders in implementing the Agenda 2030 (NITI Aayog, 2019).

- Flagship schemes and multitude of schemes of Central and State Governments have substantial impact on SDGs, and are implemented in rural areas
- 29 subjects that are the responsibility of the Gram Panchayats cover the SDGs with varying levels of devolution in different States
- Working on SDGs is not necessarily supported by funds, but funds are in various schemes and programmes
- Localizing SDGs in PRIs is as much the responsibility of all Ministries as that of Ministry of Panchayati Raj (MoPR) as work of most of the Ministries fall within the purview of rural areas covering all three tier PRIs.

3.2 Thematic Approach for LSDGs – National guidelines of MoPR, GoI

Localization of SDGs in rural India is to take root with the local self - governments –Panchayati Raj Institutions. It is now almost 6 years since the SDGs were adopted in the UN as universal goals for all and for planet Earth. Localization of SDGs assumes even more an important role to reach the goals to the rural areas so as to build back better for all, to ensure '**No one is left behind and no village is left behind**'.



One of the initial step to realise SDGs through Panchayats is to integrate the targets of SDGs in the planning process of Panchayats through the Gram Panchayat Development Plan (GPDP). The local development plans of Panchayats are expected to be synchronised with the targets of SDGs. The Ministry of Panchayati Raj (MoPR) has evolved a thematic approach towards localising SDGs by developing nine thematic approaches to cover the 17 SDGs. Each of these themes relate to the local needs of the Panchayats. Localisation of SDGs is a pre-requisite for GPDP, which is based on local needs, priorities and resources. The Expert Committee Report on Localisation of SDGs in PRIs prepared by Ministry of Panchayati Raj has identified targets and local indicators framework for preparation of SDG aligned GPDP by the Panchayats (MoPR, 2021).

The details of the nine thematic approach to localise SDGs are given below:

Theme 1: Poverty Free and enhanced livelihoods Village

Theme 2: Healthy Village

Theme 3: Child Friendly Village

Theme 4: Water Sufficient Village

Theme 5: Clean and Green Village

Theme 6: Village with Self Sufficient Infrastructure

Theme 7: Socially Secured and Socially Just Village

Theme 8: Village with Good Governance

Theme 9: Women Friendly Village



Achieving the objectives of SDGs can and should be built based on existing experience in goal setting, monitoring and implementation. The goals at GP level taken through Themes, targets and indicators are aspirational in nature. Most Targets and Indicators of the SDGs are to be achieved at the local level. Most SDGs are related to the subjects devolved to the Panchayats.

3.3 Targets

- The Vision Statement for each Theme is broken down to Local Targets for the Gram Panchayats to work on. Most Targets link to the National Targets. They have been, presented for the Gram Panchayats as per what they will be identifying with from the Gram Panchayat perspective.
- The total number of Targets is over 150 and Panchayats need to be choosing their Targets based on Gram Panchayat priorities.
- In keeping with National, State and sub-state issues, certain Targets can be identified and prioritized for Gram Panchayats to work on.

3.4 Indicators

- The Targets are measured by Indicators. These Indicators are to form the Local Indicator Framework (LIF). There are over 300 Indicators. The LIF is in line with the National Indicator Framework as would apply at Gram Panchayat level and some LIF are unique to only Gram Panchayat level.



- MoSPI and Department of Statistics in States along with the Departments in States would require to take this ownership in States on a continuous basis.
- Targets and Indicators are to be reviewed annually. The numbers of Targets and Indicators taken up by Gram Panchayats can be different, as it is as per their felt needs. This grouping is to be put together for assessing SDG achievement.

4. Integration of LSDGs in Gram Panchayat Development Plan

In the localization of SDGs in rural areas, the GPDP is to be reflective of the Thematic Goals and Targets in a manner in which the local planning and execution of actions can contribute to the Panchayat in achieving the thematic goals and thus the objectives of SDG by 2030. The following activities emphasize the role of GPDPs in a much broader manner:

- The preparation of GPDP should be based on the Thematic framework.
- Mission Antyodaya Survey should cover the survey data required for the value of the indicator. Data required must come from Departments and Gram Panchayats own data.
- Convergent action should ensure that the various inputs from the schemes of Departments feed in to the preparation of GPDP for the Indicators / Targets.
- GPDP preparation on Dashboard as a work board is to be done, including detailing various activities to be taken up in the Gram Panchayat.
- Position of Gram Panchayat in relation to various targets and indicators on the Themes is to be presented in the dashboard, with visualization rather than numbers only, to be supportive for decision making for the future plan of action to be reflected in GPDP.
- The Themes chosen to be worked on, down to specific detail, with budgetary allocations for them, and what is left out is to be shown.
- Child budget, gender budget is to be shown based on the choices being made by the Panchayat in GPDP. As Dashboard is open to all, the GPDP to be finalized in Gram Sabha meeting is to get communicated through the Dashboard mechanism as well.
- Before the next year's GPDP, all the current/latest data is to be collected and entered as a standardized system with relatively focusing to cover Block and District Panchayats Development Plans.
- The visualized Development Status Report would get automatically generated, thematically for the Gram Panchayat.
- Discussions on GPDP with Departments concerned in Standing Committees, Scheme Committees, to be put in as a joint calendar.

5. Role of Panchayati Raj Institutions for Localising SDGs

Realising the need to achieve the global goals of SDGs by 2030, the MoPR, Government of India has identified different strategies and approaches for the Panchayats to localise the SDGs for preparation and implementation of development plan in the rural areas. Achieving the SDGs at the local level through holistic development planning entails the important role and initiatives to be taken up by the Panchayats. The following Table depicts the role of PRIs for



localisation of SDGs and integration of GPDP for achieving the global goals in a focused manner.

Table 1: Initiatives to be taken up by the Panchayats to Localise SDGs

Localisation of Sustainable Development Goals (SDGs)	Initiatives to be taken up by Panchayats
Theme 1: Poverty free village	<ul style="list-style-type: none">• Panchayats can identify poor, destitute and vulnerable and can facilitate access to social protection, housing, water, sanitation and electricity.• Panchayats can ensure income generation through skill training, entrepreneurship development, employment generation through proper implementation of MGNREGA.• Panchayats can enrol families under PDS, children, pregnant women and adolescent girls under ICDS.• Panchayats can promote breastfeeding and locally available nutritious food.• Panchayats can map micro, small and medium enterprises and other employment opportunities
Theme 2: Healthy village	<ul style="list-style-type: none">• Panchayats can maintain and monitor the quality of health care services and overall cleanliness to combat diseases.• Panchayats can ensure the effective functioning of village health, sanitation and nutrition committees, and address local health issues through GPDP.• Panchayats can promote the enrolment of vulnerable in health insurance schemes.
Theme 3: Child friendly village	<ul style="list-style-type: none">• Panchayat can facilitate transport and hostels for children in isolated areas, and provide scholarships, uniforms and mid-day meals in schools.• Panchayats can facilitate to build girls' toilets in schools to ensure the retention of girls.• Panchayats can promote awareness on the rights of children and the Right to Education



	<p>Act, and build environment for 100 per cent enrolment and retention of students in schools.</p> <ul style="list-style-type: none">• Panchayats can strengthen preschool, Anganwadi welfare committees.
Theme 4: Water sufficient village	<ul style="list-style-type: none">• Panchayats can ensure identification of households without toilets and help in the construction of toilets in those households and institutions.• Panchayats can ensure solid and liquid waste management by way of including water and sanitation priorities in GPDP.• Panchayats can facilitate appropriate irrigation methods, the participation of local communities in water and sanitation management and regulate excessive water extraction.
Theme 5: Clean and Green Village	<ul style="list-style-type: none">• Panchayats can facilitate electricity connection to households, public buildings, commercial establishments and for irrigation facilities.• Panchayats can popularise construction of biogas systems, energy-efficient building designs.• Panchayats can facilitate solar energy augmentation and installation of energy-efficient chullahs.• Panchayats can promote conservation of micro watersheds, sacred groves, wetlands.• Panchayats can initiate afforestation drives through programmes like MGNREGS.• Panchayats can facilitate the renovation of existing ponds, construction of check-dams and contour bunds.• Panchayats can integrate sectoral climate change considerations into local planning.• Panchayats can build strategies to mitigate climate change risks and plan to reduce dependence on climate-sensitive sectors.
Theme 6: Village with Self Sufficient Infrastructure	<ul style="list-style-type: none">• Panchayats can assess the various needs of energy – for cooking, heating, lighting, irrigation, household food processing,



	<p>industries, commercial establishments like shops and hotels.</p> <ul style="list-style-type: none">• Panchayats can select appropriate technology choice for WASH services• Panchayats can identify appropriate schemes for becoming self-sufficient infrastructure villages
Theme 7: Socially Secured and Socially Just Village	<ul style="list-style-type: none">• Panchayats can facilitate registration in PDS and develop criteria for identification of the poor, destitute and vulnerable• Panchayat can promote information about various schemes for poor and vulnerable groups• Panchayats can ensure the timely access of the services to the citizen and plan rehabilitation for the differently abled person
Theme 8: Village with Good Governance	<ul style="list-style-type: none">• Panchayats can utilize local skilled/semi-skilled youth for sharing information• Panchayats can enhance service delivery through ICT thereby improving quality of life• Panchayat can set up common service centres, citizen charters and grievance redressal platform for effective service delivery
Theme 9 : Women Friendly Village	<ul style="list-style-type: none">• Panchayats can promote awareness against gender discrimination and ensure proper implementation of Beti Bachao Beti Padhao Yojna.• Panchayat can facilitate women's participation in economic activities under SHGs.• Panchayat can ensure that gender discriminatory practices do not take place.• Ensure Mahila Sabhas are conducted in the Panchayat• Ensure quality nutritious food to Pregnant women, girl child aged under five years and adolescent girls

Source: Ministry of Panchayati Raj, 2021



6. The Roadmap for Localisation of SDGs

The Global Taskforce of Local and Regional Governments, United Nations Development Programme (UNDP), in collaboration with the UN-Habitat have developed a roadmap for localising the SDGs, which provides strategy to achieve SDGs at local level. The major strategies identified by the Global Taskforce are the following (UNDP-UN-Habitat, 2016):

1. Awareness raising and advocacy: The existing and new platforms, such as traditional and social media, should be used effectively to spread the awareness about SDGs. Further, information about SDGs needs to be incorporated in educational programmes to create greater awareness.
2. Implementation: The local and regional governments need to implement the SDGs by assessing the local needs and defining the local priorities. For this purpose, local resources need to be mobilised and local capacities need to be built for promoting responsive leadership and encouraging citizen participation in development.
3. Monitoring: Monitoring of achievements of SDGs should be done through data collected at local and subnational level. Localising SDGs entails developing a set of localised indicators and ensuring that information collected by the local governments is included in the national monitoring and reporting, enabling participation of local governments and stakeholders in the review of national plans, using SDG indicators to monitor and assess local and regional plans, and ensuring local achievements are recognized and part of the national SDG progress reports.

7. Test Your Knowledge:

- a) The concept of _____ was conceived in the 1987 World Conference on Environment and Development (WCED), and emerged as one of the most influential thoughts in development discourse.
- b) The Ministry of Panchayati Raj (MoPR) has evolved a thematic approach towards _____ by developing nine thematic approaches to cover the 17 SDGs.
- c) In recent times, India's national development agenda of, '_____', or 'Collective efforts, Inclusive growth,' has converged with the SDGs.
- d) SDG Goal 2: End hunger, achieve _____ and improved nutrition and promote sustainable agriculture.
- e) The 2030 new Development Agenda is committed to 17 global goals with an aim to:
(a) _____ (b) fight inequality and injustice, and (c) fix climate change by 2030



Chapter – 2: Concept and Significance of Women Friendly Village

I measure the progress of a community by the degree of progress which women have achieved.

- Dr. B. R. Ambedkar

1. Learning Objective:

At the end of the unit, the participants will be able to understand the following:

- a) Universal Targets of SDG 5: Gender equality and empower all women and girls
- b) Key issues related to women's development
- c) Thematic approach on Women Friendly Village
- d) Significance and local targets for achieving women friendly village

2. Introduction

Gender equality, women's empowerment, and the realisation of women's rights have been increasingly important in attaining sustainable development in recent decades. This acknowledgement can be found in a number of international norms, notably principle 20 of the Rio Declaration on Environment and Development¹, which states that full participation of women is required to achieve sustainable development. Governments were urged to incorporate gender issues and perspectives into policies and programmes for sustainable development in the 1995 Beijing Declaration and Platform for Action. The importance of gender equality was stated in the 2012 result paper of the United Nations Conference on Sustainable Development, titled "The Future We Want." Further, the significance of gender equality and women's empowerment across the three pillars of sustainable development, economic, social and environmental, has also been reaffirmed by the UN General Assembly in the Sustainable Development Summit of September 2015. On 25th September 2015, 193 world leaders adopted a global development vision called 'Transforming our World: The 2030 Agenda for Sustainable Development'. The 2030 Agenda is "a plan of action for people, planet and prosperity". The 2030 Agenda contains 17 Sustainable Development Goals (SDGs) and 169 targets to stimulate global action over the next 15 years on issues critical to humanity and the planet. It has become applicable from January 2016. The deadline for the SDGs is 2030.

2.1 Universal/global targets of SDG 5: Gender equality and empower all women and girls:

Ending all discrimination against women and girls is a basic human right and is a prerequisite for sustainable development. The Sustainable Development Goal 5: 'Gender Equality and empower all women and girls' calls for ending all forms of violence, trafficking and sexual exploitation of women and girls. Recognising and valuing unpaid care and domestic work is a key component of this goal, with emphasis on the importance of full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life for women. The universal targets of Goal 5 are the following:



- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.2 Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3 Eliminate all harmful practices such as child, early and forced marriage and female genital mutilation
- 5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life
- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- 5.7 Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
- 5.8 Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
- 5.9 Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

In the Indian context, sustainable rural development remains the key to achieve the Sustainable Development Goals (SDGs) by 2030. The Goal 5 is to promote gender equality and women's full participation in sustainable development policies, programmes and decision-making at levels.

3. Key issues related to Women's Development

Women and girls encounter numerous sorts of vulnerability throughout their lives. They may endure discrimination before or after birth; aggression, harassment, or abuse; neglect as a result of dependency and a lack of resources; social prejudice; and exploitation (whether economic, political, social, education). Regardless of whether they are on the economic and social spectrum, they are exposed to exploitation and discrimination. Furthermore, if they are impoverished, socially disadvantaged, or reside in a backward or distant place, their risk increases significantly.

The global COVID-19 pandemic's beginning and ongoing crises have reinforced gender disparities and worsened inequality, particularly for the most vulnerable children. Widespread unemployment and economic insecurity, combined with significant service disruptions in maternal health, sexual and reproductive health, nutrition, education, and gender based violence have jeopardised the lives and well-being of millions of women and girls, with poor women and their families - including female-headed households and single mothers, as well as



the vast majority engaged in informal employment - suffering the most. Due to underlying discriminatory gender norms, adolescent girls suffer higher risks of assault, child marriage, and dropping out of school, even after schools reopen. Childcare and school closures, as well as the expanding care demands of the elderly and the sick, have exponentially increased the load of unpaid care work carried by women, driving them out of the labour force at a faster rate than males. In such a context, the critical issues hindering women's development can be the following:

- Increasing physical and mental violence towards women
- Lack of value for unpaid domestic work
- Low literacy level
- Trafficking of women and girls
- Lack of support for the disabled and aged women
- Proxy presence for Elected Women Representatives in Panchayats
- Women in India not yet free from social traditions/ practices

4. Significance of Theme 9: women Friendly Village

The vision of Theme 9: *Women Friendly Village is to achieve gender equality, provide equal opportunities, and empower women and girls in a safe environment.*

The women friendly village is an important theme that focuses on achieving gender equality, provide equal opportunities, empower women and girls in a safe environment. Gender equality is a fundamental human right and inevitable for a peaceful and sustainable future. Indian Constitution envisages a discrimination-free nation based on sex, race and caste. It also guarantees women equal access to education, decent work, and representation in political and economic decision-making processes. These rights are vital to democracy, benefit humanity at large and lead to a fairer world. This theme focuses on ending all kinds of discrimination, improving their inclusion and participation in different areas leading to financial, social and economic empowerment.

4.1 Interlinkage of SDGs with the Theme 9: Women Friendly Village:

Primarily, the Theme 9: Women friendly village first brings to mind the SDG 5: Gender Equality. Gender is cutting across several goals. Women's empowerment is a pre-condition to achieve the targets of several Sustainable Development Goals like poverty eradication, gender equality, reduced inequalities, good health and well-being for all, decent work and economic growth among others. However, specifically the following goals of SDG are interconnected with women friendly village theme.

- SDG 1 – Zero Poverty
- SDG 2 – Zero hunger
- SDG 3 – Good health and well-being, family planning, maternal mortality, and child mortality
- SDG 4 – quality education



- SDG 5 – Gender equality, delayed marriage, and reductions in gender-based violence
- Goal 6: Clean Water and Sanitation are critical to ensure women's participation in work.
- Goal 7: Clean and Affordable Energy impacts women's household dependence on clean cooking fuel.
- Goal 8: Decent Work and Economic Growth speaks largely about safe workspaces and gender sensitive and inclusive growth strategy can be planned.
- Goal 9: Industry, Innovation, and Infrastructure are likely to have a bearing on the opportunities for women and their participation in work.
- Goal 10: Reduced Inequalities where the intersectionality and women in the margins are being considered and focuses on reducing inequalities. Negative impacts are compounded for women and girls who are marginalized based on multiple forms of discrimination based on race, ethnicity, age, income, geography, disability, or other characteristics.
- Goal 16: Peace, Justice and Strong Institutions where indicators related to child safety and the institutional mechanisms available to ensure the rights of women and children are considered.

5. Local targets and indicators for Theme-9: Women Friendly Village/ Panchayat

There are 25 number of local targets and 51 local indicators as per the MoPR Report on Localisation of SDGs through PRIs Vol. II and Panchayat Development Index, Vol.2.

Sl. No	Targets	Modified GP targets	No. of Indicators
1	Target 5.1: End all forms of discrimination against all women and girls everywhere	1. To reduce crimes against women and girls	4
2	Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	2. Ensuring safety of women in public and private spheres	1
3	Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	3. Prevent girl Child Marriage	1
4	Target 5.5: Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life	4. Improve participation of women in political, economic activities and participation in	6



		community - based organisations	
5	Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing platform for action and the outcome documents of their review conferences	5. To improve to reproductive and sexual health care to women	2
6	Target 5 a: Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land other forms of property, financial services, inheritance and natural resources, in accordance with national laws	6. Equal Access to Economic and Natural resources and Financial Services for women	1
7	Target 5c: Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels	7. Planning and budgeting for the girls and women	1
8	Target 2.1: By 2030, end hunger and ensure access by all people, in particular, the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	8. Ensure quality nutritious food to all girl children aged under five years	2
9	Target 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	9. Facilitate enrolment of girl children, pregnant women and adolescent girls under ICDS 10. Reduce malnutrition among girl children, women. 11. Facilitate the nutritional needs of adolescent girls, pregnant and lactating women and older women	6
10	Target 2.3: By 2030 double the agricultural productivity and incomes of small - scale	12. Increase the income of women	2



	food producers, in particular women, indigenous people, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment		
11	Target 8.2: Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high value added and labour-intensive sectors	13. Ensure full and productive employment and decent work for women	3
12	Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030, achieve substantial coverage of the poor and the vulnerable	14. Implement social protection schemes for women. 15. Improve the activities of ICDS programme for girl children 16. To improve the institutional assistance to Senior citizen women 17. To facilitate banking services to all women	8
13	Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	18. Create environment for total enrolment and retention of girl children in school 19. Ensure that all girls complete free, equitable and quality primary and secondary education 20. Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education	5
14	Target 4.3: By 2030, ensure equal access for all women and men to affordable and quality	21. Ensure equal access for all women and men to affordable and	1



	technical, vocational and tertiary education, including university	quality technical, vocational and tertiary education	
15	Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, include persons with disabilities, indigenous peoples and children in vulnerable situations	22. Eliminate gender disparity in all levels of education	3
16	Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 7 per 100,000 live births	23. Reduce the maternal mortality ratio	2
17	Target 3.2: By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births	24. End deaths of new-borns and girl children under 5 years of age	2
18	Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being	25. Reduce Girls / Women Suicide Mortality rate age	1
	Total		51

Source: PDI Report, Vol.2, MoPR, GoI

6. Test your knowledge: Fill-in-the-blanks

- Universal/global target of SDG 5 is _____ and empower all women and girls.
- The Women Friendly Village theme focuses on _____ of women and girls in a safe environment.
- Lack of value for _____ domestic work is one of the critical issue hindering women's development.
- Good health and well-being, family planning, _____, and child mortality is an inter-connected SDG with Women Friendly Village theme.



Chapter - 3: Maternal and Child Nutrition: Role of Gram Panchayats (Targets-8, 9, 10, 11)

1. Learning Objectives

- Understand the significance of proper nutrition for women and girl children in India.
- Identify the key nutritional challenges faced by women and girl children in the country.
- Recognize the underlying causes of malnutrition among women and girl children.
- Discuss the specific nutritional requirements for women and girl children.
- Explore the impact of maternal nutrition on the health of women and girl children.
- Explain the role and significance of government programmes, including ICDS and Poshan Abhiyan.
- Highlight the importance of Gram Panchayats in addressing nutrition issues.
- Understand the long-term benefits of addressing nutrition issues among girl children in India.

2. Introduction: Why Nutrition Matters for Girl Children

Nutrition plays a pivotal role in the growth, development, and overall well-being of individuals, and this importance is even more significant for girl children in India. In this module, we will explore into the pressing issues related to nutrition among women and girl children in India, the underlying causes, and the strategies to address them.

3. Nutritional Challenges faced by Women and Girl Children in India

Women and girl children in India often grapple with various nutritional challenges. Malnutrition, which encompasses both undernutrition and over nutrition, is a prevalent concern. Undernutrition manifests as stunted growth, wasting, and micronutrient deficiencies, while over nutrition leads to obesity and related health issues.

The root causes of these challenges are multifaceted:

1. **Inadequate Access to Nutritious Food:** Many families in India struggle to provide their children with a balanced and diverse diet. Poverty and lack of access to nutritious food sources are significant barriers.
2. **Poor Sanitation and Hygiene:** Hygiene practices, such as clean water and proper sanitation facilities, are essential for preventing diseases that can hinder nutrient absorption.
3. **Cultural Factors:** Traditional beliefs and customs can result in the preferential treatment of male children when it comes to food distribution, leaving girl children at a disadvantage.
4. **Lack of Awareness:** Insufficient awareness about the importance of nutrition and its long-term impact on a child's health can lead to poor dietary choices.



3.1 Key statistics and facts about the nutrition status of girl children in India

High Prevalence of Undernutrition: India has one of the highest rates of undernutrition among girl children globally. According to the National Family Health Survey-5 (NFHS-5) conducted in 2019-2020, nearly 35.5% of children under the age of five in India are stunted (low height for age), indicating chronic undernutrition.

Widespread Anemia: Anemia is a prevalent health concern among girl children in India. The NFHS-5 data reveals that around 67% of children aged 6-59 months in India are anemic, with a significant proportion suffering from moderate to severe anemia.

Low Birth Weight: Inadequate maternal nutrition contributes to low birth weight among newborn girls. Approximately 1/5th of infants in India are born with low birth weight, which increases their vulnerability to health issues in early childhood and later in life.

Malnutrition's Impact on Education: Malnutrition adversely affects the educational outcomes of girl children. Undernourished children often struggle with cognitive development and learning, leading to lower school attendance and academic performance.

Gender Disparities: Gender bias can exacerbate malnutrition among girl children. In some parts of India, they may receive fewer food resources than their male siblings, leading to a significant nutritional disadvantage.

Overnutrition and Obesity: While undernutrition remains a pressing issue, there is also a rising concern about overnutrition and obesity among girl children, especially in urban areas. Changing dietary patterns and reduced physical activity contribute to this issue.

Government Initiatives: To address these challenges, the Indian government has launched initiatives like the Integrated Child Development Services (ICDS) and the National Nutrition Mission (Poshan Abhiyan). ICDS provides supplementary nutrition and healthcare services to children under six years old, while Poshan Abhiyan focuses on reducing child malnutrition through awareness campaigns and community engagement.

Role of Gram Panchayats: Gram Panchayats, the local self-government bodies, are instrumental in the implementation of nutrition programs at the grassroots level. They play a vital role in raising awareness, monitoring program effectiveness, and ensuring that girl children receive the nutrition they require.

Long-term Benefits: Investing in the nutrition of girl children yields long-term benefits, including improved health, better educational outcomes, increased economic opportunities, and a reduction in the intergenerational cycle of malnutrition.

These statistics and facts highlight the complex nutritional challenges that girl children in India face and the urgent need for comprehensive efforts to improve their nutrition status and overall well-being.



4. Specific Nutritional Requirements for Women and Girl Children

Girl children have unique nutritional needs to support their growth and development. Adequate intake of essential nutrients such as protein, iron, calcium, vitamins, and minerals is crucial during their formative years. A balanced diet rich in these nutrients ensures proper physical and cognitive development. The nutritional status of mothers significantly affects the health of children. Malnourished mothers are more likely to give birth to undernourished babies, perpetuating the cycle of malnutrition. Proper nutrition during pregnancy and breastfeeding is vital to ensure the well-being of both the mother and child.

5. Government Programmes and Community Involvement

The Indian government has recognized the urgency of addressing nutrition issues among women and children, including girl children, through initiatives like the Integrated Child Development Services (ICDS) and the National Nutrition Mission (Poshan Abhiyan).

Integrated Child Development Services (ICDS): ICDS is a comprehensive programme that focuses on improving the nutritional and health status of children below six years of age and pregnant and lactating mothers. It provides essential services such as supplementary nutrition, immunization, health check-ups, and pre-school education to ensure the holistic development of children.

National Nutrition Mission (Poshan Abhiyan): Poshan Abhiyan is a government programme launched with the aim of reducing child malnutrition and promoting healthy growth among children. It emphasizes the importance of nutrition, especially in the first 1,000 days of a child's life, and seeks to create mass awareness and community participation.

Saksham Anganwadi and Poshan Abhiyan 2.0: Saksham Anganwadi and Poshan 2.0 (hereinafter referred to as Poshan 2.0) is an Integrated Nutrition Support Programme. It seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers through a strategic shift in nutrition content and delivery and by creation of a convergent ecosystem to develop and promote practices that nurture health, wellness and immunity. Poshan 2.0 shall focus on Maternal Nutrition, Infant and Young Child Feeding Norms, Treatment of MAM/SAM and Wellness through AYUSH. It will rest on the pillars of Convergence, Governance, and Capacity-building. Poshan Abhiyan will be the pillar for outreach and will cover innovations related to nutritional support, ICT interventions, Media Advocacy and Research, Community Outreach and Jan Andolan. Adequate health care, nutrition, security, safety, responsive care giving and opportunities for early learning are essential for children to achieve their full human potential. Therefore, Early Childhood Care and Education is an integral component of the programme. Recognizing that early childhood care constitutes (ECCE) the foundation of human development, the Scheme is designed to promote holistic development of children under six years of age through improved ECCE content and delivery of cognitive, emotional, social and intellectual development of the child to make all pre-schooler's school ready and for seamless integration of children in the age group of 5-6 in Grade I under the National Education Policy, 2020. The programme is



specifically designed to reach disadvantaged and low-income groups, for effective disparity reduction. The current Anganwadi Services Scheme is one of the largest and unique programmes of the Govt. of India for early childhood care and development. It is a firm testament of the country's commitment to its children and nursing mothers to respond to the challenge of providing pre-school non-formal education on one hand and break the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under this scheme are children in the age group of 0-6 years, pregnant women and lactating mothers and adolescent girls in the age group 14-18 years. The rationale for Mission Poshan 2.0 arises from the challenges plaguing the extant supplementary nutrition programme.

Nutrition policies have remained consistent over the years and have been slow to transition towards a more integrated approach to nutrition security. Past interventions in terms of both nutrition quality and delivery have been inadequate. The Anganwadi Services under ICDS have focused on ensuring calorie sufficiency, neglecting quality and diversity of diets and behavioural change towards Saksham Anganwadi and Poshan 2.0. Focus of the current program has largely been driven by calorie intake rather than on balanced diets with absence of micro-nutrients in Take-Home Ration (THR) and Hot Cooked Meals (HCM). Thus, Poshan 2.0 seeks to address the challenging situation of malnutrition among children up to the age of 6 years, adolescent girls (14-18 years) and pregnant and lactating women.

6. Role of Gram Panchayats

Gram Panchayats, the local self-government bodies at the village level in India, play a crucial role in addressing nutrition issues among girl children. Their responsibilities include:

Awareness and Advocacy: Gram Panchayats can raise awareness about the importance of nutrition through community meetings, workshops, and campaigns. They can advocate for proper nutrition practices and challenge harmful cultural norms.

Monitoring and Implementation: These local bodies can oversee the effective implementation of government nutrition programmes like ICDS and Poshan Abhiyan within their villages. They ensure that eligible beneficiaries receive the benefits and services they are entitled to.

Resource Allocation: Gram Panchayats allocate resources to support nutrition-related activities in their areas. This includes the distribution of supplementary nutrition, the promotion of breastfeeding, and the improvement of sanitation facilities.

Community Engagement: They actively engage with the community to identify specific nutritional challenges and tailor interventions accordingly. Community participation is essential for the success of nutrition initiatives.

Nutrition is a critical determinant of the well-being and future prospects of women and girl children in India. Understanding the challenges they face, the underlying causes of



7. Test your knowledge: Fill-in-the-blanks

- [illegible]



Chapter - 4: Role of Panchayat in ensuring health services for women and adolescent girls (Targets – 5, 23, 24)

1. Learning Objectives:

- a) to understand the determinants of health for women and adolescent girls,
- b) to discuss the role of Gram Panchayats in ensuring access to health for girls and women in village.

2. What is health?

Health is a state of complete physical, mental, social, and spiritual well-being and not merely an absence of disease. A person's health state could keep changing which means a healthy person because of illness could become unhealthy for a few days as long as the disease is present in the person. An otherwise happy person may go through some mental worry and the person is considered 'not healthy' even though the person has no disease.

2.1 Dimensions of health:

Health is a multi-dimensional state. Although the physical dimension is visible to us, and more easily measurable, we also need to consider the mental, social, spiritual, and emotional dimensions of health.

Physical dimension: Absence of health-related limitations in physical functioning normal bodily functions given a person's age and sex, ability to perform physical activity.

Mental Dimension: Sense of peace, identity, and purpose, ability to respond to a problem with resilience not just the absence of mental disorder but rather a state of well-being in which every individual realizes his or her own potential, can work productively and fruitfully, and is able to make a contribution to his or her community. An individual's health will be negatively impacted in the presence of anxiety, depression, nervousness and downheartedness.

Emotional Dimension: Concerned with how one is 'feeling,' ability to feel, and to express the feelings appropriately. Integrity, purpose in life, the moral compass of the person, beliefs and values that give direction to one's life.

Social dimension: Social well-being and harmony with others, social relations, interpersonal ties, having a sustained support network.

2.2 Determinants of Health:

Factors that influence health are known as determinants of health. These factors could be lying within the individual or located in their community or surroundings:

- **Personal characteristics and the individual lifestyle**
 - a) personal characteristics occupy the core of the model and include sex, age, ethnic group, and hereditary factors
 - b) individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity



- **Factors located in the community or surroundings**
 - a) social and community networks include family and wider social circles
 - b) living and working conditions include access and opportunities in relation to jobs, housing, education and welfare services
 - c) general socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work

Other determinants of health include the followings:

- Access to safe drinking water
- Income and employment
- Education
- Access to health-care service
- Access to affordable housing
- Clean and safe environment
- Access to safe and healthy food
- Access to good roads, affordable and reliable transport

3. Reproductive Health

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. People are able to have the capability to reproduce and the freedom to decide if, when and how often to do so. Women to have access to safe, effective, affordable and acceptable methods of family planning of their choice and the right to safe abortion, other than for sex selection. Women to have access to appropriate healthcare services during pregnancy and childbirth.

3.1 Primary Health Care:

Health care covers not only medical care but also all aspects of preventive care. There is a need to ensure that quality and timely healthcare reaches everyone including the remotest corners of the Indian villages. Primary health care includes:

- Knowledge and awareness about the prevailing health issues/problems and the methods of preventing and controlling them
- Promotion of proper nutrition
- Adequate supply of safe drinking water and basic sanitation
- Maternal and child health care, including family planning
- Immunization
- Prevention and control of local communicable diseases
- Appropriate treatment of common diseases
- Provision of essential medicines, first aid and referral of cases to advanced medical care facilities.



4. Health facilities and institution available for rural health care

For the implementation of all health programmes and schemes at all levels ranging from the state to the village level, there are a number of health institutions like hospitals, health centres, various committees, and functionaries etc. Health facilities available at various levels are mentioned below:

4.1 At the village level: At the village level, basic health & nutrition services are provided by health functionaries, like - Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM) and Anganwadi Worker (AWW). There is one ICDS Centre for every 400-800 population and one Health Sub-Centre for every 5000 population at the village level.

At the sub-centre there are two ANMs. Above the sub-centre there is one Primary Health Centre for every 30000 population. In Primary Health Centre, there are Medical Officer (MO), health workers like nurse, compounder or pharmacist and attendants. All these health services are generally available at the village and Gram Panchayat level or below block.

4.2 At the block level: there is Block Primary Health Centre (BPHC) or Community Health Centre (CHC) with medical officers, specialist doctors, nurses, and attendants. These centres also have diagnostic facilities and medical technologists. There are generally 30 beds in BPHC/CHC.

4.3 At the sub-divisional level: There is Sub-Divisional Hospital with approximately 150 beds and common specialist services are provided in such hospitals. Between block and sub division, there are two more types of hospitals - Rural Hospital (RH) and State General Hospitals (SGH). A Rural Hospital has facilities similar to BPHC but has more beds and State General Hospitals have facilities similar to those of a sub-divisional Hospital.

4.4 At the district level: There is a District Hospital having generally 500 or more beds and with some more specialist services compared to Sub-Divisional Hospitals.

5. National Health Mission

In the year 2005, the Government of India launched the National Rural Health Mission (NRHM) in order to provide accessible, affordable and quality health care to people living in rural areas of our country. The mission aimed to reduce maternal and child mortality and provide better access to health services especially for vulnerable sections. In 2013, the NRHM was subsumed under the National Health Mission, which has now two major components- NRHM and National Urban Health mission (NUHM). NRHM and NUHM address the health needs of people living in rural and urban areas respectively. Several National Health Programme such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, have come under the umbrella of National Health Mission.



6. Rasthriya Swasthya Bima Yojana (RSBY)

RSBY has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for the poor families to meet medical treatment and hospital expenses up to Rs.30,000/- for most of the diseases that require hospitalization. Beneficiaries would include the poor and the needy i.e. BPL as listed in District BPL list, Street vendors, MGNREGS workers (minimum 15 days of work in preceding year), beedi workers, domestic workers, sanitation workers, mine workers, rickshaw pullers/Taxi/auto drivers, licensed rail porters and construction workers registered with welfare boards.

Benefits can be provided to five members of the family including the head of household, spouse and upto three dependents. Beneficiaries need to pay only Rs.30/- as registration fee while central and state Government pays the premium to the insurer. A beneficiary of RSBY gets cashless benefit in any of the empanelled hospitals. He/she only needs to carry his/her smart card and provide verification through his/ her finger print.

7. Scheme for Adolescent Girls

Implemented across 205 selected districts using the ICDS platform, the Scheme for Adolescent Girls is a comprehensive endeavor for the holistic development of adolescent girls aged 11-18 years. This scheme aims to empower these girls through cost-effective interventions, enabling access to education, health, and nutrition. The program seeks to foster their self-reliance and overall well-being, providing a nurturing environment for their growth.

8. Kishori Shakti Yojana (KSY)

Introduced in the year 2000 under the umbrella of ICDS, the Kishori Shakti Yojana (KSY) is designed to enhance the nutritional and health status of girls aged 11-18 years. The scheme goes beyond health and nutrition, focusing on improving home-based and vocational skills. It also endeavors to raise awareness about aspects like personal hygiene, family welfare, and overall self-development. By utilizing the infrastructure of ICDS, the KSY contributes to equipping young girls with essential life skills and knowledge. In essence, the Ministry of Women and Child Development is steadfastly working to uplift the status of women and children in India. By offering comprehensive schemes and programs that range from maternal support to educational empowerment, the Ministry's initiatives are instrumental in fostering a more inclusive and prosperous future for the nation.

9. Health-related Schemes/Programs

Following are some important health-related programs with their brief description. It will help to understand how the health policies affect the health outcomes of the community.

Program	What is it for?
Surakshit Matritva Ashwasan (SUMAN)	The program assures dignified and respectful delivery of quality healthcare services to pregnant women and newborns visiting a public health facility at no cost and has zero tolerance for denial of services.



Janani Suraksha Yojana (JSY)	The scheme under National Rural Health Mission aims to increase deliveries in health institutions for women and families who cannot afford it.
Janani Shishu Suraksha Karyakaram (JSSK)	This initiative by the Ministry of Health and Family Welfare aims to provide free and cashless services to pregnant women in government institutions to eliminate Out of Pocket Spending.
Pradhan Mantri Surakshit Matrutav Abhiyan (PMSMA)	This scheme by MoHFW aims to provide free-of-cost antenatal care to all pregnant women on the 9 th of every month.
Pradhan Mantri Matru Vandana Yojana (PMMVY)	The scheme provides a cash incentive of 5000/- to pregnant women and lactating mothers.
National Programme for Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	The program focuses on awareness generation for behaviour and lifestyle changes, screening and early diagnosis of persons with risk factors, and their referral to appropriate treatment facilities
National Vector Borne Disease Control Programme (NVBDCP)	It's a central nodal agency for the prevention and control of six vector-borne diseases- Malaria, Dengue, Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, and Chikungunya
National Malaria Eradication programme (NMEP)	The programme aims to control the level of spread of Malaria, to ensure it does not become a public health problem.
National AIDS Control Programme (NACP)	The program works for the prevention and control of HIV-AIDS in India. The activities include raising awareness, diagnosis, and inducing behaviour change.
National Tuberculosis Elimination Program (NTEP)	The program works to detect tuberculosis in the community, treat the detected patients, prevent transmission and build community groups for awareness generation.
National Viral Hepatitis Control Program (NVHCP)	The program focuses on prevention through awareness generation and free diagnosis and treatment of viral hepatitis.
National Leprosy Eradication Control Program	Awareness generation for prevention of Leprosy. Early diagnosis and treatment, prevention of disability, and rehabilitation of the already disabled are the focus of this program.



National Program for Health Care of the Elderly	The program aims to provide preventive, curative, and rehabilitative services to elderly persons at various levels of the health care delivery system of the country.
Kishori Shakti Yojana (KSY)	The Kishori Shakti Yojana (KSY) is designed to enhance the nutritional and health status of girls aged 11-18 years. The scheme goes beyond health and nutrition, focusing on improving home-based and vocational skills.

10. Ayushman Bharat Health and Wellness Centres

The Ayushman Bharat programme has been designed keeping in mind the crucial role played by primary health care in improving health outcomes. It is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care services. Under this programme, Ayushman Bharat Health and Wellness Centres (AB-HWC) were established to provide comprehensive primary health care to all people at no cost and closer to their homes. Primary health care is more than just a point of care at the PHC or sub-centre level.

11. Role of Gram Panchayat in ensuring primary health care

There are four kinds of interventions in the health sector – prevention, promotion, cure and rehabilitation. We all need to know that primary responsibility of the Gram Panchayat is for preventive, promotive and rehabilitative health care. Gram Panchayats can generate awareness about importance of good health, healthy ways of living, and prevention from communicable or non-communicable diseases. They can also facilitate information dissemination about the health care and curative services amongst people and how they can avail these services. Gram Panchayats can also strengthen delivery of health care services by support to and coordination with the health institutions and functionaries at the village level. Improvement in public health status is in many ways related to some duties and responsibilities of Gram Panchayats. Gram Panchayats can coordinate activities of all the interventions/services and mobilize people to access these health services. Gram Panchayats can identify the gaps in health service delivery through the members of VHSNC, the elected members of the Gram Panchayat, SHG members and also from the monthly review meetings on health at Gram Panchayat level. If any gap is identified, Gram Panchayats can take up the issue with the Health Supervisor or the Block Medical Officer of Health (BMOH).

11.1 Roles and responsibilities of Standing Committee of Gram Panchayat in respect of Health

Health and Family Welfare is one of the key roles of Gram Panchayats assigned to them under the Constitution of India as per the provisions of 73rd Amendment. For promoting good health practices amongst people, and for ensuring good service delivery from the health facilities and functionaries at the village level, the Standing Committee is formed in the Gram Panchayat.



Generally, a Standing Committee on Education and Public Health would need to perform the following roles:

- To hold meeting of the Standing Committee and discuss health matters on regular basis
- To collect and analyse data and information on health, nutrition & sanitation in the Gram Panchayat area and maintain database on public health
- To coordinate with the Health Sub-Centres and Anganwadi Centres in the Gram Panchayat area, linkage & coordination among the ASHAs, ANMs, AWWs and members of the Village Health, Sanitation & Nutrition Committee/s (VHSNC).
- To facilitate preparation of comprehensive health plans for the entire Gram Panchayat area (both the Perspective Plan for 5 years and an Annual Action Plan) and ensure implementation as well as monitoring of the planned activities
- To provide support in health service delivery institutions like the Anganwadi, Sub Centre, PHC etc. and monitor the health service delivery in the Gram Panchayat area.

It is necessary for all members of the Standing Committee to regularly participate in the meetings and actively participate in the preparation of annual plan and budget of the Standing Committee on Education and Public Health.

11.2 Village Health and Sanitation Committee (VHSNC)

As per National Health Mission, a VHSNC is formed to promote community participation in health programmes, support implementation of health activities in the area and also for planning and monitoring of programmes on health, nutrition and sanitation, under direct guidance and supervision of Gram Panchayats. To undertake activities, financial assistance is provided to the VHSNC with fund under NHM. It is the responsibility of the Gram Panchayat to form a VHSNC at each Ward Sabha and/ or Gram Sabha. The VHSNC act as a sub-committee of Gram Panchayat and function under the overall supervision of Gram Panchayat.

The following are its roles and responsibilities:

- a) Create awareness about nutritional issues and significance of nutrition as an important determinant of health.
- b) Carry out survey on nutritional status and nutritional deficiencies in the village especially among women and children.
- c) Identify locally available food stuffs of high nutrient value as well as disseminate and promote best practices (traditional wisdom) congruent with local culture, capabilities and physical environment through a process of community consultation.
- d) Inclusion of Nutritional needs in the Village Health Plan.
- e) Monitoring and Supervision of Village Health and Nutrition Day to ensure that it is organized every month in the village with the active participation of the whole village.



- f) Facilitate early detection of malnourished children in the community; tie up referral to the nearest Nutritional Rehabilitation Centre as well as follow up for sustained outcome.
- g) Supervise the functioning of Anganwadi Centre in the village and facilitate its working in improving nutritional status of women and children.
- h) Act as a grievances redressal forum on health and nutrition issues.

12. Indicative action points for integration of health and nutrition plan in GPDP

The action points will be as follows-

- To ensure timely and effective delivery of health services to the people
- To mobilise the village people, particularly the poorest of the poor families, about their health rights and existing health services
- To address the situation of malnutrition among children up to the age of 6 years, adolescent girls (14-18 years) and pregnant and lactating women
- To achieve the status of ODF (open defecation free Gram Panchayat) and to work for sustaining/retaining the status
- To ensure safe drinking water for all households in the Gram Panchayat area
- To make the community aware about health, nutrition and sanitation
- To ensure 100% coverage of infants/children and pregnant women under immunization programme
- To upgrade existing health infrastructure to meet the health needs of the community

The Gram Panchayat also needs to set targets along with specific indicators to track progress towards achievement of the goals. Systematic planning is essential for sustainable development of health. For effective planning, the Gram Panchayat must collect, update, consolidate and analyse data on health, nutrition, drinking water, sanitation etc. The Gram Panchayat must then understand the present health status of the community, based on data and facts in the context of health parameters.



13. Best Practices:

a) Cleanliness Drives by PRI And VHSNC Members in Kamrup, Assam

Borabari Pahar village is a small village in Kamrup (R) district, Assam having a population of 900. The residents of this village are daily labourers, and are below the poverty line. Though the village is lagging in many socio-economic parameters, the VHSNC used to meet every month with the active involvement of PRI members, to discuss health issues plaguing the village, and take corrective actions. At a VHSNC meeting, a decision was taken to organize a 'Safai Abhiyan' in their village. Following this, both PRI and the VHSNC members motivated the community



including youth, women, and children to volunteer for the cleanliness drive. This led to their cleaning the premises of temple, the playground of the school, and the drains on the central road of the village.

Source: NHSRC, 2022: Participants Manual on Panchayati Raj Members and Health & CAH, NHM, Assam

b) Consistent Efforts of a Sarpanch help Dispel Vaccine Hesitancy

Mr. Babaraowagh Kumare is a Sarpanch in Gadchiroli district, Maharashtra. He is on the boards of many organizations and federations. Interacting with members through Whatsapp groups and conference calls during COVID -19, he could realize the community-level challenges around COVID-19 vaccination. He realized that some members of the Ekta federation were not willing to get vaccinated. But he successfully persuaded every member to get vaccinated. To mobilize community members, a team was formed with federation members, block development officers, teachers, ICDS staff, ASHAs, and paramedical staff. Regular awareness activities promoting vaccination through miking were undertaken. People were sensitized about the need, and importance of vaccination, and how it protects human lives from the virus. Following the efforts by PRI and VHSNC members, 329 out of 333 eligible people in the age group 45-60 were vaccinated. The remaining four are also being vaccinated soon.

Source: NHSRC, 2022: Participants Manual on Panchayati Raj Members and Health & CBMP, NHM Maharashtra



14. Test your knowledge: Fill-in-the-blanks

- a) The National Health Mission aims to reduce _____ and _____ and provide better access to health services especially for vulnerable sections.
- b) The role of VHSNC is to monitor and supervise of _____ and Nutrition Day.
- c) The _____ scheme provides a cash incentive of 5000/- to pregnant women and lactating mothers.
- d) The _____ is designed to enhance the nutritional and health status of girls aged 11-18 years.
- e) Determinants of health include access to safe _____ and _____ services.



Chapter - 5: Women's empowerment through programmes and schemes to ensure Women Friendly Village (Targets: 14, 15, 18, 19, 20, 21, 22)

1. Learning Objectives:

- a) To understand various elements of women's empowerment;
- b) To make aware about various schemes and programmes for development of women and girl child

2. Concept of empowerment

Empowerment refers to creating capacities in the individuals or groups to participate actively in their own welfare. Empowerment is multi-dimensional and it occurs within social, economic, political and cultural spheres. Women's empowerment is to create ability of women to make strategic choices, and expand resources, agency and achievements. The different dimensions of women's empowerment are the following:

- Social Empowerment
- Economic Empowerment
- Political Empowerment
- Cultural Empowerment

2.1 Social Empowerment:

The focus of social empowerment is on building up social capabilities, social status and opportunities among individuals, and communities who were denied access to these vital components of social life for a long time. Social empowerment is aimed at social change from a hierarchical to a democratic type of society where the equal rights of all individuals are recognised. It is about the transformation of the existing social structure by providing better education, healthcare system, employment opportunities, social security measures, etc., to those people who are deprived of these benefits. A critical aspect of social empowerment of women is promotion of gender equality. Gender equality implies a society in which women and men enjoy the same opportunities, outcomes, rights and obligations in all spheres of life.

2.2 Economic empowerment:

Economic empowerment of the marginalised groups is the process by which they are given access to economic resources to generate own income. An economically backward society lacks the dynamic qualities that support and sustain economic growth. This is very much true with regard to the plight of marginalised sections, who are kept away from the ownership of economic resources. It implies a better quality of material life through sustainable livelihoods owned and managed by women. It means reducing their financial dependence on their male counterparts by making them a significant part of the human resources.

2.3 Political Empowerment:

Political empowerment is giving power to the individuals, groups and communities to enable them to influence the course of their lives and the decisions that affect them. It increases the potential of the people to influence the decision-making process of the State. The core of the



idea of empowerment itself is its political dimension. As far as the empowerment of the marginalised groups is concerned, their political mobilisation has been counted as the most effective way to solve their socio-economic, problems. The decentralisation of power to Panchayati Raj Institutions and provisions of reservation under the 73rd constitutional amendment is an attempt to politically empower people at the grassroots level, especially the women. It means the existence of a political system ensuring effective participation by women in the political decision-making process and governance.

2.4 Cultural Empowerment:

Cultural empowerment strives to protect and reconstruct the cultural identity of the people. Culture may be described as the organic whole of ideas, beliefs, values and goals which condition the thinking and acting of a community. It is the normative consciousness of a community, inherited from the past and transmitted to coming generations. Culture finds conceptual expression in ethics, philosophy, art and literature. Women, in the Indian society are entangled by cultural obligations and beliefs. The reconstruction of women's identity devoid of cultural obligations will bring empowerment in the society.

3. National Policy for Empowerment of Women, 2001

In the year 2001, the Government of India launched a National Policy for Empowerment of Women. The specific objectives of the policy are as follows:

- a) Creation of an environment through positive economic and social policies for full development of women to enable them to realise their full potential.
- b) Creation of an environment for enjoyments of all human rights and fundamental freedom by women on equal basis with men in all political, economic, social, cultural and civil spheres.
- c) Providing equal access to participation and decision-making of women in social, political and economic life of the nation.
- d) Providing equal access to women to healthcare, quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security and public life, etc.
- e) Strengthening legal systems aimed at elimination of all forms of discrimination against women.
- f) Changing societal attitudes and community practices by active participation and involvement of both men and women.
- g) Mainstreaming a gender perspective in the development process.
- h) Elimination of discrimination and all forms of violence against women and the girl child.
- i) Building and strengthening partnerships with civil society, particularly women's organisations.



4. Schemes and Programmes for development of women

The programmes connected to health of women and girls for growth and survival are: National Health Mission, Pradhan Mantri Matru Vandana Yojana (PMMVY), Mission Vatsalya, Beti Bachao Beti Padhao, Mission Shakti, Kishori Shakti Yojana, Umbrella ICDS, and Mission Poshan 2.0. - The main schemes covering employment sector are MGNREGS, National Rural Livelihood Mission, Ujjawala. Further, schemes for education and skilling are covered under Samagra Shiksha, National Scheme for Incentive to Girl Child for Secondary Education (NSIGSE), Pradhan Mantri Mahila Shakti Kendra (PMMSK), and Support to Training and Employment Programme (STEP), PRAGATI (Providing Assistance for Girls' Advancement in Technical Education Initiative). Women can access One Stop Centre, Nirbhaya, Child helpline- 1098, Women Helpline, SWADHAR Grah, Integrated Child Protection Scheme for reducing gender-based violence.

The following Schemes and Programmes related to women's development are discussed below:

- Janani Suraksha Yojana (JSY)
- Janani Shishu Suraksha Karyakram (JSSK)
- Beti Bachao Beti Padhao (BBBP)
- National Social Assistance Programme (NSAP)
- Kishori Shakti Yojana (KSY)
- Surakshit Matritva Aashwasan (SUMAN)
- Integrated Child Development Services (ICDS)

4.1 Janani Suraksha Yojana:

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS). The main objectives of JSY are to reduce maternal and neonatal mortality by promoting institutional delivery for making available medical care during pregnancy, delivery and post delivery period. Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS).

4.2 Janani Shishu Suraksha Karyakarm (JSSK):

JSSK is estimated to benefit pregnant women who access Govt. health facilities for their delivery. It is an initiative with a hope that states would come forward and ensure that benefits under JSSK would reach each pregnant women coming to Government Institution facility. The scheme entitles all pregnant women delivering in public health institutions absolutely free and no-expense delivery, including caesarean section. Benefits under the scheme include free medicines, diagnostics, and diet during stay in the health institutions, provision of free blood, free transport from home to health institution and back, and no user charges. Similar benefits are provided for treatment of infants (up to 1 year of age).



4.3 Beti Bachao, Beti Padhao:

The decline in the Child Sex Ratio (CSR) is a major indicator of women dis-empowerment. The CSR reflects both, pre-birth discrimination manifested through gender biased sex selection, and post birth discrimination against girls. Social construct discriminating against girls on the one hand, easy availability, affordability and subsequent misuse of diagnostic tools on the other hand, have been critical in increasing Sex Selective Elimination of girls leading to low Child Sex Ratio. Since coordinated and convergent efforts are needed to ensure survival, protection and empowerment of the girl child, Government has announced Beti Bachao Beti Padhao (BBBP) initiative. The Beti Bachao, Beti Padhao (BBBP) Scheme has been introduced in October, 2014 to address the issue of declining Child Sex Ratio. The Scheme was launched on 22nd January, 2015 at Panipat in Haryana. It is a tri-ministerial effort of Ministries of Women and Child Development, Health & Family Welfare and Ministry of Education. Beti Bachao, Beti Padhao scheme is to address the issue of declining child sex ratio and education of girl child through a national level media campaign and multi-sectoral action. The implementation process is as follows:

- Provide guidance and awareness about the various schemes, policies and laws for the education and safety of the girl child.
- Sensitize and train the functionaries as catalysts for social change and to mobilize the community for its engagement for improving the CSR, Sex Ratio at Birth (SRB) and enrolment & retention of girl child in schools.
- Provide information and training for better inter-sectoral and inter-institutional convergence at district/block/ grassroots level.
- Orient the trainers about planning process of advocacy campaign for social and behaviour change.

At the Block level, a Block level Committee would be set up under the Chairpersonship of the Sub Divisional Magistrate/Sub Divisional Officer/Block Development Officer (as decided by the concerned State Governments) to provide support in effective implementation, monitoring & supervision of the Block Action Plan. At the Gram Panchayat/Ward level, the respective Panchayat Samiti/Ward Samiti (as may be decided by concerned State Governments) having jurisdiction over the concerned Gram Panchayat/Ward would be responsible for the overall coordination & supervision for effectively carrying out activities under the Plan. At Village level, Village Health Sanitation and Nutrition Committees, (recognised as sub committees of panchayats) will guide and support village level implementation and monitoring of the plan. Gram Sahyog Sakhi (GSS) will catalyse action on ground by creating awareness on the issue of CSR, collecting data, dissemination of information about schemes/programmes related to girl child & their families etc.

4.3.1 Adolescent Girls Club: Under the BBBP scheme, adolescent girls clubs are created in schools to generate awareness on menstrual hygiene, child sexual abuse and teenage pregnancy among adolescent girls. Open discussions are being held to end stigma against menstruation. Girl-friendly WASH practices are promoted through the adolescent girls clubs.



5. National Social Assistance Programme (NSAP)

The programme introduced a National Policy for Social Assistance for the poor and aims at ensuring minimum national standard for social assistance in addition to the benefits that states are currently providing or might provide in future. NSAP at present comprises of National Old Age Pension Scheme (NOAPS), National Widow Pension Scheme (NWPS), National Disability Pension Scheme (NDPS), National Family Benefit Scheme (NFBS) and Annapurna. In providing social assistance benefits to poor households in the case of old age, death of the breadwinner and maternity, the NSAP aims at ensuring minimum national standards, in addition to the benefits that the States are currently providing or might provide in future. It also aims at ensuring that social protection to the beneficiaries everywhere in the country is uniformly available without interruption. The NSAP as a fully funded Centrally Sponsored Scheme targeting the destitute, defined as any person who has little or no regular means of subsistence from his / her own source of income or through financial support from family members or other sources, to be identified by the States and UTs, with the objective of providing a basic level of financial support.

5.1 Role of Panchayati Raj Institutions for NSAP:

One of the main tasks for attaining the objective of the schemes of NSAP is awareness generation among the people about eligibility, scale of assistance and the procedure to be followed for obtaining benefits. District, Block/Intermediate and Village level panchayats and urban local government institutions should play a vital role in creating awareness among the people. Self-Help Groups (SHGs) also have a critical role to play. For disseminating information about NSAP regarding procedure for obtaining benefits. In this task, voluntary organizations, SHGs, ASHA workers, Aaganwadi workers etc. can be involved actively. Further, the GPs can carry out the following:

- Periodic reviews, discussions should be held in Gram Sabha/ Ward level meetings
- Wherever SHGs are in existence, they should be actively involved in identification of beneficiaries.
- The Gram Panchayats / Municipalities should play an active role in the identification of the beneficiaries under all the schemes of NSAP
- Monitoring and necessary follow-up in sanctions and disbursement.
- The Gram Panchayats / Municipalities shall report every case of death of pensioner to the designated Sanctioning Authority. Cases of mistaken / false identity should also be reported immediately for corrective action.

6. Kishori Shakti Yojana (KSY)

Kishori Shakti Yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. It seeks to provide them with an opportunity to realize their full potential. This scheme is a redesign of the already existing Adolescent Girls (AG) Scheme being implemented



as a component under the centrally sponsored Integrated Child Development Services (ICDS) Scheme. The new scheme dramatically extends the coverage of the earlier scheme with significant content enrichment, strengthens the training component, particularly in skill development, aspects aimed at empowerment and enhanced self-perception. It also fosters convergence with other sectoral programmes, addressing the interrelated needs of adolescent girls and women. The objectives of KSY are the following:

- To improve the nutritional and health status of girls in the age group of 11-18 years;
- To provide the required literacy and numeracy skills through the non-formal stream of education, to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities;
- To train and equip the adolescent girls to improve/ upgrade home-based and vocational skills;
- To promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all measure as to facilitate their marrying only after attaining the age of 18 years and if possible, even later;
- To gain a better understanding of their environment related social issues and the impact on their lives; and
- To encourage adolescent girls to initiate various activities to be productive and useful members of the society.

7. Surakshit Matritva Aashwasan (SUMAN)

The Surakshit Matritva Aashwasan (SUMAN) initiative, introduced in October 2019, is a transformative effort to ensure safe and dignified healthcare experiences for pregnant women and new-borns visiting public health facilities. SUMAN's overarching goal is to eradicate preventable maternal and new born deaths and complications, emphasizing a positive birthing experience for every woman. Under SUMAN, comprehensive and respectful care is provided at no cost to women and new-borns accessing public health facilities.

8. Swachh Bharat Mission (SBM)

The SBM is a programme of Ministry of Drinking Water and Sanitation (MoDWS), Government of India (GoI). It focuses on the elimination of open defecation by providing access to sanitary toilets for each household and in public places and promoting use of these toilets. It creates a healthier and safer environment for children, reducing the risk of waterborne diseases and improving overall well-being. It also requires generating awareness about sanitation and its linkages with public health and ensuring an enabling environment for everyone to participate.

9. Integrated Child Development Services (ICDS)

The Integrated Child Development Services (ICDS) scheme is the largest program for promotion of maternal and child health and nutrition. The scheme was launched in 1975 in pursuance of the National Policy for Children. ICDS is a multi-sectoral program and involves



several government departments. The program services are coordinated at the village, block, district, state and central government levels. The beneficiaries are children below 6 years, pregnant and lactating women and women in the age group of 15 to 44 yrs. The program provides an integrated approach for converging all the basic services for improved childcare, early stimulation and learning, health and nutrition, water and environmental sanitation aimed at the young children, expectant and lactating mothers, other women and adolescent girls in a community. The ICDS aims at achieving the following objectives:

- i. to improve the nutritional and health status of children in the age-group 0-6 years;
- ii. to lay the foundation for proper psychological, physical and social development of the child;
- iii. to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- iv. to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- v. to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The objectives of ICDS are sought to be achieved through providing services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school non-formal education and nutrition & health education.

10. Best Practice: In the State of Nagaland, Adolescent Girls Clubs are introduced across the schools. Monthly meetings are held in Adolescent Girls Club, where deliberations and dialogue sessions are conducted on harmful effects of teenage pregnancy, menstrual health and hygiene management, child sexual abuse in collaboration with Legal Service Authority. The following activities are also being conducted under the Adolescent Girls Club:

- The formation of a Girls' 'Friendship Circle'
- A campaign on 'Know Your Rights'
- Free sanitary napkin distribution in schools, especially among underprivileged girls
- A play on "The Day I took a Stand" that is enacted as part of the Club's initiative to stand up against child sexual abuse, bullying, domestic violence, trafficking and other forms of violence against women and girls. The drawing of a month-wise action plan for the Club is also being carried out.

The main factor contributing to the success of this initiative is the active participation and support of the Nagaland Legal Service Authority, Department of Education that acts as the nodal agency for running the Adolescent Girls Club are equally credited for the achievements of this activity.

Source: Department of Women and Child Development, Nagaland



11. Test your knowledge: Fill-in-the-blanks

- a) _____ refers to creating capacities in the individuals or groups to participate actively in their own welfare.
- b) The _____ initiative, introduced in October 2019, is a transformative effort to ensure safe and dignified healthcare experiences for pregnant women and new-borns visiting public health facilities.
- c) The _____ Scheme has been introduced in October, 2014 to address the issue of declining Child Sex Ratio.
- d) The different dimensions of women's empowerment are Social, _____, _____, and cultural.
- e) The ICDS aims at achieving to improve the _____ and health status of children in the age-group _____ years.



Chapter - 6: Social protection and enabling provisions for safety of women and girls (Targets – 1, 2, 3, & 14)

1. Learning Objective:

- (a) To sensitise on concept of gender and gender-based discrimination,
- (b) To make aware about the protective measures / supportive mechanisms for preventing gender-based discrimination and violence

2. Concept of Gender

Gender is the culturally and socially constructed roles, responsibilities, privileges, relations and expectations from women and men, boys and girls. Since these are socially constructed, they can change over time and differ from one place to another. Gender refers to the attributes and opportunities associated with being male and female and socio-cultural relationship between women and men, girls and boys, as well as the relations between different groups of women and different groups of men. These attributes, opportunities and relationships are socially constructed and learned through socialization processes. In most societies, there are differences and disparities (inequalities) between women and men in activities undertaken, access to and control over resources and decision making (power) opportunities. Gender is part of the broader socio-cultural context. Sex refers to biologically determined differences between men and women that are universal and established in nature.

2.1 Gender roles and gender stereotypes in society: A gender role is a set of behaviours and attitudes considered by society to be ‘acceptable’ or ‘desirable’ for men and women. It includes how both men and women are expected to act, speak, dress, groom. Gender role expectations can vary depending on the society, culture and ethnic group and can also vary over time. Gender roles can lead to harmful gender stereotypes about how girls and boys should act, look and feel. There are 4 basic types of gender stereotypes:

- **Personality traits:** For example, women are generally expected to be emotional, while men are expected to be confident and aggressive.
- **Domestic behaviours:** For example, women can be expected to take care of the children, cook, and clean the home, while men take care of finances, work outside the home, responsible for repair of home, car etc.
- **Occupations:** Often teachers and nurses are assumed to be women, and pilots, doctors, and engineers to be men.
- **Physical appearance:** Women may be expected to have long hair and wear make-up, whilst men have short hair and are expected to be taller and more muscular.

2.2 Practical and Strategic gender needs:

Practical gender needs are related to the basic needs of women in society. It implies to change the condition of women by addressing their practical needs. Practical gender needs are the needs, which women identify in their socially accepted roles in society. These do not challenge, as they arise out of gender division of labour. They are practical in nature. Strategic gender



needs are the needs women identify because of their subordinate position in society. They vary according to contexts, legal rights, domestic violence, equal wages and women's control over their bodies. They are more long term and less visible than practical gender needs. Strategic gender needs are required to improve the position/status of women in society. Changing the overall position of women will mean addressing some of their needs which are strategic.

The following are some of the indicative practical and strategic gender needs:

Practical gender needs	Strategic gender needs
<ul style="list-style-type: none">• Good housing• Safe drinking water• Adequate water for domestic and other immediate consumption• Maintenance of hygiene and sanitation• Regular employment• Adequate street lighting• Wages• Childcare facilities• Health care and insurance coverage for women• Availability of nutritional supplement, food• Transportation facilities• Regular Employment & Income• Electricity• Fuel for cooking	<ul style="list-style-type: none">• Access to capital investment• Land rights• Ownership of assets• Equality in Wages• Political equality• Sharing of domestic labour and childcare by men• Legislations to challenge the abuse of women• Entry of women in non-traditional occupational sectors• Reproductive rights• Control over their bodies• Equal status of women (constitutional provision)• Gender Budgeting

2.3 Gender equity and equality: Gender equity is the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality. Gender equality requires equal enjoyment by women and men of socially-valued goods, opportunities, resources and rewards. Where gender inequality exists, it is generally women who are excluded or disadvantaged in relation to decision-making and access to economic and social resources. Therefore a critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives. Gender equality does not mean that men and women become the same; only that access to opportunities and life changes is neither dependent on, nor constrained by, their sex. Achieving gender equality requires women's empowerment to ensure that decision-making at private and public levels, and access to resources are no longer weighted in men's favour, so that both women and men can fully participate as equal partners in productive and reproductive life.



2.4 Importance of gender equality: Gender equality is intrinsically linked to sustainable development and is vital to the realization of human rights for all. The overall objective of gender equality is a society in which women and men enjoy the same opportunities, rights and obligations in all spheres of life. Equality between men and women exists when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions, interests and talents; share responsibility for the home and children and are completely free from coercion, intimidation and gender-based violence both at work and at home. Decision-making with regard to such issues as age at marriage, timing of births, use of contraception, and recourse to harmful practices (such as child marriage, female genital cutting) stands to be improved with the achievement of gender equality.

2.5 Promotion of gender equality: The achievement of gender equality implies changes for both men and women. More equitable relationships will need to be based on a redefinition of the rights and responsibilities of women and men in all spheres of life, including the family, the workplace and the society at large. However, it is important to acknowledge that where gender inequality exists, it is generally women who are excluded or disadvantaged in relation to decision-making and access to economic and social resources. Therefore a critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives. This would enable them to make decisions and take actions to achieve and maintain their own reproductive and sexual health.

2.6 Challenges to gender equality in society: Gender equality is dependent on democratic and gender-sensitive governance, because women who are marginalised in the public realm and administration often do not feel empowered to act or participate in governance. More significantly, they do not take steps to ensure gender-sensitive governance. As a result, laws, regulations, and government institutions do not reflect the needs of all citizens, nor do they promote progress or defend women's rights. The following indicative challenges are identified related to gender equality in Indian society:

- Physical and mental violence towards women
- Child marriage, early marriage, Forced marriage
- Trafficking of women for sex work and bonded labour, forced migration
- Abuse of disabled and aged women and lack of support for their health, nutrition and social interaction
- Lack of support to adolescent girls on education, health and nutrition
- Lack of value for unpaid domestic work generally carried out by women. Globally women spend roughly three times the amount of time spent by men on unpaid work.



Local level development and local interventions are very important for addressing these disparities because social institutions at the local level are the key players in influencing the social practices which affect empowerment of women and girls. Gender-based discrimination is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. There are several acts and provisions for providing social protection and development of women and adolescent girls.

3. Key Acts for protection and development of women in India

- The Protection of Women from Domestic Violence Act, 2005
- The Equal Remuneration Act, 1976
- The Dowry Prohibition Act, 1961 (Amended 1986)
- The Immoral Traffic (Prevention) Act, 1986
- The Prohibition of Child Marriage Act, 2006.
- The Pre-Conception & Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (Amended 2003)
- The Sexual Harassment of Women at Work Place (Prevention, Protection and) Act, 2013.

3.1 The Protection of Women from Domestic Violence Act, 2005: The Act safeguards the rights of women against any form of domestic violence and provides legal remedies if this right is violated. It provides a definition of "domestic violence" for the first time in Indian law, with this definition being broad and including not only physical violence, but also other forms of violence such as emotional, verbal, sexual, psychological and economic abuse. Under this Act, the aggrieved person is defined as any woman who is, or has been, in a domestic relationship with the respondent and who alleges to have been subjected to domestic violence by the respondent. This law protects not only women from violence within their husband-wife relationships, but women living in the same home with people with whom they are in a domestic relationship with. The Act provides the rights to women to apply for a protection order, an order for monetary relief, a custody order, a residence order, and/or a compensation order; free legal services under the Legal Services Authorities Act, 1987; file a complaint under section 498A of the Indian Penal Code. The aggrieved person also has the right to reside in the shared home regardless of whether or not she has any title or ownership over the home.

3.2 The Equal Remuneration Act, 1976: The Act is enacted to provide for the payment of equal remuneration to men and women workers for the same work or work of similar nature and for the prevention of discrimination, on the ground of sex, against women in the matter of employment. The Act defines "same work or work of a similar nature" as work in respect of which the skill, effort and responsibility required are the same, when performed under similar working conditions, by a man or a woman and the differences, if any, between the skill, effort and responsibility required of a man and those required of a woman are not of practical importance in relation to the terms and conditions of employment.



3.3 Dowry Prohibition Act, 1961 (Amended 1986): The Dowry Prohibition Act, 1961 (Amended 1986) consolidated the anti-dowry laws which had been passed in certain states. Dowry in the Act is defined as any property or valuable security given or agreed to be given in connection with the marriage. The Act is to prohibit the giving or taking of dowry that is any property or valuable security given or agreed to be given either directly or indirectly by any party or parents of either side at the time of marriage, or before or after the marriage ceremony. This legislation provides for a penalty if any person gives, takes or abets giving or receiving of dowry. The punishment could be imprisonment for minimum 5 years and a fine more than Rs.15, 000 or the value of the dowry received, whichever is higher. There are also several state level amendments to the Dowry Prohibition Act.

3.4 Immoral Traffic Prevention Act, 1986: The Immoral Traffic Prevention Act or ITPA is a 1986 amendment of legislation passed in 1956 as a result of the signing by India of the United Nations' declaration in 1950 in New York on the suppression of trafficking. Immoral Traffic Prevention Act, 1986 PITA only discusses trafficking in relation to prostitution and not in relation to other purposes of trafficking such as domestic work, child labour, organ harvesting, etc. The act has provisions that outline the illegality of prostitution and the punishment for owning a brothel or a similar establishment, or for living off earnings of prostitution. The act states that if a person procures, induces or takes a child for the purpose of prostitution then the prison sentence is a minimum of seven years but can be extended to life. To ensure that the people in the chain of trafficking are also held responsible the act has a provision that states that any person involved in the recruiting, transporting, transferring, harbouring, or receiving of persons for the purpose of prostitution is guilty of trafficking. In addition any person attempting to commit trafficking or found in the brothel or visiting the brothel is punishable under this law.

3.5 The Prohibition of Child Marriage Act, 2006: This prohibits solemnization of child marriages. The Act defines a child in case of a male who has not completed 21 years of age and a female who has not completed 18 years of age. Therefore, if either or both the contracting parties to marriage is a child as per this definition; the marriage is considered as 'child marriage'.

3.6 The Pre-Conception and Pre-Natal Diagnostic Techniques Act (PCPNDT), 1994 (Amended 2003): The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 is an Act of the Parliament of India enacted to stop female foeticides and arrest the declining sex ratio in India. The Act was enacted with the intent to prohibit the application of prenatal diagnostic techniques for determination of the sex of the foetus leading to sex selective abortions. The Act provides for the prohibition of sex selection, before or after conception. It regulates the use of pre-natal diagnostic techniques, like ultrasound and amniocentesis by allowing them their use only to detect: Genetic abnormalities, metabolic disorders, chromosomal abnormalities, certain congenital malformations, haemoglobinopathies and sex-linked disorders.



3.7 The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013: The PoSH act is a legislative act in India that seeks to protect women from sexual harassment at their place of work. The Act came into force from 9th December 2013. The Act aims to create a safe and conducive work environment for women and provide protection against sexual harassment. The PoSH Act defines sexual harassment to include unwelcome acts such as physical contact and sexual advances, a demand or request for sexual favours, making sexually coloured remarks, showing pornography, and any other unwelcome physical, verbal, or non-verbal conduct of a sexual nature. The Act places a legal obligation on employers to prevent and prohibit sexual harassment in the workplace. Employers are required to constitute an Internal Complaints Committee (ICC) at each workplace with 10 or more employees to receive and address complaints of sexual harassment.

4. Best Practices: Eliminating Gender-based Violence, Story of Gram Panchayat Dunetha, Daman & Diu

The Dunetha Panchayat has been focusing on creating awareness and setting up mechanisms to end all forms of discrimination and violence faced by women and girls. Some of the innovations include: enforce implementation of all laws related to women and girls and create awareness on rights and entitlements of women and girls through door-to-door IEC campaigns and popularize women-centric development schemes, through the Mahila Shakti Kendras and set up and ensure a functional One Stop Centre (SAKHI Kendra) for women survivors of violence. The GP developed linkages with Protection Officer designated under the Protection of Women from Domestic Violence Act to support survivors of violence and created awareness by displaying their contact details. Further, the Dunetha Gram Panchayat carries out the following activities to eliminate gender-based violence in the locality:

- Birth of a girl-child is celebrated by way of a felicitation – ‘Kum- Kum Tilak’ programme, for ensuring well-being of mothers and daughters.
- ‘Saas-Bahu Sensitization Meetings’ are organized to end gender discrimination.
- Confidence building events like ‘Ladkiyon Ki Ballebazi’ – cricket match for girls and beach-side night marathon for women and girls are organized.
- Support has been mobilized from corporates in the area and from private hospitals for health check-up camps for women and girls.

Source: United Nations Population Fund (UNFPA), India, for Ministry of Panchayati Raj, Government of India, ‘Advancing the rights of Women and Girls-Panchayats leading the way: A compendium of success stories, August 2022.



5. Test your Knowledge:

- a) Gender is the _____ and _____ constructed roles, responsibilities, privileges, relations and expectations from women and men, boys and girls.
- b) The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 is an Act of the Parliament of India enacted to stop _____ and arrest the declining sex ratio in India.
- c) _____ discrimination is one of the most prevalent human rights violations in the world.
- d) Gender equality is dependent on _____ and _____ governance, because women who are marginalised in the public realm and administration often do not feel empowered to act or participate in governance.
- e) _____ gender needs are related to the basic needs of women in society.



Chapter - 7: Gender responsive governance through Mahila Sabha

1. Learning Objectives:

- a) To understand the need for Gender Responsive Governance;
- b) To understand the role of PRIs in ensuring women's participation in Mahila Sabhas
- c) Gram Panchayat (GP) – Self Help Group (SHG) convergence

2. Gender Responsive Governance

Gender-Responsive Governance (GRG) is defined as "a process that embodies measures, attitudes, and practises of various stakeholders, both men and women, at various levels of governance with a clear goal of impacting issues that foster women's empowerment and promote gender equity and social justice" (UN Women, 2012). It is a process that promotes and supports women's ability to fully participate in governance and development, strengthens their ability to raise critical questions about unfairness and collectivism without fear or coercion, and secures service gains'

3. Women's Participation in Local Government

Women's participation and leadership are critical components of good governance, which thrives on participatory decision-making and takes into account the needs of society's most vulnerable members while ensuring an efficient, transparent, and accountable implementation process. Equal participation of men and women in local government decision-making is critical to ensuring that any decisions made and budgets allocated are relevant to the living conditions and needs of local women and men, equity in service provision and planning, and funds are not only spent effectively and efficiently, but that they are also allocated to the poorest. The commitment of the Government of India to building a gender-equitable society and ensuring women's involvement in governance and decision-making is enshrined in many constitutional provisions. The Draft National Policy for Women (2016) emphasises the importance of women's engagement in decision-making at all levels to enable more responsive, egalitarian, and inclusive development. A critical mass of informed women in decision-making is essential to impact decisions that affect their lives. Effective participation of women is necessary to ensure that women's issues are discussed in the Panchayats and Gram Sabha.

3.1 Constitutional and other Provisions for Women's participation in Local Government:

According to the Census 2011, forty-eight per cent of Indian population is women. India currently has around 1.45 million PRI Women Elected Representatives (46 per cent). The Eleventh Schedule of the 73rd amendment of the Constitution of India outlines clearly that women and child development are among the 29 subjects transferred to Panchayats. Not less than one-third of seats and Sarpanch (President) in the Panchayats are reserved for women. Twenty-one States and two Union Territories so far have gone beyond such provisions and made 50 per cent reservation to women in Panchayati Raj Institutions (PRIs) through State Panchayati Raj Acts.



An opportunity has arisen for women at the grassroots level to speak up, take part in the planning process, and oversee the implementation of programmes through Panchayats to ensure that the Sustainable Development Goals (SDGs) are localised. These include the large-scale devolution of funds to Panchayats through the 14th and 15th Central Finance Commission, the ongoing nationwide "People's Plan Campaign," or preparation of Gram Panchayat Development Plan through participatory process, integration of Village Poverty Reduction Plan (VPRP) into GPDP, the emphasis on the formation of Women Self-Help Groups to address livelihood and poverty through PRI-SHG convergence models, Women Farmer Producer Organisations (FPOs), social security, equitable access to resources, and related agenda for the accomplishment of SDGs through Panchayats.

3.2 Need for Mahila Sabha: In order to give voice to women at the grassroots' level decision-making and to include women's issues in Gram Panchayats, Mahila Sabha can be organised prior to Gram Sabha. The large scale representation of women in Panchayati Raj Institutions can further be strengthened by creating enabling environment and providing a forum where women actively participate in rural governance and GPDP process to make local governance more gender responsive.

The Ministry of Panchayati Raj (MoPR) has adopted a thematic approach of aggregating 17 SDGs into nine broad themes in order to initiate local actions and attainment of SDGs at grassroots level through Panchayats. As gender is interlinked with all the SDGs, effective organizing of Mahila Sabhas regularly would be critical for realizing the Theme 9: 'Women Friendly Village' to create multiplier effect on achievements under other eight themes.

3.3 Advisories for organising Mahila Sabha:

- a) The revised Guidelines of GPDP issued by Ministry of Panchayati Raj (MoPR) in 2018 (Section 5.12, 5.3.13, 8.4.1.1) clearly highlight the importance of organizing Mahila Sabhas for gender transformation, social accountability and provision of a space for women to raise their issues for incorporation in GPDP.
- b) In the advisory issued to all the states on 'Making Gram Sabhas Vibrant' (D.O. No. M - 11015/98/2021-FD; dated 16 August 2021) MoPR again highlighted the importance of conduct of Mahila Sabhas and Bal Sabhas on a regular basis.
- c) Reiterating the Government of India's commitment in this regard, a joint letter from 13 Ministries of Government of India was also issued to all the states calling for convergent action at various levels for realizing the Theme 9: Women Friendly Village (D.O. No. M-11015/124/2021-CB; dated 31 March 2022).



d) MoPR issued another advisory focusing on the importance of regular conduct of special Mahila Sabhas and Bal-Balika Sabhas (D.O. No. M-11015/205/2022-CB; dated 1 September 2022).

e) The Ministry of Panchayati Raj (MoPR) and the United Nations Children's Fund (UNICEF) have jointly developed Advisory and Guidelines for Institutionalization of Mahila Sabhas in Gram Panchayats (Guidelines for Institutionalisation of Gram Sabhas in Gram Panchayat, February 2023). These guidelines support local action under Theme 9- 'Women Friendly Village'. It is expected that these guidelines will be adapted by the States as per local context. The following section details the guidelines for institutionalisation of Mahila Sabha.

4. Mahila Sabha

Mahila Sabha is envisaged to be a GP/village-level forum for all women Gram Sabha members of the GP. Mahila Sabhas shall be organized by the GPs prior to formal Gram Sabha meetings (2–3 times in a year or as decided by the States) to facilitate discussions among women members of the Gram Sabha on issues concerning them, their priorities and potentials, and share those with the GP and Gram Sabha in an organized manner so that planned initiatives could be taken up by the GP in coordination with various line departments and institutions. Mahila Sabhas require creation of an enabling environment where women can collectivise without fear and raise critical questions around the adherence to the priorities of women and adolescent girls.

- a) Adolescent girls (10–19 years) may also be invited in Mahila Sabhas as invitees to share their perspective and concerns so that those could also be forwarded to the GP and Gram Sabha for redressal.
- b) At least 15 days gap should be given between Mahila Sabha and Gram Sabha so that issues/resolution taken in the Mahila Sabha could be incorporated in the agenda of the Gram Sabha and subsequently into GPDPs.
- c) Ward-level Mahila Sabhas may also be organized by States where Ward Sabhas/Pally Sabhas are the key forums to discuss and take decisions on GPDPs and Panchayat governance.
- d) Issues in Mahila Sabhas can be discussed in a comprehensive manner to ensure quality health, education, livelihood opportunities and living conditions, including keeping women protected from all forms of discriminations, violence or abuses.

4.1 Key objectives of organising Mahila Sabha:

- i) To provide an organized meeting platform/forum for women where they could collectivize, identify, discuss, prioritize and present their problems to the Gram Sabha and GP for taking suitable actions;
- ii) To provide equal opportunity to all women of the GP including scheduled caste (SC), scheduled tribe (ST), minority, differently-abled and women from other marginalized sections to participate meaningfully in local planning and decision-making process.



4.2 Key functions of Mahila Sabhas:

- Discuss problems faced by women on issues related to health, education, nutrition, livelihoods, discrimination, safety and security, domestic or other forms of violence.
- Create awareness and initiative among women to participate in Gram Sabha, GPDP process and various other government programmes.
- Present resolutions taken in the Mahila Sabhas in the Gram Sabha and to the GP so that women and child development-related activities and suitable budget provisions for those could be made by the GP in GPDP.

4. Organising Mahila Sabha

4.1 Pre-Mahila Sabha activities: In order to perform the Constitutional mandate of economic development and social justice, GPs need to function in close partnership with community-based organizations (CBOs). Partnership with over 70 million women organized into Self Help Groups (SHGs) and federations under Deendayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM) provides the right platform for GPs to ensure community participation in Mahila Sabha, Gram Sabha and preparation of GPDP. The following activities can be taken up to ensure active participation in Mahila Sabha:

- a) Gram Panchayat– Women SHG Convergence: In the context of Mahila Sabhas, GPs need to develop close partnership with the SHGs to convert the passive participation of the poor women in the Gram Sabha and planning process into an active deliberation of opinions, feedbacks and expression of need.
- b) Integration of Village Poverty Reduction Plans (VPRPs) of SHGs into GPDP: Ministry of Panchayati Raj has issued a detailed advisory on Panchayats-SHG convergence. The advisory has enlightened that all SHGs under the DAY- NRLM and their federations are mandated to prepare a VPRP and present it in Gram Sabha for integration into GPDP. GPs should take proactive role to integrate these VPRPs into GPDP to reflect aspiration of women into GPDP and ensure women participation in the planning process.
- c) Mobilisation of Women: The Elected Representatives of the GP may be asked to mobilise women, specifically differently abled women, women from SC, ST, minority, migrant families from their respective wards to actively participate in the Mahila Sabha. Mobilization of women could be done through Women SHG networks, house visits, through frontline workers ASHA, Auxiliary Nurse Midwifery (ANM), Anganwadi workers, Resource Persons of SHGs.

4.2 Procedure of organising Mahila Sabha:

- Venue: The GP may identify a suitable venue like the GP office premises, community centre/hall, local school premises or any other suitable venue for organising the Mahila Sabha. Proper arrangement for safe drinking water and toilet should also be ensured.



- Notice: Information about the date of Mahila Sabha should be notified/publicly announced at least 15 days prior to the stipulated date by the GP.
- Inclusive participation: Mahila Sabha should be conducted by women only. Special emphasis should be given to ensure participation of differently abled women, women from SC, ST, minority, migrant communities, etc. in the Mahila Sabha. Participation of Tribal women, especially in Fifth Schedule Areas should be ensured.
- Facilitation: The Mahila Sabha may be presided over by the Women Chairman of the Standing Committee that deals with women's issues or President or senior member of the Village SHG Federation with support from the GP President. Facilitation of discussion may be done by the GP president with support from SHG members, ASHA or Anganwadi workers.
- Agenda of Mahila Sabha discussion: The agenda points may include concerns of women and adolescent girls of the GP regarding health, education, nutrition, livelihood opportunities, social evils like child marriage, dowry, witch hunting, safety and security, violence against women and girls, legal rights of women, land and property rights of women etc.
- Proceedings of the Mahila Sabha: The GP Secretary should ensure that the proceedings of the Mahila Sabha are recorded and the decisions are placed in GP meeting and Gram Sabha so that appropriate actions may be taken by the GP and suggested activities may be included in the GPDP.
- Post-Mahila Sabha activities: The GP shall prioritise activities suggested by Mahila Sabha, make suitable budgetary provisions, and incorporate those activities into the GPDP being prepared. The decisions taken in the Mahila Sabha shall be forwarded to related Standing Committees of the GP and concerned line departments for taking suitable actions.

5. Role of Gram Panchayats to Strengthen GP-SHG Convergence

Gram Panchayat should take initiative and ensure wider participation of women in Gram Sabha by active propagation through women Self-help groups and village Community Based Organisations (CBOs). This can be taken up with the assistance of women ward members and other members. The following activities can be taken up by GPs for strengthening GP-SHG convergence:

- Mobilize the poor households under SHGs and Village Organizations (VOs).
- Mobilize SHGs for ensuring participation in the Mahila Sabhas preceding Gram Sabha.
- Use the SHGs and their federations to strengthen participation in Gram Sabha.
- Conduct regular meetings with SHGs to discuss their problems and relevant other issues.
- Use the SHGs and their federations actively in GPDP process for social mobilisation, conduct of Participatory Rural Appraisal exercise etc.
- Include SHG members in participatory planning teams.



- Provide space to SHGs for their operation and access to community assets like ponds, common lands and markets to enhance livelihood opportunities.
- Use the SHGs for outreach, particularly in behaviour change communication, dissemination of information on developmental programmes and schemes to the target groups.
- Utilize the SHGs for community-based monitoring, delivery of services against appropriate fees.
- Integrate Village Poverty Reduction Plan (VPRP) prepared by SHGs into Gram Panchayat Development Plan (GPDP)

Further details can be obtained from National advisories issued by MoPR and Ministry of Rural Development (MoRD) during the previous years i.e MoPR-K11022/31/2015-CB dated 4 February 2016 and MoRD-DO/Secy (RD)/Misc/2018-GSA dated 22 May 2018.

6. Case Study/Best Practice

Mainstreaming Gender in GPDP: Story of Morjim Gram Panchayat, Goa (Panchayat – Morjim, Block – Pernem Taluka, District – North Goa, Sarpanch Vaishali M. Shetgaonkar)

The Morjim GP strived for greater and active participation of women in Gram Sabhas for gender-inclusive GPDPs. The GP promoted active leadership of elected women representatives, by training and mentoring support and through vibrant leadership in various standing committees of the panchayat. It involved women as behaviour change agents for cleanliness, sanitation and healthcare campaigns, with support of AWWs, ANMs and ASHAs. The GP promoted activate women SHGs with skill training for economic self-reliance and through bank and market linkages. The Panchayat focused on improved healthcare, education, livelihoods with equal opportunities to women and girls for inclusive development. The Morjim GP organised gender-inclusive and vibrant Gram Sabhas, with enhanced participation of women and inclusion of their development needs in GPDPs and strived to achieve Women-friendly Panchayat.

Source: United Nations Population Fund (UNFPA), India, for Ministry of Panchayati Raj, Government of India, 'Advancing the rights of Women and Girls-Panchayats leading the way: A compendium of success stories, August 2022.



7. Test Your Knowledge:

- a) The Draft National Policy for Women (2016) emphasises the importance of women's engagement in _____ at all levels to enable more responsive, egalitarian, and inclusive development.
- b) Gram Panchayat should integrate _____ Plan prepared by SHGs into Gram Panchayat Development Plan.
- c) Mobilization of women could be done through Women SHG networks, house visits, through frontline workers, ASHA, _____, Anganwadi workers, Resource Persons of SHGs.
- d) Key objective of Mahila Sabha is to provide an organized meeting _____ for women where they could collectivize, identify, discuss, prioritize and present their problems to the Gram Sabha and GP for taking suitable actions.
- e) Mahila Sabhas require creation of an enabling environment where women can collectivise without fear and raise _____ around the adherence to the priorities of women and _____.



Chapter - 8: Role of Panchayats in Ensuring Women Friendly Village

1. Learning Objectives:

- a) Strategies for Women Friendly Village
- b) Life Cycle Approach
- c) Role of Panchayats in achieving girl and women friendly village

2. Introduction

Ensuring gender equality and empowering all girls and women are important in the overall development of our village. The theme Women Friendly Village entails elimination of gender discrimination prevalent against women and girls in all forms in Gram Panchayats and empowering them by increasing their participation in political, economic, social life on the basis of human rights. Thus, it is the responsibility of Gram Panchayats to create facilitators and to increase gender equality in rural areas so that women and girls are not deprived of the process of development.

3. Key Strategies of Women Friendly Village

UNESCO believes that all forms of discrimination based on gender are violations of human rights, as well as a significant barrier to the achievement of the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals. The message clearly suggests that women and men must enjoy equal opportunities, choices, capabilities, power and knowledge as equal citizens. Equipping girls and boys, women and men with the knowledge, values, attitudes and skills to tackle gender disparities is a precondition to building a sustainable future for all. The following factors can be taken into account for achieving women friendly village and engendering development:

- Improve Gender Equity: Be fair to women and men in the development activities & compensate for social disadvantages
- Improve Gender Equality: Ensure women and men equally enjoy the human rights, opportunities and resources
- Healthcare and Nutrition: Providing access to proper healthcare services and nutritious food to ensure women and adolescent girls physical well-being.
- Reduce Gender Gap: Bring down the relative gap between men and women in Economic Participation, Political Empowerment, Educational Attainment, Health & Survival

4. Ensuring women friendly village through a Life Cycle Approach

The role of Panchayats in achieving Women Friendly Village is part and parcel of the 29 subjects transferred to the Panchayats in all aspects as they are connected to women's development and child development, be it health, education, poverty alleviation, rural electrification, fuel, drinking water, family welfare and all others.



The theme of Women Friendly Village provides various indicators that enable a Gram Panchayat to look at a Life Cycle Approach to ensure engendered development. These multiple angles and dimensions to women empowerment and gender equality are essential for development in Panchayat.

Life Cycle Approach

CHILDHOOD	ADOLESCENCE	ADULTHOOD	ELDERLY
<ul style="list-style-type: none"> • Mobilizing families and community to celebrate birth of a girl child through innovative means • Ensure functioning and enrollment of girls in Anganwadi Centers • Ensure enrollment and retention of girls in schools • Ensure constitution and functioning of Village Child Protection Committees 	<ul style="list-style-type: none"> • Empowering girls by providing access to life skills and linking to vocational skills for gainful employment • Ensure availability of adolescent friendly health services including counselling • undertaking safety audits and ensure compliance for e.g., streetlights. • Creating awareness about illegality of early, forced and child marriage. • Ensure functioning of Village Health, Nutrition and Sanitation Committees 	<ul style="list-style-type: none"> • Information about rights and entitlements of women and girls • Access to health information and services • Develop community support infrastructure and services to lessen the work burden of women • Ensure women and girl children enjoy property-ownership rights in family inheritance of property • Ensure equal wages to women, at par with men • To reduce the work-burden of women, promote enabling technology like solar energy 	<ul style="list-style-type: none"> • Information and access to social protection schemes. • Ensure elderly women lead a life free of violence. • Access to geriatric care at Health facilities • Initiate Elderly Self-Help Groups. • Initiate programs for Inter-generational approach to ageing, especially with elderly women • Create geriatric infrastructure like old age homes within the Gram Panchayat



5. Role of Panchayats in achieving Women Friendly Village

The critical role played by women in various activities whether at home, at the community level or in the care of the environment is often undervalued. There is information asymmetry in the knowledge and training of women. This can be reversed only when women are recognised as agents of change and are integrated into the different aspects of development. The Gram Panchayats represent the new space for change where basic issues such as health, sanitation, nutrition, education, legal awareness, violence against women all would need to be dealt with by them.

Women friendly Panchayat is to ensure that women participate fully in the social and economic life across all sectors and at all levels which is essential to build strong economies. There lies the significant role played by local governments, which are the real promoters of women empowerment at the grass root level. As per the 11th Schedule of the 73rd amendment of the Constitution of India, women and child development are among the subjects to be transferred to Panchayats. Role of Panchayats can be illustrated in the following manner:

- a) Taking initiatives towards a safe village - end all forms of discrimination and elimination of violence at home, in the village and in public spaces
- b) Enhancing the capabilities of young girls and women by improving access to health, education and service delivery
- c) Ensuring equal wages for equal work
- d) Eliminate all forms of harmful practices like child marriage- ensure no girl is married before 18 years in the panchayat
- e) Ensure equitable access to resources – property, financial services, inheritance and natural resources and also allocating budgets at the panchayat level for their needs
- f) Ensure that women are represented to have both the voice and agency for expressing their rights

The Panchayats can promote the following:

- Philosophy of Beti Bachao Beti Padhao Abhiyan
- Awareness against gender discrimination
- School enrolment and retention of girls in school education
- Universal birth registration and specifically of girl child
- Promote campaigns to address various issues identified as goals and targets
- GP Sankalp – taking pledge for Theme-9 Women Friendly Village

The Panchayats can facilitate the following:

- Campaign - public as well and door to door - to prevent child marriages, forced and early marriage, sex-selective abortions, trafficking of women and children.
- Formation of Gram Samanvaya Samitis comprising grassroots level functionaries and women's representatives from the community.



- Gender status studies through a participatory exercise and dissemination of the results in Gram Sabhas.
- Enrolment and attendance of all girl children to Anganwadis
- Ensure Women's participation in economic activities like SHGs.
- Poorna Shakti Kendras, the GP level one-stop centre for services for women.
- Decide on training and capacity building requirements to understand how to improve the situation of women and girls.
- Have a pre-discussion with the Women's groups to include women's issues in the agenda. Look at disaggregated data and understand position of women and how to include the most vulnerable women in the GPDP.
- Place and discuss women centric issues in the Mahila Sabha
- Ensure participation of women in Gram Sabha. Ensuring equal participation of women in local governance and decision making
- Bring issues of gender disparity and violence to the attention of Panchayat Committees for action
- Ensure continuous discussion and trainings for GP committee to promote attitudinal changes
- Formation of a committee to carry out and follow the tasks prioritized towards gender equality
- Facilitate a convergence meeting with different line departments Agencies/community organizations involved in addressing gender issues
- Develop a monitoring mechanism for actions on gender issues
- The GP can mobilise the Gram Sabha, set Panchayat specific Targets, Coordinate with government and non-government agencies, tap the resources from various centrally and state sponsored schemes, ensure that the services reach the community, specifically the women and girl children.

5.1 An Example: Steps to be followed if the Gram Panchayat decides for total enrolment of girls in schools

- Convene the Mahila Sabha and Gram Sabha
- Put forth the idea of 100% enrolment of girls in schools
- Decide on a campaign – public as well as door to door
- Include this in the Gram Panchayat Development Plan (GPDP)
- Conduct a Survey of the girl children of school going age
- Assess the present status of enrolment
- Analyse the reasons for dropouts / non-enrolment
- Identify solutions – common or individual specific
- Conduct a Door to door campaign
- Set up a community led monitoring committee
- Conduct regular monitoring of enrolment, attendance and retention girls in schools



5.2 An example: Steps to be followed for Planning for eliminating all forms of violence against women and girls in the public and private spheres – actions to be taken by GP

- Present the issues of different forms of violence against women in the Mahila Sabha and Gram Sabha
- Include the project in the Gram Panchayat Development Plan (GPDP) by formation of a committee or Samiti to prevent and address violence against women and children
- Conduct Gender Sensitization programmes at different levels
- Launch of School based Gender desk and Counselling facilities
- Form Community level vigilant group formation to address atrocities against women and children
- Ensure the public places are safe and take protective measures
- Registration and tracking of women and girls who is migrating from the locality for labour and other purposes
- Ensure all migrations are recorded in the panchayat
- Encourage local educational institutions to start skill development programmes for victims of violence
- Create awareness in the community about laws and regulations related to atrocities against women and how to approach the authorities to address cases of atrocities
- Ensure/organise Internal Complaints Committees in institutions where women working & establish link with Local Complaints Committees at district level and line departments

6. Best Practice

Women show the way for a Liquor-free Panchayat - Case of Kachhballi GP (Gram Panchayat – Kachhballi, Block – Bhim, District – Rajsamand, Rajasthan, Former Sarpanch – Geeta Kanwar who led the GP to become liquor-free 2015-20)

Seeking to check the spread of alcoholism in her panchayat, leading to rising incidents of violence against women, the former Sarpanch Geeta Kanwar took it as a challenge to mobilize women through Mahila Sabhas and through them mobilize the Gram Sabha, to resolve to become liquor-free. This mass resolve against liquor shops led to the shutting down of these shops. In March 2016, under the leadership of the Sarpanch, Kachhballi GP became the first panchayat in the State to mobilize a special Gram Sabha to invoke the provisions of the Rajasthan Excise Act, 1975 – providing for the closure of liquor shops. On the strength of the ‘Nasha Mukti’ campaign led by the Sarpanch in her GP, 95% of the Gram Sabha voters voted to shut down the liquor shop from the GP.

The impact of becoming a liquor-free panchayat by democratic consensus building has paved the way to make the Gram Sabha an active mechanism for local dispute settlement through Gram Sabha nominated Peace Committees as per PESA Act of the State; leading the GP to attain a Zero- FIR lodged status, crime-free, peaceful GP. Ownership rights of land and trees



are being decided by the Gram Sabha, based on the Forest Rights Act. Women have become empowered sentinels of peace- keeping, in this violence-free, harmful practices-free GP.

Source: United Nations Population Fund (UNFPA), India, for Ministry of Panchayati Raj, Government of India, 'Advancing the rights of Women and Girls-Panchayats leading the way: A compendium of success stories, August 2022.

7. Test Your Knowledge:

- a) Gender Equality: Ensure women and men equally enjoy _____ the, opportunities and resources.
- b) Taking initiatives towards a safe village - end all forms of _____ and elimination of violence at home, in the village and in _____.
- c) GP can Campaign - public as well and door to door - to prevent _____, forced and early marriage, sex-selective abortions, _____ of women and children.
- d) The theme of Women Friendly Village provides various indicators that enable a Gram Panchayat to look at a _____ Approach to ensure engendered development.
- e) As per the 11th Schedule of the 73rd amendment of the Constitution of India, _____ and _____ development are among the subjects to be transferred to Panchayats.



Further Readings:

Ministry of Panchayati Raj, 2021: Report on Localization of SDGs through PRIs Vol. I & II (<https://cdnbbsr.s3waas.gov.in/s316026d60ff9b54410b3435b403afd226/uploads/2023/02/2023021741.pdf>)

Ministry of Panchayati Raj, 2023: Panchayat Development Index Report, Vol. I & II

Ministry of Panchayati Raj (MoPR) and United Nations Children's Fund (UNICEF), 2023: Guidelines for Institutionalisation of Gram Sabhas in Gram Panchayat, February 2023, GoI

Ministry of Panchayati Raj, 2023: Suggestive Booklet on Theme-based Gram Panchayat Development Plan to Localise SDGs, MoPR, GoI

Ministry of Panchayati Raj: Healthy Village (<https://www.panchayat.gov.in/documents/448457/0/healthy+village+%283%29.pdf/65c866e-5f01-6e3b-b599-4ce473f24a30?t=1658214690671>).

Beti Bachao Beti Padhao – Operational Manual, Ministry of Women and Child Development (MWCD), GoI

Handbook for Members of Village Health Sanitation and Nutrition Committee (MoHFW).

Kabeer, N, 2015: Gender equality, the MDGs and the SDGs: Achievements, lessons and concerns, International Growth Center. <http://www.theigc.org/blog/gender-equality-the-mdgs-and-the-sdgs-achievements-lessons-and-concerns>

Madhuri, N. V. and N. Sengupta, 2018: Gender-Friendly Panchayats: Best Practices, Published by National Institute of Rural Development, Hyderabad

National Health Systems Resource Centre (NHSRC), 2022: Participants Manual on Panchayati Raj Members and Health, NHSRC

Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex I.

Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995 (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

UN Women, 2012: Concept Paper on Gender Responsive Governance, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

United Nations Population Fund (UNFPA), India, for Ministry of Panchayati Raj, Government of India, 'Advancing the rights of Women and Girls-Panchayats leading the way: A compendium of success stories, August 2022.



Web Links:

http://nirdpr.org.in/crru/docs/wash/WASHinSchoolsUNICEFBooklet_10212016112324AM.pdf

https://www.un.org/womenwatch/directory/pdf/Source_BK_9-May.pdf

<https://wcd.nic.in/sites/default/files/GB%20-%20Handbook%20October%202015.pdf>

<https://www.adb.org/sites/default/files/publication/29210/gen-gov-issues.pdf>

https://india.unfpa.org/sites/default/files/pub-pdf/unfpa_compendium_panchayat_mopr.pdf

http://nirdpr.org.in/crru/docs/Governance/CF%20and%20GR_FINAL_English.pdf

<https://cdnbbsr.s3waas.gov.in/s316026d60ff9b54410b3435b403afd226/uploads/2023/02/2023021672.pdf>



Pre-test MCQs:

- 1) What is the message of Beti Bachao, Beti Padhao programme?
 - a) Prevent gender-biased sex selective elimination
 - b) Ensure survival and protection of the girl child
 - c) Ensure education of the girl child
 - d) **All the above**

- 2) Which government program in India focuses on addressing nutrition issues among women and children, including girl children?
 - a) Swachh Bharat Abhiyan
 - b) Make in India
 - c) **National Nutrition Mission (Poshan Abhiyan)**
 - d) Digital India Initiative

- 3) Gender refers to
 - a) **Socially constructed notion**
 - b) Physically constructed notion
 - c) Mentally constructed notion
 - d) None of the above

- 4) What is domestic violence?
 - a) Any form of abuse causing harm or injury to the physical and / or mental health of the woman or compromising her life and safety
 - b) Any harassment for dowry or to meet any other unlawful demand
 - c) Threats to cause injury or harm
 - d) **All the above**

- 5) Dowry Prohibition Act enacted in the year.....?
 - a) 1950
 - b) 1955
 - c) **1961**
 - d) 1965

- 6) Which aspects of growth of children get affected due to Stunting?
 - a) **Cognitive ability**
 - b) Weight increase
 - c) Physical growth
 - d) Weight loss



- 7) What is the role of proper nutrition during pregnancy for the health of children?
 - a) It has no significant impact on the child's health.
 - b) It can reduce the risk of preterm birth and low birth weight.**
 - c) It ensures the child will be born with a higher social status.
 - d) It primarily affects the mother's health, not the child's.

- 8) What is gender equality
 - a) Access to rights or opportunities is unaffected by gender
 - b) Equality between men and women**
 - c) Only access by particular section
 - d) Privileges to women

- 9) ASHA worker is related with which scheme?
 - a) NRLM
 - b) MGNREGA
 - c) PMAY
 - d) NHM**

- 10) Rani is married to Kishore, a mechanic. Unfortunately, after 3 years of their marriage Kishore loses his job and becomes unemployed. Kishore's mother blames Rani and threatens her to bring dowry money or she will be thrown out of the house. Which laws is applicable in her case?
 - a) Equal Remuneration Act, 1976
 - b) Dowry Prohibition Act, 1961**
 - c) Pre-conception and Pre-natal Diagnostic Techniques (PCPNDT) Act 1994
 - d) The Child and Adolescent Labor (Prohibition and Regulation) Act, 1986



Post-test MCQs

- 1) What is one of the key long-term benefits of improving the nutrition of women and girl children in India?
 - a) Increased risk of chronic diseases
 - b) Decreased likelihood of pursuing education
 - c) Enhanced economic opportunities**
 - d) Reduced life expectancy
- 2) Maternal Mortality Ratio is defined as
 - a) No. of Maternal Deaths per 100,000 live births**
 - b) No. of Maternal Deaths Per 1000, Live Births
 - c) No. of Deaths caused due to pregnancy and childbirth
 - d) None of the above
- 3) What is the aim of Integrated Child Development Services (ICDS)
 - a. To promote employment opportunity
 - b. Providing awareness about various schemes and policies
 - c. To improve the nutritional and health status of children in the age-group 0-6 years**
 - d. None of the above
- 4) Which state has the lowest Maternal Mortality Ratio in India?
 - a) Kerala**
 - b) Andhra Pradesh
 - c) Chhattisgarh
 - d) Maharashtra
- 5) The problems of the marginalised sections can be related to poor access to
 - a) Economical resources
 - b) Education resources
 - c) Social services
 - d) All of the above**
- 6) The first National Policy for the Empowerment of Women is framed in
 - a) 1981
 - b) 1991
 - c) 2001**
 - d) 2011
- 7) What is the need for conducting Mahila Gram Sabha?
 - a) More presence and participation of women
 - b) Take up sensitive topics pertaining to gender issues
 - c) Build a support structure for Elected Women Representatives
 - d) All of the above**



- 8) Constitution of India provides provisions to secure equality in general and gender equality in particular.
- True**
 - False
- 9) Which Amendment Act has the provision for women's reservation in Panchayati Raj Institutions?
- 73rd Amendment Act**
 - 74th Amendment Act
 - 80th Amendment Act
 - 94th Amendment Act
- 10) Gender equality is ensured through
- Women's representation of women in local governance
 - Women's participation in economic sphere
 - Women's participation in public life
 - All of the above**
- 11) Baal focuses on
- Overall development of children**
 - Education
 - Health
 - Food Security
- 12) What is the aim of Janani Suraksha Yojana?
- Ensure girl child attend school regularly
 - To reduce maternal and infant mortality ratio**
 - To reduce school dropped out
 - Promote livelihood opportunity



Annexure

Answers to fill up the blank Questions

Chapter 1: Overview on Localising Sustainable Development Goals: National policy for setting targets and indicators

- a) sustainable development
- b) localising SDGs
- c) *Sabka Saath, Sabka Vikas*
- d) food security
- e) end extreme poverty

Chapter 2: Concept and Significance of Women Friendly Village

- a. Gender Equality
- b. Empowerment
- c. Unpaid
- d. maternal mortality

Chapter 3: Maternal and Child Nutrition: Role of Gram Panchayats

- a) stunted
- b) Malnutrition
- c) health status
- d) 1,000

Chapter 4: Role of Panchayat in ensuring health services for women and adolescent girls

- a) Maternal, child mortality
- b) Village Health
- c) Pradhan Mantri Matru Vandana Yojana (PMMVY)
- d) Kishori Shakti Yojana (KSY)
- e) drinking water, health-care

Chapter 5: Women's empowerment through programmes and schemes to ensure Women Friendly Village

- a) Empowerment
- b) Surakshit Matritva Aashwasan (SUMAN)
- c) Beti Bachao, Beti Padhao (BBBP)
- d) Economic, political
- e) Nutritional, 0-6



Chapter 6: Social protection and enabling provisions for safety of women and girls

- a) culturally, socially
- b) female foeticides
- c) Gender-based
- d) democratic and gender-sensitive
- e) Practical

Chapter 7: Gender responsive governance through Mahila Sabha

- a) decision-making
- b) Village Poverty Reduction
- c) Auxiliary Nurse Midwifery (ANM)
- d) platform/forum
- e) critical questions, adolescent girls

Chapter 8: Role of Panchayats in Ensuring Women Friendly Village

- a) human rights
- b) discrimination, public spaces
- c) child marriages, trafficking
- d) Life Cycle
- e) women and child



VOL-3: FAQ's

Theme 9: Women Friendly Village

Session - 1: Overview on Localising Sustainable Development Goals: National policy for setting targets and indicators

1. What are the Sustainable Development Goals?

The 2030 new Development Agenda is committed to 17 global goals with an aim to: (a) end extreme poverty, (b) fight inequality and injustice, and (c) fix climate change by 2030. The 17 SDGs are as follows:

- Goal 1: End poverty in all its forms everywhere
- Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3: Ensure healthy lives and promote well-being for all at all ages
- Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5: Achieve gender equality and empower all women and girls
- Goal 6: Ensure availability and sustainable management of water and sanitation for all
- Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation
- Goal 10: Reduce inequality within and among countries
- Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12: Ensure sustainable consumption and production patterns
- Goal 13: Take urgent action to combat climate change and its impacts
- Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17: Strengthen the means of implementation and revitalise the global partnership for sustainable development.



2. What is the philosophy for Localising SDGs?

The Ministry of Panchayati Raj (MoPR) has evolved a thematic approach towards localising SDGs by developing nine thematic approaches to cover the 17 SDGs. Each of these themes relate to the local needs of the Panchayats. Localisation of SDGs is a pre-requisite for GPDP, which is based on local needs, priorities and resources. Localisation of SDGs assumes even more an important role to reach the goals to the rural areas so as to build back better for all, to ensure **‘No one is left behind and no village is left behind’**.



Session 2: Concept and Significance of Women Friendly Village

Objective of the Session: The objective of the session is to orient the participants on the thematic approach on women friendly village and discuss key issues related to the Theme. The session will focus on the vision of achieving women friendly village through various local targets and indicators.

1. What is the vision of Women Friendly Village?

The vision of Theme 9: Women Friendly Village is to achieve gender equality, provide equal opportunities, and empower women and girls in a safe environment.

2. What are the universal/global targets of Goal 5: Gender Equality under Sustainable Development Goals (SDGs)?

- End all forms of discrimination against all women and girls everywhere
- Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Eliminate all harmful practices such as child, early and forced marriage and female genital mutilation
- Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life

3. What are the critical issues related to women's development?

- Lack of value for unpaid domestic work
- Low literacy level. According to '*Literacy in India: The Gender and Age Dimension*', Observer Research Foundation, *Issue Brief No. 322*, October 2019, out of 31 crore non-literate in India 59 % are women.
- Increasing physical and mental violence towards women
- Trafficking of women and girls
- Lack of support for the disabled and aged women
- Proxy presence for Elected Women Representatives in Panchayats
- Women in India not yet free from social traditions/ practices

4. Significance of Theme 9: women Friendly Village

The women friendly village is an important theme that focuses on achieving gender equality, provide equal opportunities, empower women and girls in a safe environment. Gender equality is a fundamental human right and inevitable for a peaceful and sustainable future. Indian Constitution envisages a discrimination-free nation based on sex, race and caste. It also guarantees women equal access to education, decent work, and representation in political and economic decision-making processes. These rights are vital to democracy, benefit humanity at



large and lead to a fairer world. This theme focuses on ending all kinds of discrimination, improving their inclusion and participation in different areas leading to financial, social and economic empowerment.

5. What are the local targets to achieve Theme 9: Women Friendly Village

- Reduce crimes against women and girls.
- Ensure safety of women in all public and private spheres.
- Improve participation of women in socio-political, economic activities and participation in community-based organizations.
- Child marriage, early marriage and forced marriage
- Equal wages for equal pay to the women.
- Ensure quality nutritious food to all girl children aged under five years
- To facilitate banking service for woman
- Reduce the maternal mortality ratio
- Create environment for total enrolment and retention of girl children in school

6. Which are the SDGs interconnected with the Theme 9: Women Friendly Village?

Primarily the Theme 9: Women friendly village first brings to mind the SDG 5: Gender Equality. Gender is cutting across several goals. Women's empowerment is a pre-condition to achieve the targets of several Sustainable Development Goals like poverty eradication, gender equality, reduced inequalities, good health and well-being for all, decent work and economic growth among others. However, specifically the following goals of SDG are interconnected with women friendly village theme.

- SDG 1 – Zero Poverty
- SDG 2 – Zero hunger
- SDG 3 – Good health and well-being, family planning, maternal mortality, and child mortality
- SDG 4 – quality education
- SDG 5 – Gender equality, delayed marriage, and reductions in gender-based violence
- Goal 6: Clean Water and Sanitation are critical to ensure women's participation in work.
- Goal 7: Clean and Affordable Energy impacts women's household dependence on clean cooking fuel.
- Goal 8: Decent Work and Economic Growth speaks largely about safe workspaces and gender sensitive and inclusive growth strategy can be planned.
- Goal 9: Industry, Innovation, and Infrastructure are likely to have a bearing on the opportunities for women and their participation in work.
- Goal 10: Reduced Inequalities where the intersectionality and women in the margins are being considered and focuses on reducing inequalities. Negative impacts are compounded for women and girls who are marginalized based on multiple forms of



discrimination based on race, ethnicity, age, income, geography, disability, or other characteristics.

- Goal 16: Peace, Justice and Strong Institutions where indicators related to child safety and the institutional mechanisms available to ensure the rights of women and children are considered.

7. Which are the Subjects under 11th schedule related to theme 9: Women Friendly Village?

The subjects with respect to this theme are as follows:

1. Women and child Development
2. Poverty alleviation programmes
3. Drinking water, Health, Sanitation and Family welfare
4. Education including primary and secondary school
5. Technical training and vocational education, adult and non-formal education and Libraries
6. Social welfare, including welfare of the handicapped and mentally retarded
7. Welfare of the marginalized sections, specifically women from the Scheduled Caste and scheduled Tribes

8. What are indicators in Localising Sustainable Development Goals?

Ans: Indicators are realistic, well-defined and measurable criteria of progress. SDG indicators are the backbone of monitoring of action and progress on SDGs at State, district & sub-district levels. They act as precise report card of progress to calibrate achievement of SDGs and help ensure accountability of all stakeholders.

9. How many local targets and indicators are there in the Theme-9: Women Friendly Panchayat?

Ans: There are 25 number of local targets and 52 local indicators as per the MoPR Report on Localisation of SDGs through PRIs Vol. II.

10. Description of the 25 local targets to be achieved by Gram Panchayat under Theme 9: Women Friendly Village

Targets to be achieved by PRIs to address Theme 9 - Women Friendly Village

Target no.	Description of The Targets
1	To reduce crimes against women and girls
2	Ensuring safety of women in public and private spheres
3	Prevent girl Child Marriage
4	Improve participation of women in political, economic activities and participation in community-based organisations
5	To improve to reproductive and sexual health care to women



6	Equal Access to Economic and Natural resource and Financial Services for women
7	Planning and budgeting for the girls and women
8	Ensure quality nutritious food to all girl children aged under five years
9	Facilitate enrolment of girl children, pregnant women and adolescent girls under ICDS
10	Reduce malnutrition among girl children, women.
11	Facilitate the nutritional needs of adolescent girls, pregnant, lactating and older women
12	Increase the income of women
13	Ensure full and productive employment and decent work for women
14	Implement social protection schemes for women.
15	To improve the activities of ICDS programme for girl children
16	To improve the institutional assistance to Senior Citizen women
17	To facilitate banking services to all women
18	Create environment for total enrolment and retention of girl children in school
19	Ensure that all girls complete free, equitable and quality primary and secondary education
20	Ensure that all girls and boys have access to quality early childhood development, care and pre –primary education
21	Ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education
22	Eliminate gender disparity in all levels of education
23	Reduce the maternal mortality ratio
24	End preventable deaths of new-borns and girl children under 5 years of age
25	Reduce Girls/Women Suicide Mortality rate

Source: Localisation of SDGs in PRIs: Report of the Expert Group, Vol.2, MoPR, GoI



Session - 3: Maternal and Child Nutrition: Role of Gram Panchayats

Objective of the Session:

- Understand the significance of proper nutrition for women and girl children in India.
- Identify the key nutritional challenges faced by women and girl children in the country.
- Explore the impact of maternal nutrition on the health of women and girl children.
- Explain the role and significance of government programmes, including ICDS and Poshan Abhiyan.
- Highlight the importance of Gram Panchayats in addressing nutrition issues.

1. Why is nutrition important for women and children, especially girl children, in India?

Nutrition is crucial for overall health and well-being, but it holds particular significance for women and children, including girls, in India. Proper nutrition during childhood is essential for physical and cognitive development, while women require adequate nutrition to support their health and that of their children during pregnancy and lactation.

2. What are the key nutritional challenges faced by women and girl children in India?

Women and girl children in India often face challenges related to malnutrition, including insufficient intake of essential nutrients like iron, calcium, and vitamins. These deficiencies can lead to stunted growth, weakened immunity, and impaired cognitive development.

3. How does malnutrition impact the health and future of girl children in India?

Malnutrition can have severe consequences for girl children in India. It can lead to a higher risk of infections, delayed physical growth, and impaired learning abilities, limiting their potential and opportunities in the future.

4. What are the underlying causes of malnutrition among women and girl children in India?

Several factors contribute to malnutrition among women and girl children in India, including inadequate access to nutritious food, poor sanitation and hygiene, lack of awareness about proper nutrition, and social and cultural factors that may prioritize male children in food distribution.

5. What are some specific nutritional requirements for girl children in India?

Girl children require a balanced diet that includes adequate amounts of protein, iron, calcium, vitamins, and minerals to support their growth and development. It is crucial to ensure they receive these nutrients through a diverse and nutritious diet.



6. How does the nutritional status of mothers impact the health of children in India?

The nutritional status of mothers plays a vital role in the health of children, as malnourished mothers are more likely to give birth to undernourished babies. Adequate nutrition for mothers is essential during pregnancy and breastfeeding to ensure the well-being of both the mother and child.

7. Are there government programmes and policies addressing nutrition issues among women and girl children in India?

Yes, the Indian government has implemented several programs and policies to address nutrition issues among women and girl children, such as the Integrated Child Development Services (ICDS) and the National Nutrition Mission (Poshan Abhiyan).

8. What can individuals and communities do to improve the nutrition of women and girl children in India?

Individuals and communities can take various steps, such as promoting breastfeeding, advocating for proper nutrition, improving hygiene and sanitation, and supporting government initiatives aimed at improving the nutrition of women and girl children.

9. How does education and awareness play a role in addressing nutrition issues among women and girl children in India?

Education and awareness are essential in addressing nutrition issues. They empower families and communities to make informed decisions about nutrition, break down cultural barriers, and ensure that girl children receive the nutrition they need.

10. What are the long-term benefits of addressing nutrition issues among women and girl children in India?

Addressing nutrition issues among women and girl children can lead to improved health, better educational outcomes, increased economic opportunities, and ultimately, a brighter future for them and their communities.



Session - 4: Role of Panchayat in ensuring health services for women and adolescent girls

Objective of the Session:

- (a) to understand the determinants of health for women and adolescent girls,
- (b) to discuss the role of Gram Panchayats in ensuring access to health for girls and women in village.

1. What is Public Health?

Ans: Physical, mental and social wellbeing of all the people of all classes and creed of an area is termed as Public Health. Prevention of infectious diseases, Reproductive and Child health care, Family Planning, Preventive health care, quality nutrition, individual cleanliness, safe drinking water and environment come under the ambit of Public Health.

2. What is Reproductive Health?

Ans: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. People are able to have the capability to reproduce and the freedom to decide if, when and how often to do so. Women to have access to safe, effective, affordable and acceptable methods of family planning of their choice and the right to safe abortion, other than for sex selection. Women to have access to appropriate healthcare services during pregnancy and childbirth

3. What is Primary Health Care?

Ans: Health care covers not only medical care but also all aspects of preventive care. There is a need to ensure that quality and timely healthcare reaches everyone including the remotest corners of the Indian villages. Primary health care includes:

- Knowledge and awareness about the prevailing health issues/problems and the methods of preventing and controlling them
- Promotion of proper nutrition
- Adequate supply of safe drinking water and basic sanitation
- Maternal and child health care, including family planning
- Immunization
- Prevention and control of local communicable diseases
- Appropriate treatment of common diseases
- Provision of essential medicines, first aid and referral of cases to advanced medical care facilities.



4. What is the role of Gram Panchayat in ensuring primary health in the Gram Panchayat area?

There are four kinds of interventions in the health sector – prevention, promotion, cure and rehabilitation. We all need to know that primary responsibility of the Gram Panchayat is for preventive, promotive and rehabilitative health care.

Gram Panchayats can generate awareness about importance of good health, healthy ways of living, and prevention from contracting communicable or non-communicable diseases.

They can also facilitate information dissemination about the health care and curative services amongst people and how they can avail these services.

Gram Panchayats can also strengthen delivery of health care services by support to and coordination with the health institutions and functionaries at the village level.

5. What are the indicators for measuring Health Status?

To understand the health status of the people in the Gram Panchayat area, we can use a set of indicators to gather specific information on several key factors based on groups that are particularly vulnerable. These include:

- Number of new born and infant deaths
- Number of malnourished children
- Number of women who are pregnant and who have received ante-natal care
- Number of pregnant women who delivered in a health facility
- Number of girls going to school
- Number of marriages among boys and girls under the legal age
- Status of open defecation /households without toilets.

6. What is IMR (Infant Mortality Rate)?

Number of children that die within one year of birth out of 1000 live births in a specific area is called IMR (Infant Mortality Rate).

7. What is MMR (Maternal Mortality Rate)?

Number of pregnant women or mothers who die (per 100000 live births) in a specific area, within 42 days after delivery or termination of pregnancy due to complications related to pregnancy is called MMR (Maternal Mortality Rate).

8. What is CBR (Crude Birth Rate)?

Number of children born in a year per 1000 population is called CBR (Crude Birth Rate).



9. What are the services provided at the Anganwadi Centre?

Malnutrition among the women, children and adolescents is a major concern in public health. Malnourished children fall ill very often and it badly affects their physical & mental development. This, in turn, affects all phases of later life. To address this situation and to provide an environment for holistic development of children, there are Anganwadi Centres in rural and urban parts of India, set up under Integrated Child Development Scheme. An Anganwadi Centre is established for every 400-800 population.

Services provided at the Anganwadi centre

1. Supplementary nutrition
2. Immunization
3. Health check-ups
4. Non-formal pre-school education
5. Health and nutrition education/ counselling
6. Referral of serious cases of malnutrition or illness

10. How many days in a week/year an ICDS centre remains open?

An ICDS centre remains open for 6 days (Sunday closed) a week. It remains open for 4 hours a day.

11. Why regular measurement of weight of a child is required?

The reasons for regular measurement of weight of a child are as follows:

- Malnutrition is a matter of grave concern. Greater initiatives are required to check it.
- Malnourished children are extremely vulnerable to life threatening diseases
- Malnutrition is detrimental to physical and mental growth of a child
- Regular weight check-up and growth chart is the most easy way to monitor status of nutrition of a child

Therefore, regular weight check-up and updation of growth-chart is done regularly at the ICDS centre.

12. What are the key objectives of VHSNC?

The key objectives of the VHSNCs are to:

- Inform the community about the health programmes and government initiatives,
- Enable community to participate in the planning and implementation of the programmes, and take collective action for improving health status in the village,
- Take action on social determinants and all public services that directly or indirectly affect health of the people
- Facilitate the community to speak about their health needs, experiences and issues related to- access of health services



- Equip Panchayats with the understanding and mechanisms required for them to play their role in governance of health and other public services and provide leadership to the community for collective action to improve health status.
- Provide support and facilitate the work of community health workers like ASHA and other frontline health care providers, who form a crucial interface between the community and health institutions

VHSNCs under the leadership of Gram Panchayats can work along with the rest of the community to improve the health status of the village. It is necessary to remember that in order to improve people's health, all agencies have to work on all social, economic and cultural determinants of health.

13. Who are the members of VHSNC?

The VHSNC should have a minimum of 15 members. The members of VHSNC include:

- Elected representative of that ward concerned (ex officio head of VHSNC)
- ASHA residing in the village (Member-Secretary & Convener of the VHSNC)
- The elected representatives (ERs) of the Gram Panchayat Standing Committee on Health
- All village level health staff
- Community members/ beneficiaries
- Members of all community sub-groups especially the vulnerable sections and hamlets/habitations.

14. What is Village Health & Nutrition Day (VHND)?

As per the National Health Mission, Village Health & Nutrition Day (VHND) is to be observed once every month (preferably on Wednesday, and for those villages that have been left out, on any other day of the same month) at the Anganwadi Centre in the village, to provide health care services to women, adolescents and children. ASHA, AWW & ANM organize VHND and mobilize the women, adolescents and children and discuss health related issues like nutrition, personal hygiene, care during pregnancy, importance of pre-natal & post-natal care, institutional deliveries, immunization, etc. Arrangements for health and nutrition services and counselling on health & nutrition issues are made at the venue on that day. Since the VHND is held at a site very close to their habitation, health services are provided at their doorstep.

15. Indian States where MMR is high –

Seven Indian states have very high maternal mortality. These are Rajasthan, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Bihar, Odisha and Assam. 'Very high' MMR means 130 or more maternal deaths per 100,000 live births. The MMR is 'high' in Punjab, Uttarakhand and West Bengal too.



16. What is Mission Indradhanush?

Mission Indradhanush, an immunisation programme aims to ensure that all children under the age of two years as well as pregnant women are fully immunized with seven vaccine preventable diseases namely Diphtheria, Pertussis (Whooping Cough), Tetanus, Tuberculosis (TB), Polio, Hepatitis B and Measles. In addition, vaccines for Japanese Encephalitis (JE) and Haemophilus influenza type B (HIB) are also provided in selected states where these diseases are more prevalent.

17. What is School Health Programme?

School Health programme under National Health Mission is specifically meant for school going children to address physical and mental health needs of children. In addition, it provides for nutrition interventions, yoga facilities and counselling.

18. What is National Vector Borne Disease Control Programme (NVBDCP)?

NVBDCP is meant for the prevention and control of vector borne diseases i.e. Malaria, Dengue, Lymphatic Filariasis, Kala-azar, Japanese Encephalitis and Chikungunya in India.

19. What are the services/ benefits provided under Ayushman Scheme?

It is possible to reduce MMR to a significant level if the number of institutional delivery is increased. Ayushman scheme aims at increasing institutional delivery as well as reducing MMR. If any pregnant woman of BPL/SC/ST families applies, she can get pre-delivery check-ups and institutional delivery at any enlisted private hospital/nursing home.

20. What kind of services can be availed at Anwesha Clinic?

We can get different types of benefits at Anwesha Clinic - health check-ups and counselling for adolescent girls and boys where special emphasis is given on the issues of reproductive health.

One female counsellor is posted in each Anwesha Clinic. There is also one Anwesha Clinic at each Block Primary Health Centre, District Hospital and State General Hospital.

21. Who is ASHA?

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health worker called Accredited Social Health Activist (ASHA). The ASHA is a woman selected by the community, resident in the community, who is trained and deployed to function in her own village for improving the health status of the community.

She works under supervision of VHSNC and the Gram Panchayat. ASHA is generally selected for a population of 1000 people, but can be provided for smaller populations in case of geographically dispersed areas or smaller hamlets.



ASHA provides community level care for common illness and builds health awareness on nutrition, sanitation, prevention of diseases, immunisation and other public health programmes in coordination with ANM & AWW. She also guides the people on-what are the health services available, how to access these services and what their entitlements are.

22. What are the roles and responsibilities of ASHA?

The roles and responsibilities of ASHA include the functions of a healthcare facilitator, a service provider and a health activist. Her functions are listed below:

ASHA can take steps to create awareness and provide information to the community on nutrition, basic sanitation and hygienic practices, healthy living and working conditions, existing health services and the need for timely use of health services. She can also promote construction and usage of household toilets under Swachh Bharat Mission.

She should provide counselling to women and families on preparing for child birth, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including reproductive tract infection (RTI) and sexually Transmitted Diseases (STDs) and care of the young child.

ASHA mobilises people for seeking services like immunization, Ante Natal and Post Natal Check-up (ANC and PNC), health care at Anganwadi Centres etc.

ASHA works with the VHSNC and Gram Panchayat to develop a comprehensive village health plan, and mobilizes the community for standing up against gender based violence

ASHA can provide community level curative care for minor ailments such as diarrhoea, fevers, care for the normal and sick new-born, childhood illnesses and first aid. A drug Kit is also available with her.

Directly Observed Treatment Short-course (DOTS) for TB patients is also available with trained ASHAs.

The ASHA provides information about the births and deaths in her village and any unusual health problems / disease outbreaks in the community to the Health Sub- Centres / Primary Health Centre.

To ensure the above role, ASHA has to perform the following tasks on regular basis:

- Home Visits for up to two hours every day, at least four or five days a week with special attention to marginalized families, houses of pregnant woman and child below two years of age/ malnourished children. At least one visit a month to all these households and a series of six visits or more in the family where there is a new-born child are essential.
- Mobilising community for availing services at Village Health Nutrition Day (VHND), special health campaigns and the government health facilities.



- Visits to the health facility, usually accompanying a pregnant woman, sick child, or some member of the community needing facility based care.
- Attending monthly review meeting held at the PHC and Village Health and Nutrition Day and provide counselling and health education to people.
- Helping VHSNC in convening its monthly meeting and if needed, additional habitation level meetings for providing health education to the community.
- Maintaining health records in the village.

23. Who is an Auxiliary Nursing Midwife (ANM)?

ANM is supposed to streamline the outreach clinic for immunization.

24. What are the roles and responsibilities of an ANM at the Gram Panchayat level?

Roles and responsibilities of ANM are as follows:

- To provide information to VHSNC regarding available services, schemes, and services for maternity and child health.
- To share details on marginalized and unreached groups or those in difficult regions and seek the support of the VHSNC to reach these populations.
- To inform the VHSNC on the deaths in the village, especially maternal and child deaths and their possible causes.
- To facilitate or support the committee in preparing a village action plan to address the issue of reaching the marginalized and unreached groups with health services.
- To compile Sub-Centre level health data and update the same to the Health Supervisor & Gram Panchayats on regular basis.

At the village level, it would be difficult for ASHA and ANM to function effectively without adequate institutional support from the Gram Panchayat concerned. The Gram Panchayat can also generate awareness about their role in the community and also monitor their activities in the area.

25. What is Rogi Kalyan Samiti?

Rogi Kalyan Samiti (RKS) is a registered society that acts as a group of trustees for the hospitals to manage the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, Elected Representatives (ERs) from the State and the PRIs, and officials from the government sector. Financial assistance is provided to these Committees through untied fund under NHM to undertake activities for patient welfare. Since ERs and functionaries of Gram Panchayats are also members of RKS, it is important for them to know about this committee.

26. What is the vision of Poshan Abhiyan 2.0

Saksham Anganwadi and Poshan 2.0 (hereinafter referred to as Poshan 2.0) is an Integrated Nutrition Support Programme. Poshan 2.0 seeks to address the challenging situation of malnutrition among children up to the age of 6 years, adolescent girls (14-18 years) and pregnant and lactating women.



Session - 5: Women's empowerment through programmes and schemes to ensure Women Friendly Village

Objectives of the Session:

- a) To understand various elements of women's empowerment;
- b) To make aware about various schemes and programmes for development of women and girl child

1. What is empowerment?

Empowerment refers to creating capacities in the individuals or groups to participate actively in their own welfare. Empowerment is multi-dimensional and it occurs within social, economic, political and cultural spheres.

2. Who are referred as weaker sections?

Weaker Sections refers to the section of the population who are socially, economically, politically and educationally backward than the other sections of the population and have been suffering from different kinds of discriminations due to their backwardness.

3. Concept of Marginalisation

Marginalisation is whereby some individuals or groups are pushed to the edge of a group and accorded lesser importance. This is predominantly a social phenomenon by which a particular group is excluded, and their needs or desires are ignored.

4. Which are the schemes and programmes available to achieve women friendly village?

- National Health Mission, Pradhan Mantri Matru Vandana Yojana (PMMVY), Mission Vatsalya, Beti Bachao Beti Padhao, Mission Shakti, Kishori Shakti Yojana, Umbrella ICDS, Mission Poshan 2.0,
- Employment - The main schemes cover – MGNREGS, National Rural Livelihood Mission, Ujjawala,
- Education and skilling covered under - Samagra Shiksha, National Scheme for Incentive to Girl Child for Secondary Education (NSIGSE), Pradhan Mantri Mahila Shakti Kendra (PMMSK), Support to Training and Employment Programme (STEP), PRAGATI (Providing Assistance for Girls' Advancement in Technical Education Initiative)
- Reducing gender-based violence can access these - One Stop Centre, Nirbhaya, Child helpline- 1098, Women Helpline, SWADHAR Gruh, Integrated Child Protection Scheme.

5. What can our Gram Panchayat focus on while planning for gender equality and women's empowerment?

- Taking steps to ensure an end to all forms of discrimination against women and girls.
- Taking initiatives towards a safe village - No forms of violence against women and girls in the village.
- Ensuring equal wages for equal work.



- Ensuring equal participation of women in local governance and decision making.
- Ensuring that every girl and woman in the village has access to education and health services.

6. What is the Importance of Beti Bachao Beti Padhao Scheme?

Ans: The Census 2011 data showed a significant declining trend in the Child Sex Ratio (CSR) between 0-6 years with an all-time low of 918. The decline in the CSR is a major indicator of women disempowerment. Government have announced 'Beti Bachao Beti Padhao' programme to address the issue of decline in CSR through a mass campaign and multi-sectoral action in 100 gender critical districts. The scheme has focused intervention and multi-section action in the districts with low child sex ratio.

7. What is One Stop Centre scheme?

One-Stop Centre Scheme, also known as Sakhi, is a component of the umbrella scheme for the National Mission for Empowerment of Women that also encompasses the Indira Gandhi Matritva Sahayog Yojana. The Ministry of Women and Child Development (MWCD) formulated this centrally-sponsored scheme. The MWCD intends to set one-stop centres across the country to offer integrated support towards women and rescue them from the vicious cycle of violence, whether in private or public spaces.

8. SWADHAR GREH Scheme: The Ministry of Women and Child Development is implementing the Swadhar Greh Scheme which targets the women victims of difficult circumstances who are in need of institutional support for rehabilitation so that they could lead their life with dignity. The Scheme envisages providing shelter, food, clothing and health as well as economic and social security for these women.

The main aim of the programme is to provide temporary accommodation, maintenance and rehabilitative services to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism. The major objectives are to cater to the primary need of shelter, food, clothing, medical treatment and care of the women in distress and who are without any social and economic support, to enable them to regain their emotional strength that is affected due to their encounter with unfortunate circumstances, to provide them with legal aid and guidance to take steps for their readjustment in family or society. To rehabilitate them economically and emotionally, and enable them to start their life a fresh with dignity and conviction.

9. Mahila e-Haat: The main aim of the programme is to strengthen financial inclusion of Women Entrepreneurs by providing continuous sustenance and support to their creativity. The major objectives of the programme are to meeting needs of women entrepreneurs. This startup Rashtriya Mahila Kosh website leverages technology for showcasing products made/manufactured/sold by women entrepreneurs. This unique e-platform will strengthen the socioeconomic empowerment of women and act as a catalyst by providing a web-based marketing platform to the women entrepreneurs for directly selling their products. To support 'Make in India' through online marketing platform.



Session - 6: Social protection and enabling provisions for safety of women and girls

Objectives of the Session:

- (a) To sensitise on concept of gender and gender-based discrimination,
- (b) To make aware about the protective measures / supportive mechanisms for preventing gender-based discrimination and violence

1. What do you understand by violence against women?

Any act of violence resulting out of women's gender identity that results in physical, sexual or mental harm to women. The term violence against women has been used to describe a wide range of acts, including murder, sexual assault, physical assault, emotional abuse, battering, stalking, prostitution, genital mutilation, sexual harassment, and pornography. The major contention concerns whether to strictly define the word "violence" or to think of the phrase "violence against women" more broadly as aggressive behaviours that adversely and disproportionately affect women.

2. What is unpaid care work?

Unpaid care work includes domestic work (meal preparation, cleaning, washing clothes, water and fuel collection) and direct care of persons (including children, older persons and persons with disabilities, as well as able-bodied adults) carried out in homes and communities.

3. What are the Specific Laws for enabling women empowerment in India?

Here is the list of some specific laws which were enacted by the Parliament in order to fulfil Constitutional obligation of women empowerment:

- The Equal Remuneration Act, 1976.
- The Dowry Prohibition Act, 1961.
- The Immoral Traffic (Prevention) Act, 1956.
- The Maternity Benefit (Amendment) Act, 2017.
- The Medical termination of Pregnancy Act, 1971.
- The Commission of Sati (Prevention) Act, 1987.
- The Prohibition of Child Marriage Act, 2006.
- The Pre-Conception & Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.
- The Sexual Harassment of Women at Work Place (Prevention, Protection and) Act, 2013.

4. What are the provision of the Prohibition of Child Marriage Act, 2006?

In response to the plea (Writ Petition (C) 212/2003) of the Forum for Fact-finding Documentation and Advocacy at the Supreme Court, the Government of India brought the



Prohibition of Child Marriage Act (PCMA) in 2006, and it came into effect on 1 November 2007 to address and fix the shortcomings of the Child Marriage Restraint Act. The change in name was meant to reflect the prevention and prohibition of child marriage, rather than restraining it. The previous Act also made it difficult and time consuming to act against child marriages and did not focus on authorities as possible figures for preventing the marriages. This Act kept the ages of adult males and females the same but made some significant changes to further protect the children. Boys and girls forced into child marriages as minors have the option of voiding their marriage up to two years after reaching adulthood, and in certain circumstances, marriages of minors can be null and void before they reach adulthood. All valuables, money, and gifts must be returned if the marriage is nullified, and the girl must be provided with a place of residency until she marries or becomes an adult. Children born from child marriages are considered legitimate, and the courts are expected to give parental custody with the children's best interests in mind. Any male over 18 years of age who enters into a marriage with a minor or anyone who directs or conducts a child marriage ceremony can be punished with up to two years of imprisonment or a fine.

5. What is the Hindu Succession Act, 1956?

The Act was enacted to amend and codify the law relating to intestate or unwilled succession, among Hindus, Buddhists, Jains, and Sikhs. The Act lays down a uniform and comprehensive system of inheritance and succession into one Act. The Hindu woman's limited estate is abolished by the Act. Any property possessed by a Hindu female is to be held by her absolute property and she is given full power to deal with it and dispose it of by will as she likes. Parts of this Act was amended in 2005 by the Hindu Succession (Amendment) Act, 2005.

6. When did Medical Termination of Pregnancy (MTP) Act come into existence?

The Medical Termination of Pregnancy (MTP) Act in India came into existence in 1971. It was amended in 2002 to facilitate better and more universal implementation and increase access for women especially in private health sector. However, even four decades after the Act came into effect, unsafe abortions are still a reality.

7. Which act protects women from domestic violence and when was it enacted?

The Protection of Women from Domestic Violence Act 2005 was introduced to protect women from domestic violence. It was brought into force by the Indian government from 26 October 2006. The Act provides for the first time in Indian law a definition of "domestic violence", with this definition being broad and including not only physical violence, but also other forms of violence such as emotional/verbal, sexual, and economic abuse. It is a civil law meant primarily for protection orders and not meant to penalize criminally.



8. What are the provisions of the Protection of Children from Sexual Offences (POCSO) Act?

The Protection of Children from Sexual Offences (POCSO) Act, 2012 was enacted to provide a robust legal framework for the protection of children from offences of sexual assault, sexual harassment and pornography, while safeguarding the interest of the child at every stage of the judicial process. The framing of the Act seeks to put children first by making it easy to use by including mechanisms for child-friendly reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts.

The new Act provides for a variety of offences under which an accused can be punished.

It recognises forms of penetration other than penile-vaginal penetration and criminalises acts of immodesty against children too. The act is gender-neutral. With respect to pornography, the Act criminalises even watching or collection of pornographic content involving children. The Act makes abettment of child sexual abuse an offence. It also provides for various procedural reforms, making the tiring process of trial in India considerably easier for children. The Act has been criticised as its provisions seem to criminalise consensual sexual intercourse between two people below the age of 18. The 2001 version of the Bill did not punish consensual sexual activity if one or both partners were above 16 years.

9. What are the key features of The Maternity Benefit (Amendment) Act 2017?

The Maternity Benefit (Amendment) Act 2017 is a law that was passed by the Indian Parliament to amend the Maternity Benefit Act 1961. The main purpose of this law is to provide better benefits and facilities to women workers who are pregnant or have recently given birth. Some of the key features of this law are:

- It increases the duration of paid maternity leave from 12 weeks to 26 weeks for women employees with less than two surviving children. Women can avail this leave up to eight weeks before the expected date of delivery and the remaining weeks after delivery.
- It grants 12 weeks of paid maternity leave to women who adopt a child below the age of three months or who become commissioning mothers (biological mothers who use their eggs to create an embryo implanted in another woman)
- It allows women employees to work from home after availing the maternity leave, if the nature of their work permits and if they mutually agree with their employers
- It makes it mandatory for establishments with 50 or more employees to provide crèche facilities for working mothers and allow them to visit the crèche four times a day
- It prohibits employers from dismissing or discriminating against women employees during their pregnancy or maternity leave.
- The Maternity Benefit Amendment Act 2017 came into force on April 1, 2017, except for the provision of crèche facilities, which came into force on July 1, 2017. The law aims to protect the rights and health of women workers and their children, and to promote gender equality and women's empowerment in the workplace.



10. What are the objectives of Preconception and Prenatal Diagnostic Techniques Act 2003?

The Preconception and Prenatal Diagnostic Techniques Act 2003 is a law that aims to prevent the misuse of medical technology for sex selection and to protect the rights of women and girls in India. Some of the key features of this law are:

- It prohibits the use of any preconception or prenatal diagnostic techniques for the purpose of determining or influencing the sex of the unborn child.
- It bans the advertisement or promotion of any such techniques that claim to offer sex selection or sex determination services.
- It requires all places where such techniques are performed, such as clinics, laboratories, hospitals, etc., to be registered with the appropriate authorities and to follow certain standards and guidelines.
- It mandates all persons who are involved in providing such techniques, such as doctors, nurses, technicians, counsellors, etc., to maintain proper records and reports of their activities and to submit them to the authorities regularly.
- It empowers the central and state governments to appoint appropriate authorities and advisory committees to monitor, supervise, and enforce the implementation of the law.



Session - 7: Gender responsive governance through Mahila Sabha

Objectives of the Session:

- a) To Understand the need for Gender Responsive Governance;
- b) To understand the role of PRIs in ensuring women's participation in Mahila Sabhas
- c) Gram Panchayat (GP) – Self Help Group (SHG) convergence

1. What is gender responsive governance?

Gender-Responsive Governance (GRG) is defined as a process that embodies measures, attitudes, and practices of different stakeholders, both men and women, at different levels of governance with a clear purpose to impact issues that foster women's empowerment and promote gender equity and social justice. It is a process that promotes and sustains the ability of women to fully participate in the governance and development process, enhances their ability to raise critical questions about inequity and collectivize without fear and pressure, and ensures gains from services.

2. What are the constitutional provisions for reservation of women in PRIs?

The 73rd Constitutional Amendment Act guarantee that:

- a) All local elected bodies reserve one-third of their seats for women.
- b) Not less than one-third (including the number of seats reserved for women belonging to the scheduled castes and scheduled tribes) of the total number of seats to be filled by direct election in every Panchayat [and Municipalities] shall be reserved for women and such seats may be allotted by rotation to different constituencies in a Panchayat (Article 243D(3) & 243T(3)).
- c) Not less than one-third of the total number of offices of Chairpersons in the Panchayats at each level shall be reserved for women (Article 243D(4) & 243T(3)).

3. Explain the Concept of Gender Budgeting

Gender budgeting is a process that entails maintaining a gender perspective at various stages like programme/policy formulation, assessment of needs of target groups, allocation of resources, implementation of programmes and impact assessment, and so on. Gender budgeting is a powerful tool for empowerment of women. It is a means to ensure adequate focus on resource allocation for women and to track utilization of public funds and implementation of programmes. Gender budgeting helps to bring in greater transparency and accountability in the development initiatives and processes.



4. What is Mahila Sabha and why it is important?

Mahila Sabha is a village level meeting of women of Gram Sabha. Mahila Sabha is envisaged to be a GP/village-level forum for all women Gram Sabha members of the GP. In India, 49% of the population comprises of women but at the same time, their political participation is very low. Such low participation of women in political space is an area of serious concern. To counter this tendency, in 2009, UN Women started a pilot program- “Promoting Women’s Political Leadership and Gender Responsive Governance” in Karnataka, Odisha, Andhra Pradesh, Madhya Pradesh, Rajasthan, Maharashtra and Himachal Pradesh to strengthen women’s participation. The program aimed to strengthen the women’s political leadership and participation. Post this pilot programme, in 2012, the state governments of Maharashtra and Himachal Pradesh made an amendment in their Panchayat Raj Acts and made a constitutional provision to organise Mahila Gram Sabhas. Later in 2013, the state governments of Odisha, Andhra Pradesh, Madhya Pradesh, Rajasthan, Chhattisgarh, Karnataka and Gujarat also issued similar circulars for organising Mahila Sabhas. The concept of a ‘Mahila Sabha’ emerged in Maharashtra when SHGs and women members of the community came together and called for a Mahila Sabha for their fight against alcoholism. Acknowledging the importance of such a platform, in 2003, the state government issued a circular for conducting Mahila Sabhas before Gram Sabha meetings.

5. Who can attend a Mahila Sabha?

Any woman, above 18 years of age, who is a member of the Gram Sabha of the respective Gram Panchayat, can attend a Mahila Sabha. The Sarpanch or panchayat official authorized to take minutes should also attend. Presence of block, district government officials and elected representatives is also recommended. Adolescent girls (10–18 years) may be invited to raise their issues, line department officials, police personnel, members of local NGOs/Civil Society Organization, etc.

6. What is the required quorum for a Mahila Gram Sabha?

Rules applicable as per State Panchayati Raj Act for maintaining quorum in Gram Sabha may also be adopted for Mahila Sabha.

7. What happens if the quorum is not met?

If the quorum is not met, the Mahila Sabha must be cancelled and a new date for the Mahila Sabha must be decided.

8. What issues can be discussed in a Mahila Gram Sabha?

Any issue specific to the area and context, that concerns women and which they want the panchayat to act on can be discussed. The agenda points may include concerns of women and adolescent girls of the GP regarding health, education, nutrition, livelihood opportunities, social evils like child marriage, dowry, witch hunting, safety and security, violence against women and girls, legal rights of women, land and property rights of women etc.



Session - 8: Role of Panchayats in Ensuring Women Friendly Village

Objectives of the Session:

- a) Strategies for Women Friendly Village
- c) Role of Panchayats in achieving girl and women friendly village

1. What activities/actions the Panchayats can take to address the local indicators in women friendly village?

- Discussion on Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT), Protection of Children from Sexual Offence (POCSO), Prevention of Sexual Harassment (POSH), Domestic Violence and Equal Remuneration Acts along with 1098 and 1090 women helpline among adolescent girls, youth, SHGs and Gram Sabha.
- Discuss child marriage and its negative impact on physical and mental well-being of girls during Gram Sabha and address apprehensions about dowry and safety of girls.
- Discussion on preference of son and gender-biased sex- selective abortion during Gram Sabha and with SHGs.
- Promote families and young girls to take up skills and occupation that are not gender stereo typical.
- Discuss domestic violence as an issue in the Gram Sabha and encourage reporting for counselling by experts.
- Discuss shared parenting during Gram Sabha and encourage men to share household responsibilities.
- Celebration of birth of a girl child and honouring families who adopted family planning after having two daughters.

2. What is Gram Panchayat Sankalp/Pledge?

The Gram Panchayat will take a Sankalp with all GP members and Gram Sabha by taking a pledge to sincerely work towards achieving women friendly village in the Gram Panchayat by looking at various aspects while preparing the GPDP of the panchayat. The Gram Panchayats plays a vital role in the preparation of GPDP for the comprehensive development of villages and its citizens. Thus, the GP has to consider the needs of women, and then focus on the indicators for women friendly village and bring PRIs, SHGs convergence for achieving the theme 9 of LSDGs with PRIs.



3. What are the probable activities the Gram Panchayats can take to realise the Sankalp of Theme 9: women friendly village?

There could be some of the initial steps that a GP can take -

- Identification of the women headed households and the most vulnerable women in the panchayat and ensure basic entitlements
- Identify the women in age group 19-45, adolescent girls and all girl children aged under five years
- Have regular meetings of SHGs with GP
- Identify vulnerable families
- Estimate the need of quality nutritious food for all girl children and women
- Ensure safety of women in all public and private spheres.
- Take a count of number of women participation in socio- political, economic activities and participation in community-based organizations.
- Resource mapping must be undertaken factoring in resources available under various schemes of central and state government, other organisations in a whole of society approach
- Provide the space for discussion of issues related to women and girls
- Identify girl children who are dropping out of school or likely to drop out
- Create environment for total enrolment and retention of girl children in school

4. How is the performance of GPs under National Panchayat Awards in Women Friendly theme measured?

In total, 8 indicators measure the performance of GPs under National Panchayat Awards in Women Friendly theme i.e. (1) total Mahila Sabhas conducted, (2) percentage of underweight girl children (0-5 years), (3) percentage of anemic girl children (0-18 years) age, (4) percentage of pregnant and lactating women (15-49 years) who are anemic, (5) percentage of women headed households under Aayushman Bharat-Pradhan Mantri Jan Arogya Yojana or any State Govt. Health scheme / health insurance, (6) percentage of women receiving social protection benefits under Pradhan Mantri Matritva Vandana Yojana (PMMVY), (7) percentage of BPL women in SHGs and (8) total budget earmarked for women development related activities by the GP respectively. Also, the indicator mapping the prevalence of anemia among girl children (0-18 years) under NPA is considered for 0-18 years age group.

5. Special Initiatives taken for achieving Women Friendly Village:

- In Chhattisgarh, Bihar, Gujarat States there are Gender Point Persons and Social Action Committees – Meena/ Sakhi Manch members who felt that gender discrimination was not just one woman's issue but many women in the village were facing similar problems but were hesitant to speak. Hence, they decided to take it up to the Village Organisation to get support for planning the action. They also ensured that the incidents are recorded in the minutes book.



- In Odisha, the Community Resource Person - community mobilisation linked with the public institutions through AWW, CDPO and CHILDLINE. CHILDLINE is the help line number developed by the Government to address child related issues; Family counselling to stop the marriage with the objective to make the family aware of the demerits of early marriage and subsequent follow up.
- In Meghalaya, the women addressed specifically two issues - women's leadership in council and institutions and wage disparities in unorganised sectors. Therefore, the village organisations have been actively addressing the issues of non-representation of women in village council and non-recognition of women in leadership capacities at religious institutions and other institutions. Awareness was created to recognise their leadership capabilities and consider them as equal representatives at village councils and other religious places. The awareness also focused on discrimination in wages and demanded wage parity in all unorganised sectors such as - construction, forest work, domestic work agriculture/farm labour, etc. in the region and in their community.





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