

Women & Child Development

Sector Report

July 2021

Copyright © 2021 Development Monitoring and Evaluation Office (DMEO), NITI Aayog, Government of India

All rights reserved. This report or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of DMEO, NITI Aayog, Government of India.

All information, ideas, views, opinions, estimates, advice, suggestions, recommendations (hereinafter 'content') in this publication should neither be understood as professional advice in any manner nor interpreted as policies, objectives, opinions or suggestions of the Development Monitoring and Evaluation Office (DMEO), NITI Aayog. Readers are advised to use their discretion and seek professional advice before taking any action or decision, based on the contents of this publication. The content in this publication has been obtained or derived from sources believed by DMEO to be reliable but DMEO does not represent this information to be accurate or complete. DMEO does not assume any responsibility and disclaim any liability for any loss, damages, caused due to any reason whatsoever, towards any person (natural or legal) who uses this publication.

Analysis by IPE Global Pvt. Ltd.
Survey Partner Ipsos Pvt. Ltd.

www.dmeo.gov.in
www.niti.gov.in

PREFACE

The Government of India (GoI) spends close to Rs. 14 lakh crores annually on development activities, through nearly 750 schemes implemented by Union Ministries. To improve the effectiveness and efficiency of public finance, and the quality of service-delivery to citizens, all schemes have been mandated to undergo third party evaluations, to provide an evidentiary foundation for scheme continuation from 2021-22 to 2025-26. In 2019, the Development Monitoring and Evaluation Office (DMEO), NITI Aayog was assigned the task of evaluating 28 Umbrella Centrally Sponsored Schemes (UCSS), which are schemes/programmes funded jointly by the Centre and the States and implemented by the States. This historic exercise, undertaken between April 2019 and February 2021, evaluated 125 Centrally Sponsored Schemes (CSS), under 10 Sectors, together covering close to 30% of the GoI's development expenditure, amounting to approximately Rs. 3 lakh crore (USD 43 billion) per annum.

In order to fulfil this mandate to the highest standard possible, to optimize both the robustness and the uptake of the evidence generated, DMEO adopted a nationally representative mixed methods evaluation methodology and a consultative review process for the reports. Through qualitative and quantitative analysis of secondary literature, analysis was done at three levels: the sector, the umbrella CSS and the scheme itself. The studies thus produced then underwent a review process involving consultations with NITI Aayog subject matter divisions, concerned Ministries and Departments, and external experts.

The present report is an outcome of this evaluation study and presents an analysis of the Women and Child Development Sector based on primary and secondary data collection. In this Report, we seek to cover Women and Child Development Sector in India, identifying the intended and actual contribution of GoI schemes to sector outcomes. This includes areas for more focused effort to achieve national priorities/SDGs. It also identifies opportunities for convergence of the schemes within the sector to other developmental programmes of the Central and the State Governments as well as with private sector, corporate social responsibility (CSR) efforts, international, multilateral and bilateral aid, etc.

We hope that this Report will further our understanding of the Women and Child Development Sector and help us move towards achieving the Sustainable Development Goals and the National Development Agenda, to promote the well-being of all sovereign citizens of India.

Acknowledgements

We would like to express our gratitude to Dr. Rajiv Kumar, Vice-Chairman NITI Aayog, and Shri Amitabh Kant, Chief Executive Officer, who have been the driving force, first in entrusting this important responsibility to the Development Monitoring and Evaluation Office (DCEO) and subsequently as mentors throughout the study, in providing all necessary support and guidance for the completion of the project. We also express our gratitude to the Ministry of Finance for recognizing the crucial need for evidence in the deliberations and decisions pertaining scheme budget allocations.

Our invaluable partners in this exercise have the Ministry of Women and Child Development, with all its officials, without whose cooperation this evaluation would not have been possible. We are grateful to them for providing us access to available data, for patiently sharing their expertise through Key Informant Interviews (KII), and for providing their vital comments on the draft reports during various stages of the study. A detailed list of the Key Informant Interviews can be found in the annexures to this report.

In our federal structure, equally important partners in this endeavour have been the State Governments of Assam, Bihar, Chhattisgarh, Delhi UT, Jharkhand, Maharashtra, Mizoram, Rajasthan, Tamil Nadu, Telangana, Uttarakhand, and Uttar Pradesh, and their Chief Secretaries. Officials across the State governments have extended their gracious cooperation to the study, for which we are deeply thankful.

Next, we must thank our external experts, Ms. Purnima Menon, Senior Research Fellow, IFPRI, and Prof. William Joe, Assistant Professor, IEG for helping refine and rationalize the report through their insightful comments, corrections and feedback. From the fundamentals of the sector to the latest developments, they helped ensure that the report was as comprehensive, cogent and technically robust as possible, within the short timeframes available.

M/s IPE Global Limited the consultant firm, has done a remarkable job, particularly given the significant challenges of scale, time and resources presented by this project. Adding to the constraints, the global pandemic and the COVID-19 lockdown did not stop them from delivering top quality work. Particular appreciation is due to Shri. Aditya Khurana, Associate Director, Dr. Kanchan Mathur, Team Leader, Ms. Shweta Sogani, Ms. Meera Priyadarshi, and the team, and field partner M/s Sambodhi Research & Communications Pvt. Ltd. led by Mr. Kuberan Selvaraj and his team.

At NITI Aayog, this exercise would not have gotten off the ground without the consistent support of the Procurement Management Committee and Bid Evaluation Committee, particularly Shri. Sonjoy Saha, Adviser (PPP/PAMD), Sh. Santosh Kumar, Director, Internal Finance Division and Ms. Sanchita Shukla, Ex-Director, IFD. Staff at the NITI Aayog WCD vertical, particularly Shri. Alok Kumar, Ex-Adviser, Ms. Anamika Singh, Director WCD & Nutrition division, Shri. Alok Kumar Dubey, Research Assistant, Ms. Prepsa Saini, Young Professional and Ms. Reema Chugh, Associate have also been instrumental in seeing this project to fruition. The Internal Finance Division further merits special mention here for their extensive efforts.

DMEO team has been at the core of the studies - in this sector specifically, Ms. Shivangi Saxena, Ms. Shruti Khanna, Shri. Kapil Saini and Shri. Subham Awasthi worked on every last detail of this herculean endeavour, under the guidance of Shr. Akhilesh Kumar, Director, Shri. Ashutosh Jain, DDG Special thanks are extended to Ms. Harkiran Sanjeevi, ex-Deputy Director General who played an important role in completing the study. The team would also like to thank Ms. Priyanka Sethi and Ms. Disha Bhattacharjee for their support at various stages of the study for their support at various stages of the study. Across packages, Deputy Director General Mr. Ashutosh Jain also oversaw coordination, standardization and monitoring of the study design, analysis and implementation processes. They were supported by the Evaluations Core Team: Dr. Shweta Sharma, Mr. Anand Trivedi, Ms. Sanjana Manaktala, Ms. Vatsala Aggarwal, Mr. O.P. Thakur and Mr. Jayanta Patel. The DMEO administration and accounts officers, including Mr. D. Bandopadhyay, Mr. Munish Singhal, Mr. D.S. Sajwan, Mr. Manoj Kumar and others provided vital support on documentation, approvals, payments etc.

In accordance with the massive scope and scale of the exercise, this report owes its successful completion to the dedicated efforts of a wide variety of stakeholders.

Contents

Acronyms & Abbreviations	i
1. Overview.....	9
2. Women and Child Development Sector Analysis.....	29
2.1. Background of the Sector	29
2.2. Performance of the Sector	36
2.3. Analysis of Cross-Cutting Themes	80
2.4. Issues and Challenges	168
2.5. Recommendations at the Sector level.....	190
Appendices	197
Appendix 1 – Derivation of Sector Determinants	198
Appendix 2 – Bibliography	207

List of Tables

Table 1: List of Schemes Covered under the Women and Child Development Sector	35
Table 2: India's HDI Trends	72
Table 3: India's GDI for 2018 relative to selected countries and groups	73
Table 4: India's GII for 2018 relative to selected countries and groups.....	73
Table 5: Performance of South Asian Countries on various SDG indicators.....	76
Table 6: Performance of BRICS Countries on various SDG indicators.....	78
Table 7: List of Schemes with DBT under MWCD	84
Table 8: State-wise Details of AWCs benefitting through TSP	101
Table 9: Engagement under Jan Andolan Activities.....	116
Table 10: Activities Conducted During POSHAN Maah 2019	116
Table 11: Overview of Research in the WCD Sector	125
Table 12: Scheme-wise Convergence	131
Table 13: Components to Be Included in the Convergence Action Plan.....	133
Table 14: Services to be delivered to beneficiaries during the first 1,000 days period	134
Table 15: Acts/Rules/Regulations related to Women and Children in India	141
Table 16: Key International Conventions related to Women and Children	148

List of Figures

Figure 1: Evolution of Women and Child Development sector.....	29
Figure 2: SDGs related to Women and Children	36
Figure 3: Mapping of Nutritional Interventions for Women and Children.....	39
Figure 4: Evaluation of Women and Child Development Sector	56
Figure 5: Life Cycle Approach to Child Nutrition and Development	57
Figure 6: Emerging Employment Eco-System for Women	70
Figure 7: India's SPI for 2019	75
Figure 8: Amount Allotted by MWCD to SCSP as a Percentage of MWCD Budget.....	99
Figure 9: Amount Allotted by MWCD to TSP as a Percentage of MWCD Budget	100
Figure 10: Utilisation of TSP and SCSP allocations of MWCD	101
Figure 11: Nutrition Behaviours Across the Life Cycle Targeted under Umbrella ICDS	114
Figure 12: Examples of IEC/BCC material developed under CPS	119

Learnings, Innovations and Best Practices

Box 1: Learning from States: Odisha community management of acute malnutrition programme	60
Box 2: Learning from States: Rajiv Gandhi Career Portal, Rajasthan.....	63
Box 3: Learnings from States: Special initiatives for youth in conflict with the law	64
Box 4: Learnings from States: Assam's Gramin Mahila Kendras as an alternative community space for conflict resolution	66
Box 5: Learnings from CSOs: Safe Cities Programme of Jagori	67
Box 6: Convergent Approach to Promote Employment and Entrepreneurship among Women.....	70
Box 7: Story of Change: Promotion of non-traditional job roles among women	70
Box 8: Women rising to the occasion: SHGs Response to COVID19	71
Box 9: Learning from States – Odisha SNP systems strengthening	86
Box 10: Valuing unpaid care work in Mexico	94
Box 11: Learning from Development Partners: Drones for Delivering Results for Children.....	110
Box 12: State Level Behaviour Change Strategy to fight Under Nutrition – Rajasthan.....	121
Box 13: Kanya Ratna Utsav in Ahmednagar, Maharashtra	121
Box 14: Learnings from BCC interventions in other countries – Alive and Thrive.....	122
Box 15: Learning from the World: Effectiveness of research and innovation management at policy and institutional levels in Malaysia.....	129
Box 16: Learning from the States: Gujarat – Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children - CHETNA's Experience	140
Box 17: Role of Community/NGO/CSO/Private Sector in Construction of AWCs.....	158
Box 18: Khushi Anganwadi Initiative – Pursuing Happiness and Wellbeing	159
Box 19: Nand Ghar – MoU with Vedanta.....	160
Box 20: WHO's Inspire: Seven Strategies for Ending Violence Against Children	174
Box 21: UN WOMEN - Essential Services Package for Women and Girls Subject to Violence	180
Box 22: Adolescent Girls Empowerment Programme (AGEP), Zambia	184
Box 23: WHO: Nations for Mental Health – A focus on Women	186
Box 24: Unpaid Care Work – Learnings from the World	187
Box 25: Learnings from the World: Effectiveness of women's collectives in Nigeria and Malawi	189

Acronyms & Abbreviations

ADI	Average Daily Intake
AFG	Afghanistan
AG	Adolescent Girl
AGEP	Adolescent Girls Empowerment Adolescent Girls Empowerment Programme
AGEY	Ajeevika Grameen Express Yojana
AMRUT	Atal Mission for Rejuvenation and Urban Transformation
ANC	Ante-Natal Care
ANM	Auxiliary Nursing Midwife
APCCAN	Asia Pacific Conference of Child Abuse & Neglect
APY	Atal Pension Yojana
ARSH	Adolescent Reproductive and Sexual Health
AS	Assam
ASHA	Accredited Social Health Activist
ASPIRE	A Scheme for promoting Innovation, Rural Industry and Entrepreneurship
ATI	Academic Training Institutes
AW	Aggrieved Women
AWC	Anganwadi Centre
AWH	Anganwadi Helper
AWS	Anganwadi Services
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
BAN	Bangladesh
BBBP	Beti Bachao Beti Padhao
BCC	Behaviour Change Communication
BE	Budget Expenditure
BH	Bhutan
BLC	Block Level Committee
BMGF	Bill & Melinda Gates Foundation
BMI	Body Mass Index
CAP	Convergent Action Plan
CAPI	Computer Assisted Personal Interviewing
CARINGS	Child Adoption Resource Information & Guidance System
CAS	Common Application Software
CBE	Community Based Events
CBGA	Centre for Budget and Governance Accountability
CCI	Child Care Institution
CCL	Children in Conflict with Law
CCT	Conditional Cash Transfers
CDPO	Child Development Project Officer

CEB	Census Enumeration Block
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CFNEU	Community Food and Nutrition Extension Units
CH	Chhattisgarh
CMAM	Community Management of Acute Malnutrition
CNCP	Children in Need of Care and Protection
CNNS	Comprehensive National Nutrition Survey
CPS	Child Protection Scheme
CRC	Convention on the Rights of the Child
CrPC	Code of Criminal Procedures
CSC	Common Service Centre
CSR	Child Sex Ratio
CSR	Corporate Social Responsibility
CSS	Centrally Sponsored Schemes
CSWB	Centre Social Welfare Board
CWC	Child Welfare Committees
DAP	District Action Plan
DAPSC	Development Action Plan for SCs
DAPST	Development Action Plan for STs
DARPG	Department of Administrative Reforms and Public Grievances
DAY-NRLM	Deen Dayal Antyodaya Yojana – National Rural Livelihoods Mission
DAY-NULM	Deen Dayal Antyodaya Yojana – National Urban Livelihoods Mission
DBT	Direct Benefit Transfer
DCPU	District Child Protection Units
DDU-GKY	Deen Dayal Upadhyaya Grameen Kaushalya Yojana
DEL	Delhi
DLCW	District Level Center for Women
DLHS	District Level Household Surveys
DLSA	District Legal Service Authority
DMEO	Development Monitoring and Evaluation Office
DNPW	Draft National Policy for Women
DPO	District Programme Officer
DTF	District Task Force
e-ILA	Electronic Incremental Learning Approach
ECCE	Early Childhood Care and Education
ECE	Early Child Education
EDNRF	Energy-Dense, Nutrition-Rich Food
EMRS	Eklavya Model Residential Schools
EWR	Elected Women Representatives
FGD	Focus Group Discussion
FIFO	First-In, First-Out

FLW	Front Line Worker
FLWP	Female Labour/Workforce Participation
FNB	Food and Nutrition Board
GAIN	Global Alliance for Improved Nutrition
GBCs	Gender Budgeting Cells
GER	Gross Enrolment Rate
GHI	Global Hunger Index
GIA	Grant-in-Aid
GII	Gender Inequality Index
GOI	Government of India
GP	Gram Panchayat
HBNC	Home Based New-born Care
HCM	Hot Cooked Meal
HDI	Human development Index
HH	Household
HMC	Hostel Management Committees
HMIS	Health Management Information System
HPR	Half-yearly Progress Reports
ICDS	Integrated Child Development Services
ICMR	Indian Council of Medical Research
ICPD-POA	International Conference on Population and Development Programme of Action
ICPS	Integrated Child Protection Services
IDI	In-Depth Interview
IEC	Information Education Communication
IFA	Iron-Folic Acid
IGFT	Intergovernmental Fiscal Transfers
IGNWPS	Indira Gandhi National Widow Pension Scheme
ILA	Incremental Learning Approach
ILO	International Labour Organisation
IME	Information and Mass Education
IMR	Infant Mortality Rate
IPC	Interpersonal Communication
IPPE	Intensive Participatory Planning Exercise
IRWA	Indecent Representation of Women (Prohibition) Act
ISSNIP	ICDS System Strengthening and Nutrition Improvement Project
IT	Information Technology
ITPA	Immoral Traffic (Prevention) Act
IYCF	Infant and Young Child Feeding Practices
JJ	Juvenile Justice
JJA	Juvenile Justice Act
JJB	Juvenile Justice Boards

JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KII	Key Informant Interview
KSY	Kishori Shakti Yojana
LFPR	Labour Force Participation Rates
LGD	Local Government Directory
LMP	Last Menstrual Period
LS	Lady Supervisor
LW	Lactating Women
LWE	Left-Wing Extremism
M&E	Monitoring and Evaluation
MAL	Maldives
MASRD	Mahila aur Shishu Rakshak Dal
MC	Monitoring Committee
MCHN	Mother and Child Health and Nutrition
MDM	Mid-Day Meal
MDWS	Ministry of Drinking Water & Sanitation
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MH	Maharashtra
MHFW	Ministry of Health and Family Welfare
MHRD	Ministry of Human Resource Development
MHRD	Ministry of Human Resource Development
MIS	Management Information System
MKSP	Mahila Kisan Sashaktikaran Pariyojana
MMR	Maternal Mortality Rate
MoC	Memorandum of Cooperation
MoCAF&PD	Ministry of Consumer Affairs, Food & Public Distribution
MoHFW	Ministry of Health and Family Welfare
MoRD	Ministry of Rural Development
MoU	Memorandum of Understanding
MoWCD	Ministry of Women and Child Development
MPEW	Mission for Protection and Empowerment of Women
MPR	Monthly Progress Report
MPV	Mahila Police Volunteers
MSK	Mahila Shakti Kendra
MSME	Micro, small and medium enterprises
MSNP	Multi-Sector Nutrition Plan
MSY	Mahila Samridhhi Yojana
MUAC	Middle-Upper Arm Circumference
MWCD	Ministry of Women and Child Development

NCEAR-A	National Centre of Excellence and Advanced Research on Anaemia
NCEARD	National Centre of Excellence and Advanced Research on Diet
NCLP	National Child Labour Project
NCPCR	National Commission for Protection of Child Rights
NCRB	National Crime Record Bureau
NCS	National Creche Scheme
NCW	National Commission of Women
NDD	National Deworming Day
NEN	North East Network
NFBS	National Family Benefit Scheme
NFHS	National Family Health Survey
NFSA	National Food Security Act
NGOs	Non-Governmental Organisation
NHED	Nutrition and Health Education
NHM	National Health Mission
NIC	National Informatics Centre
NIN	National Institute of Nutrition
NIPCCD	National Institute of Public Cooperation and Child Development
NIPI	National Iron Plus Initiative
NMMSS	National Means-cum-Merit Scholarship Scheme
NNAPP	National Nutrition Anaemia Control Programme
NNM	National Nutrition Mission
NPA	National Plan of Action
NPAC	National Plan of Action for Children
NPAG	Nutrition Programme for Adolescent Girls
NPCDCS	National Programme for prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and stroke
NPL	Nepal
NPYAD	National Programme for Youth & Adolescent Development
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NSAP	National Social Assistance Programme
NSDC	National Skill Development Council
NVBDGP	National Vector Borne Disease Control Programme
OOMF	Output-Outcome Monitoring Framework
OOS	Out of School
OSC	One-Stop Centre
PAK	Pakistan
PC&PNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PCMA	Prohibition of Child Marriage Act
PDS	Public Distribution System

PFO	Police Facilitation Officer
PHC	Public Health Centre
PIO	Public Information Officers
PLW	Pregnant and Lactating Women
PMAY-G	Pradhan Mantri Awaas Yojana – Gramin
PMAY-U	Pradhan Mantri Awaas Yojana – Urban
PMEGP	Prime Minister's Employment Generation Programme
PMGSY	Pradhan Mantri Gram Sadak Yojana
PMJDY	Pradhan Mantri Jan Dhan Yojana
PMJJBY	Pradhan Mantri Jeevan Jyoti Bima Yojana
PMKVV	Pradhan Mantri Kaushal Vikas Yojana
PMMSY	Pradhan Mantri Mahila Sashaktikaran Yojana
PMMVY	Pradhan Mantri Matru Vandana Yojana
PMMY	Pradhan Mantri Mudra Yojana
PMRPY	Pradhan Mantri Rojgar Protsahan Yojana
PMSBY	Pradhan Mantri Suraksha Bima Yojana
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PMSYM	Pradhan Mantri Shram Yogi Maan-Dhan
PMU	Project Management Unit
PMVVY	Pradhan Mantri Vaya Vandana Yojana
PNC	Post Natal Care
POCSO	Protection of Children from Sexual Offences Act
PPP	Public-Private Partnerships
PRI	Panchayati Raj Institutions
PSE	Pre-School non-formal Education
PW	Pregnant Women
PW&LM	Pregnant Women and Lactating Mothers
PWDVA	Protection of Women from Domestic Violence Act
QPR	Quarterly Progress Report
RAJ	Rajasthan
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive and Child Health
RDA	Recommended Dietary Allowance
REESI+E	Relevance, Efficiency, Effectiveness, Sustainability, Impact, and Equity.
RGFI	Registrar General of India
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
RKSK	Rashtriya Kishor Swasthya Karyakram
RMK	Rashtriya Mahila Kosh
RNTCP	Revised National Tuberculosis Control Programme
RRS	Rapid Reporting System
RTI	Right to Information

RTM	Real Time Monitoring
RUSA	Rashtriya Uchchatar Shiksha Abhiyan
SAARC	South Asian Association for Regional Cooperation
SAG	Scheme for Adolescent Girls
SAM	Severe Acute Malnutrition
SARA	State Adoption Resource Agency
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SBP	Swasth Bharat Preraks
SC	Scheduled Caste
SCPCR	State Commission for Protection of Child Rights
SCPS	State Child Protection Society
SCSP	Scheduled Caste Sub-Plan
SDG	Sustainable Development Goal
SHG	Self Help Group
SITA	Suppression of Immoral Traffic in Women and Girls Act
SL	Sri Lanka
SmSA	Samagra Shiksha Abhiyaan
SNP	Supplementary Nutrition Programme
SOP	Special Outreach Programme
SP	Superintendent of Police
SPI	Social Progress Index
SPMRM	Shyama Prasad Mukherjee RURBAN Mission
SRB	Sex Ratio at Birth
SRCW	State Resource Centre for Women
SSWB	State Social Welfare Boards
ST	Scheduled Tribe
STEP	Support to Training-cum Employment for Women
STF	State Task Force
STH	Soil-Transmitted Helminths
STI	Sexually Transmitted Infections
SVEP	Start-up Village Entrepreneurship Programme
THR	Take Home Ration
TISS	Tata Institute of Social Sciences
TL	Telangana
TN	Tamil Nadu
TOR	Terms of Reference
TSP	Tribal Sub-Plan
UC	Utilisation Certificate
UCSS	Umbrella Centrally Sponsored Scheme
UDHR	Universal Declaration of Human Rights

UNCRC	Convention on the Rights of the Child
UNDFW	United Nations Development Fund for Women
UNICEF	United Nations International Children's Emergency Fund
UP	Uttar Pradesh
URG	Underrepresented Groups
USTTAD	Upgrading the Skills and Training in Traditional Arts/Crafts for Development
UT	Union Territory
VAW	Violence against women
VHND	Village Health Nutrition Day
VHSNC	Village Health Sanitation Nutrition Committee
WCD	Women and Child Development
WCP	Women Component Plan
WHL	Women Helpline
WHO	World Health Organisation
WPR	Worker Population Ratio
WWH	Working Women Hostel

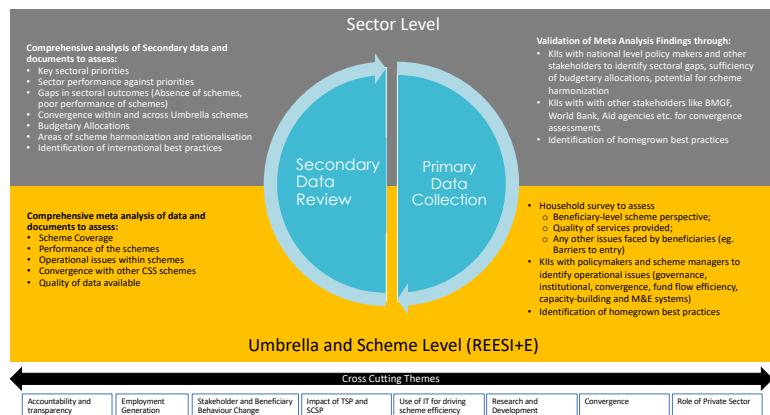
1. Overview

The Development Monitoring and Evaluation Office (DMEO) was constituted in September 2015 by merging of the erstwhile Programme Evaluation Office (PEO) and the Independent Evaluation Office (IEO). DMEO is an attached Office of NITI Aayog to fulfil its monitoring and evaluation mandate. After the Five-Year Plans were done away with at the end of 12th Five Year Plan, the Government made the approval of the schemes co-terminus with the Finance Commission cycle and made evaluation of the Centrally Sponsored Schemes (CSS) mandatory before the schemes come up for fresh appraisal. The 14th Finance Commission cycle ended in March 2020, and the 15th Finance Commission began thereafter. NITI Aayog has been entrusted the responsibility of conducting independent evaluation of all CSS so that the findings of the evaluation are made available to appropriate authorities for rationalization of the schemes.

In line with the above, this evaluation report aims at rationalisation of women and child development (WCD) schemes to unlock the growth potential of the WCD sector while integrating different programmes and holistically approaching the sector development agenda. The intent of the evaluation is to capture the broader canvas of effectiveness, efficiency, impact, the scope for skill developments, value additions, opportunities to bring innovation and sustainability across WCD schemes, thereby assessing the overall sectoral impact on the national economy. The evaluation study comprises of 4 broad components: (i) Sector Analysis; (ii) Scheme Level Analysis; (iii) Identification of Best Practices; and (iv) Identification of Ways to Improve Scheme Harmonisation and Scheme Rationalisation. One of the focus areas of the evaluation is to assess the sector and scheme performance against various cross-sectional themes such as convergence, use of IT, gender mainstreaming, social inclusion, etc. This particular report consists of Sector Analysis

Evaluation Approach and Methodology

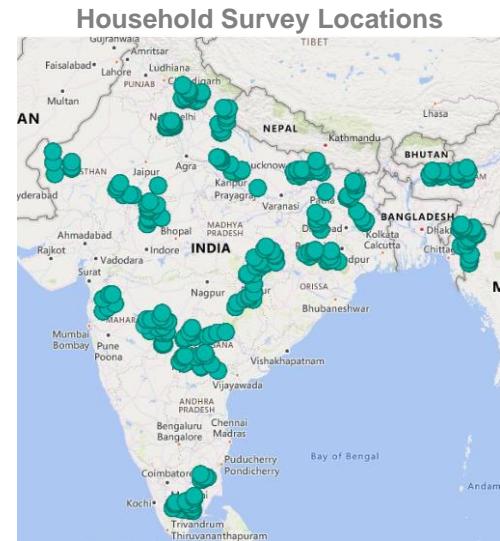
The evaluation uses a mixed-method approach utilising both quantitative and qualitative data derived from secondary and primary data. It undertakes a comprehensive analysis of available literature, evaluations, and research studies on the WCD sector and its constituent schemes. Primary Data collection was conducted through Household Survey, Key Informant Interviews (KII) and Focus Group Discussions (FGDs) from the village to the national level to validate the findings from secondary data and to fill data gaps. Qualitative insights from policymakers, development partners, implementing agents and beneficiaries are also used to contextualise the findings. At the scheme level, the analysis is undertaken using the REESI+E framework which focuses on assessing the scheme's Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity. Overview of the evaluation approach is provided below.



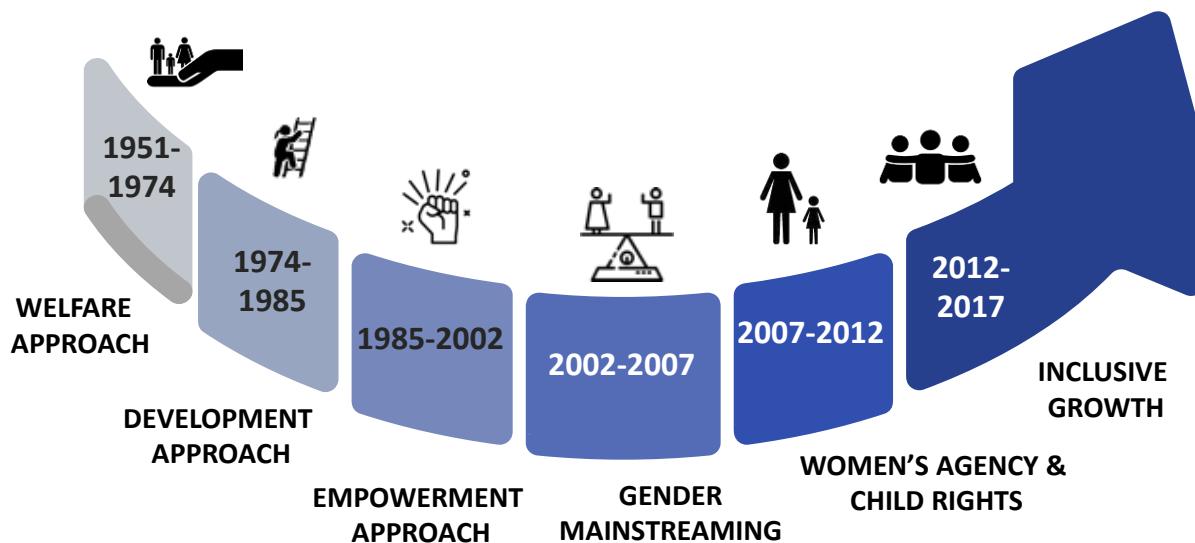
Household Survey: The Evaluation undertook a household survey of 3048 beneficiaries drawn from 11 States and 1 UT: Assam, Bihar, Chattisgarh, Delhi UT, Jharkhand, Maharashtra, Mizoram, Rajasthan, Tamilnadu, Telangana, Uttar Pradesh, Uttrakhand. Selection of the States and Districts was undertaken using a composite index of 15 indicators including Maternal and Child Nutrition, Children's Well Being and Protection, Women's empowerment, and Protection of women and girls. Overall, the Household Survey covered 48 districts across 11 States/1 UT.

Qualitative Data: The Qualitative data collection in the form of KIIs, FGDs, and Institutional Surveys was also conducted across 11 States and 1 UT mentioned above.

A total of 828 KIIs were undertaken with government officials, policymakers, development partners, scheme managers, implementing agents, and FLWs across National, State, District, Block and Village levels. Around 160 FGDs were conducted with beneficiaries of various WCD schemes in the villages as well as the institutions/homes for children and women. In addition, Institutional surveys were conducted across Anganwadi Centers, Ujjawala Homes, Swadhar Grehs, CCI Homes, One Stop Centres, and Working Women's Hostels.



Evolution of Women and Child Development Sector



The trajectory of the Women and Child Development sector and the main trends in the way women's and children's issues have been conceptualised in the development context in India highlight that several policy initiatives and plan interventions for the welfare, development and empowerment/ protection of women and children have been undertaken within the framework of a democratic polity, laws, and development policies. The women's movement, child rights activists and a wide-spread network of civil society organisations having strong grass-roots presence and deep insight into women's and children's concerns have also contributed in influencing the sector's agenda.

WCD Sector Performance Overview

Between 1990 and 2018, **India's HDI value** increased from 0.431 to 0.647, an increase of 50.0 per cent attributable to an increase in India's life expectancy at birth by 11.6 years, mean years of schooling by 3.5 years and expected years of schooling by 4.7 years. India's Gross National Income per capita increased by about 262.9 per cent between 1990 and 2018¹.

Gender Development Index (GDI), is based on the sex disaggregated HDI and is defined as a ratio of the female to the male HDI. The GDI measures gender inequalities in achievement in three basic dimensions of human development: health, education and command over economic resources. Country groups are based on absolute deviation from gender parity in HDI. The female HDI value for India in 2018, was 0.574 in contrast with 0.692 for males, resulting in a Gender Development Index value of 0.829, placing it into Group 5². In comparison, GDI values for Bangladesh and Pakistan are 0.895 and 0.747, respectively and 0.828 for South Asia.

¹ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IND.pdf

² Group 1 countries have high equality in HDI achievements between women and men: absolute deviation less than 2.5 percent; group 2 has medium-high equality in HDI achievements between women and men: absolute deviation between 2.5 percent and 5 percent; group 3 has medium equality in HDI achievements between women and men: absolute deviation between 5 percent and 7.5 percent; group 4 has medium-low equality in HDI achievements between women and men: absolute deviation between 7.5 percent and 10 percent; and group 5 countries has low equality in HDI achievements between women and men: absolute deviation from gender parity greater than 10 percent.

India has a **Gender Inequality Index (GII)**³ value of 0.501, ranking it 122 out of 162 countries in the 2018 index. In India, 11.7 per cent of parliamentary seats are held by women, and 39.0 per cent of adult women have reached at least a secondary level of education compared to 63.5 per cent of their male counterparts. For every 100,000 live births, 174.0 women die from pregnancy-related causes; and the adolescent birth rate is 13.2 births per 1,000 women of ages 15-19. Female participation in the labour market is 23.6 per cent compared to 78.6 for men. In comparison, Bangladesh and Pakistan are ranked at 129 and 136 respectively on this index.

India's position with respect to GDI and GII reflect that even though there have been improvements in women's health, education and access to economic resources; reproductive health, empowerment and economic activity of women remain critical areas of concern.

India has slipped four places on the **World Economic Forum's Global Gender Gap Index 2019 (GGGI)** to 112, due to rising disparity in terms of women's health and participation in the economy. Moreover, India is ranked in the bottom-five in terms of women's health and survival and economic participation. India's latest position is 14 notches lower than its reading in 2006 when the WEF started measuring the gender gap. It also ranked lower than many of its international peers, and some of its neighbors like China (106th), Sri Lanka (102nd), Nepal (101st), Brazil (92nd), Indonesia (85th) and Bangladesh (50th). **Economic opportunities** for women are extremely limited in India (35.4 per cent), followed by Pakistan (32.7 per cent), Yemen (27.3 per cent), Syria (24.9 per cent) and Iraq (22.7 per cent). India also ranked among countries with very low women representation on company boards (13.8 per cent), while it was even worse in China (9.7 per cent). The country also suffers from a **low sex ratio at birth** (91 girls for every 100 boys). On a positive note, India has closed two-thirds of its overall gender gap. Still, the condition of women in a large section of India's society is precarious, and the economic gender gap has significantly widened since 2006. India is the only country among the 153 countries studied where the economic gender gap is larger than the political one. India ranks high on the **political empowerment** sub-index, largely because a woman headed the country for 20 of the past 50 years. But female political representation today is low as women make up only 14.4 per cent of Parliament (122nd rank globally) and 23 per cent of the cabinet (69th).

India has a **social progress index (SPI)**⁴ value of 59.1 that positions it at 102 of the 149 participating countries. The performance of India has improved from 53.97 in 2014 to 59.1 in 2018, an increase of 5.13 points⁵.

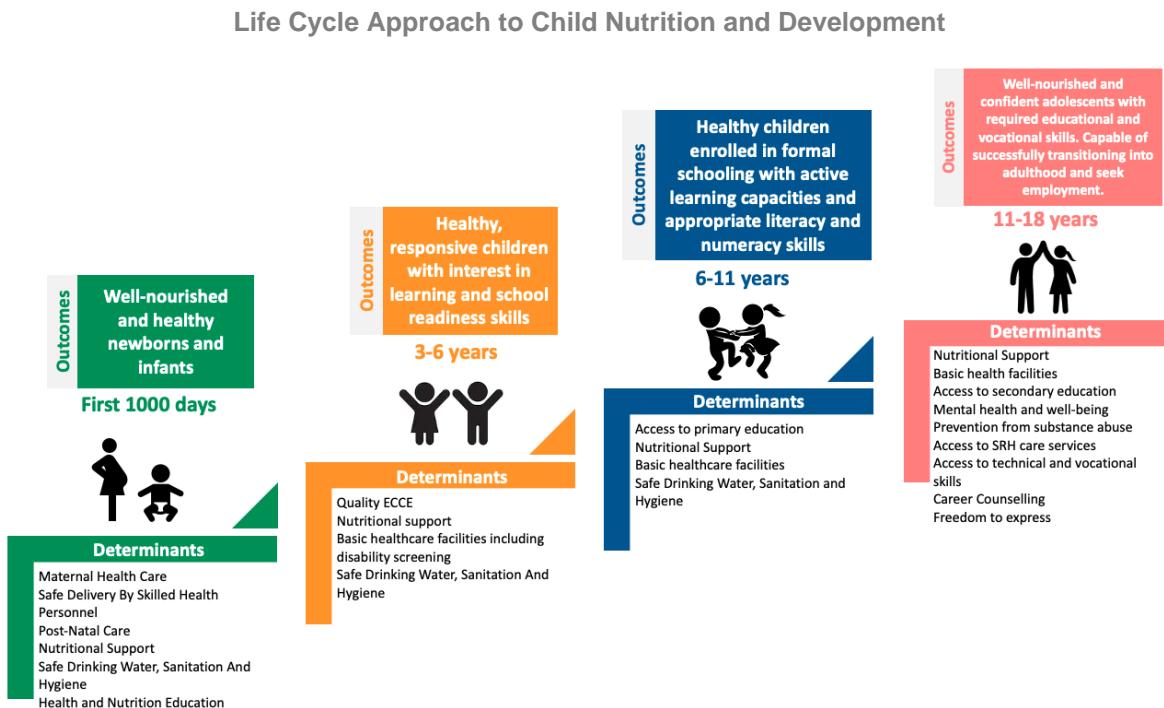
³ The 2010 HDR introduced the Gender Inequality Index (GII), which reflects gender-based inequalities in three dimensions – reproductive health, empowerment, and economic activity. Reproductive health is measured by maternal mortality and adolescent birth rates; empowerment is measured by the share of parliamentary seats held by women and attainment in secondary and higher education by each gender; and economic activity is measured by the labour market participation rate for women and men. The GII can be interpreted as the loss in human development due to inequality between female and male achievements in the three GII dimensions.

⁴ The Social Progress Index is the only measurement tool to comprehensively and systematically focus exclusively on the noneconomic dimensions of social performance across the globe with transparent and actionable data. The Social Progress is structured around 12 components and 51 distinct indicators. The framework not only provides an aggregate country score and ranking, but also allows benchmarking on specific areas of strength and weakness. Each of the twelve components of the framework is made up of between three and five specific outcome indicators. Indicators are selected because they are measured appropriately with a consistent methodology by the same organisation across all (or essentially all) of the countries in the sample. Taken together, this framework aims to capture a broad range of interrelated factors revealed by the scholarly literature and practitioner experience as underpinning social progress.

⁵ <https://www.socialprogress.org/assets/downloads/resources/2019/2019-Social-Progress-Index-executive-summary-v2.0.pdf>

Performance on Child Nutrition and Development

The present study uses a life-cycle approach to evaluate the child nutrition and development sector. The entire time period between 0-18 years has been divided into four critical phases marked with significant developmental milestones. (As shown in Figure below).



First 1000 days

In order to address the needs of infants in the first 1000 days, interventions such as JSY, JSSK, AWS and PMMVY are being implemented. All determinants of the first 1000 days have been addressed by corresponding interventions. The concerted efforts of the government have led to favourable outcomes in terms of maternal and child health indicators. These include fall in neonatal and infant mortality rates; rise in institutional births and children fully immunised among others.

National Indicators	Previous Period	Current Period	Performance
(%) Women aged 15–49 years with live birth, for last birth, who received antenatal care, four times or more (NFHS)	37.0 (2005-06)	51.2 (2015-16)	↑
(%) Pregnant women age 15-49 years who are anaemic (NFHS)	57.9 (2005-06)	50.4 (2015-16)	↓
(%) Births attended by skilled health personnel (NFHS)	46.6 (2005-06)	81.4 (2015-16)	↑
(%) Institutional Births (NFHS)	38.7 (2005-06)	78.9 (2015-16)	↑
Maternal Mortality Ratio (SRS)	167 (2011-13)	122 (2016-18)	↓
(%) children aged 12-23 months fully immunised (BCG, Measles and three doses of Pentavalent vaccine) (NFHS)	43.5 (2005-06)	62 (2015-16)	↑
(%) Children age 6-59 months who are anaemic (NFHS and CNNS)	58.6 (2015-16)	41 (2016-18)	↓
Neonatal mortality rate (SRS)	24 (2016)	23 (2016-18)	↓

Infant Mortality Rate (SRS)	34 (2016)	33 (2016-18)	
(%) Children under age three years breastfed within one hour of birth (NFHS and CNNS)	41.6 (2015-16)	57 (2016-18)	
(%) Children under age six months exclusively breastfed (NFHS)	46.4 (2005-06)	54.9 (2015-16)	

Source: NFHS-3, NFHS-4, CNNS, SRS 2016-18

Key: Favorable Increase Favorable Decline

3-6 years

Provisioning of quality ECCE, nutritional support, basic healthcare facilities including disability screening and safe drinking water, sanitation and hygiene have been addressed through various interventions. Subsequent improvements in stunting, wasting and undernourishment in U5 as well as in enrolments at the pre-primary stage, emerge.

National Indicators	Previous Period	Current Period	Performance Trend
(%) Children aged under five years who are underweight. (NFHS and CNNS)	35.8 (2015-16)	33 (2016-18)	
(%) Children under age five years who are stunted (NFHS and CNNS)	38.4 (2015-16)	35 (2016-18)	
(%) Children under age five years who are wasted (NFHS and CNNS)	21 (2015-16)	17 (2016-18)	
(%) Children under five years who are severely wasted (NFHS and CNNS)	7.5 (2015-16)	5 (2016-18)	
(%) Enrolment in pre-primary education (U-DISE)	10.8 (2015-16)	11.3 (2016-17)	

Source: NFHS-3, NFHS-4, CNNS, U-DISE

Key: Favorable Increase Favorable Decline

6-11 years

Flagship programmes like Samagra Shiksha Abhiyaan, Mid-Day Meal scheme, as well as Swachh Bharat Mission, have been implemented to ensure greater access and retention in primary schools in a safe learning environment. However, even after provisions of free and compulsory elementary education, mandated under the Right to Education Act⁶, negative trends in primary school enrolment rates emerge highlighting that children especially girls continue to remain outside formal schooling in the given age group. Further, though enrolment figures are declining, learning outcomes are showing gradual improvements. Access to safe sanitation facilities within schools, particularly among girls, has also been significantly enhanced over a period, though it declined in the period 2016-17.

National Indicators	Previous Period	Current Period	Performance Trend
Net Enrolment Ratio (Primary) (U-DISE)	83.62 (2016-17)	82.53 (2017-18)	
Adjusted Net Enrolment Ratio (Primary) (U-DISE)	91.47 (2015-16)	88.05 (2016-17)	
Gender Parity indices (Primary) (U-DISE)	1.02 (2017-18)	1.03 (2018-19)	
The proportion of schools with access to:			
Basic drinking water	96.8	97.1	
Girls' Toilet	97.6	96.5	

⁶ <https://mhrd.gov.in/rte>

	(2015-16)	(2016-17)	
Std. III learning levels: (ASER) (%) Able to read Std. II level text (%) Able to at least do subtraction	25.1 26.6 (2016)	27.2 28.1 (2018)	↑
Std. V learning levels: (ASER) (%) Able to read a Std II level text (%) Able to do basic arithmetic operations	47.9 26 (2016)	50.3 27.8 (2018)	↑

Source: U-DISE

Key:  Unfavourable Increase  Favourable Increase

11-18 years

The Mid-Day Meal scheme offers nutritional support to in school children in the age of 14 years and provisions for supplementary nutrition for OOS girls in the age group of 11-14 years has been made under the SAG. This implies that there is an absence of interventions to provide nutritional support to OOS boys in the age group 11-14 years and OOS boys and girls in the age group 14-18 years. Efforts to enhance enrolment and retention of students in school to enable them to complete their schooling cycles have been made under the Samagra Shiksha Abhiyaan, declining enrolment rates and increasing dropouts in upper primary and secondary education emerge.

Further, RKSJ has been launched as a flagship programme to address the various needs of adolescent boys and girls. However, it has been implemented in a phased manner in only 231 districts. SAG aims to mainstream OOS adolescent girls to formal education and provides IFA supplementation, health check-up and referral services; however, it only targets girls in the age group of 11-14 years.

Vocational training is offered to students in the age group 14-18 years (Class IX-XII) under the Samagra Shiksha Abhiyaan and to OOS girls in the age group 11-14 years as part of SAG. However, there is a lack of comprehensive vocational training program covering adolescent boys and girls in the entire age group 11-19 years both in-school as well as OOS. There is an absence of forums to promote children's voice, opinions and decision making in matters concerning them.

National Indicators	Previous Period	Current Period	Performance
Net Enrolment Ratio (Upper Primary) (U-DISE)	72.69 (2016-17)	72.62 (2017-18)	↓
Adjusted Net Enrolment Ratio: (U-DISE) Upper primary Secondary	83.46 62.81 (2015-16)	82 62.42 (2016-17)	↓
Gross Enrolment Ratio in higher secondary education (U-DISE)	51.37 (2016-17)	56.5 (2017-18)	↑
Average Annual drop-out rate at the secondary level (U-DISE)	17.69 (2015-16)	20.4 (2016-17)	↑
Gender Parity indices for: (U-DISE) Secondary Higher Secondary	1.02 1.02 (2015-16)	1.02 1.02 (2016-17)	No Change
(%) Women age 20-24 years married before age 18 years (NFHS)	47.4 (2005-06)	26.8 (2015-16)	↓
(%) Women age 15-19 years who were already mothers or pregnant at the time of the survey (NFHS)	16.0 (2005-06)	7.9 (2015-16)	↓

(%) Women age 15-24 years who use hygienic methods of protection during their menstrual period (NFHS)	NA (2005-06)	57.6 (2015-16)	No Change
---	-----------------	-------------------	-----------

Source: U-DISE, NFHS-3, NFHS-4

Key:  Unfavorable Increase  Favorable Increase

Performance on Child Protection

An analysis of the child protection sub-sector in India from the lens of prevention of all forms of violence and abuse against children and protection of child victims reveals that all determinants of child protection including prevention, rescue, rehabilitation and reintegration, have been addressed by corresponding interventions. However, the rate of crimes against children highlights an increase. This underscores that there is a long way to go in terms of elimination of all types of crimes against children. Further, in order to assess the situation of survivors of crimes, there is an absence of indicators and cumulative data at the National level regarding the number of children rescued, rehabilitated and reintegrated under programmes of various ministries.

Indicators	2017	2018	Performance
Rate of Crime against children (NCRB)	28.9	31.8	

Source: NCRB

Key:  Unfavorable Increase

Performance on Women's Safety and Protection

An assessment of the critical areas in terms of the availability of laws, acts and government interventions (CSSs) that have been implemented in order to ensure women's safety and protection and to identify the gap areas, has been undertaken. The analysis underscores that various laws and Acts have been formulated for the prevention of crimes against women and their implementation by the women's safety division, MHA has been undertaken. Interventions have also been put in place for rescue, rehabilitation, redressal and reintegration of the survivors of crime. In order to create an enabling environment to ensure the birth of a girl child and her survival and development in a safe environment, efforts have been made to sensitise stakeholders, including men/boys under the BBBP scheme. However, even though sex ratio at birth and the percentage of women experiencing physical and/or sexual violence by their current intimate partner show favourable trends, the overall rate of crimes against women highlights an increase. The rise in crime also points to the need for the creation of safe spaces for women in public places, workplaces as well as their own homes. The currently implemented safe cities project of the MHA covers only 8 metropolitan cities. Therefore, there is a growing need for undertaking measures to ensure the safety of women in other urban hubs and cities and upscaling the current intervention. Alongside putting in place interventions for women's safety and protection in rural areas is also essential.

Our analysis highlights that all other determinants of women's safety and protection are addressed by corresponding interventions. However, mental health and well-being especially of women survivors and women in distress emerge as a gap area as there is an absence of a comprehensive scheme/programme to address the same.

Indicators	Previous Period	Current Period	Performance
Sex Ratio at Birth (NFHS)	914	919	

	(2005-06)	(2015-16)	
% currently partnered girls and women aged 15-49 years who have experienced physical and/or sexual violence by their current intimate partner in the last 12 months (NFHS)	37.2 (2005-06)	31.0 (2015-16)	↓
Rate of Total Crime against Women (per one lakh population) (NCRB)	57.9 (2017)	58.8 (2018)	↑

Source: NFHS-3, NFHS-4, NCRB 2017, NCRB 2018

Key:  Unfavourable Increase  Favourable Increase

Performance on Women's Empowerment

The women's empowerment sub-sector has been assessed from the point of view of women's economic empowerment, and their political and social participation. As far as interventions to promote women's access to economic resources, vocational and skill training and promotion of employment and entrepreneurship opportunities are concerned, there are several flagship schemes across ministries that have been implemented. These include MGNREGA, DAY-NRML, PMKSY, PMAY-G, among others. The positive impact of these interventions is underscored by the indicators related to the proportion of men-women enrolled in higher, technical and vocational education as well as the percentage of employment offered under MGNREGA against percentage demanded. However, the declining female LFPR and female worker population ratios raise critical challenges for women's economic empowerment. Valuing unpaid care work is another determinant that has not been addressed by a corresponding intervention.

Promotion of political and social participation of women also emerge as gap areas. Article 243D of the constitution mandates reservation of 1/3rd seats for women in the panchayat elections, however, our analysis highlights the absence of schemes/programmes to create awareness and knowledge among women to enable their effective political participation. Further, community-level forums/platforms that promote women to discuss their rights, entitlements, voice their concerns and collectively take decisions to influence governance policies and structures on matters related to them, emerges as a glaring gap.

Indicators	Previous Period	Current Period	Performance
Proportion of male-female enrolled in higher education, technical and vocational education (AISHE)	96.5 (2017-18)	100.3 (2018-19)	↑
Female labour force participation (PLFS)	33.1 (2011-12)	25.3 (2017-18)	↓
Female Worker Population Ratio (WPR) for the productive age group (15-59 ages) (Economic Survey)	32.3 (2011-12)	23.8 (2015-16)	↓
Persons provided employment as a percentage of persons who demanded employment under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (Economic Survey)	84.75 (2018-19)	85.26 (2019-20)	↑
Percentage of seats won by women in the general elections to state legislative assembly (Economic Survey)	8.7 (2018)	8.32 (2019)	↓

Source: All India Survey on Higher Education, Economic Survey 2019-2020, PLFS

Key: Unfavourable Increase Favourable Increase

Performance comparison with South Asian countries

Table below underscores the performance of eight South Asian countries on women and child development related SDG indicators.

Performance of South Asian Countries on various SDG indicators

Indicators	IND	AFG	BNG	BH	MAL	NPL	PAK	SL
SDG 2								
Prevalence of undernourishment (% population)	15	30	15	NA	11	9.5	21	11
Prevalence of stunting (low height-for-age) in children under 5 years of age (%)	38	41	36	34	20	36	45	17
Prevalence of wasting in children under 5 years of age (%)	21	9.5	14	5.9	10	9.7	11	15
SDG 3								
Maternal mortality rate (per 100,000 live births)	174	396	176	148	68	258	178	30
Neonatal mortality rate (per 1,000 live births)	24	39	18	17	4.5	21	44	5.8
Mortality rate, under-5 (per 1,000 live births)	39	68	32	31	8	34	75	9
Adolescent fertility rate (births per 1,000 women ages 15–19)	24.5	69	84	22	6.5	62	38	15
Births attended by skilled health personnel (%)	86	51	50	89	96	58	52	99
Surviving infants who have received two WHO-recommended vaccines (%)	88	62	94	97	99	90	75	99
SDG 4								
Net primary enrolment rate (%)	92	NA	91	80	100	95	77	99
Lower secondary completion rate (%)	86	54	78	80	104	89	53	96.5
Literacy rate of 15–24-year old's, both sexes (%)	86	47	93	87	99	85	73	99
SDG 5								
Ratio of female to male mean years of schooling of the population age 25 and above	58.5	32	78	50	97	56	58.5	90
Ratio of female to male labour force participation rate	34	22.5	42	79	53	96	30	47
Seats held by women in national parliaments (%)	12	28	20	8.5	6	33	21	6
SDG 6								
Population using at least basic drinking water services (%)	88	63	97	98	98	88	89	92
Population using at least basic sanitation services (%)	44	39	47	63	96	46	58	94
SDG 8								
Unemployment rate (% total labour force)	3.5	9	4	2	5	3	4	4
SDG 10								
Gini coefficient adjusted for top income (1–100)	46	NA	36	39	38	33.5	42	50
SDG 16								

The proportion of the population who feel safe walking alone at night in the city or area where they live (%)	73	12.5	70	63	NA	57	69	63
Children 5-14 years old involved in child labour (%)	12	29	4	3	NA	37	NA	1

Low Average Good

Source: Sustainable Development Report 2020⁷

Among the South-Asian countries, India's performance in child nutrition and health indicators varies from low to average. However, in terms of adolescent fertility and births attended by skilled health personnel, India emerges as one of the top performers. The performance vis-à-vis education indicators are average to good for India. In terms of access to basic drinking water services, the country has an average performance. Nonetheless, access to basic sanitation services continues to be an area of concern.

In comparison with other South-Asian countries, India's performance in terms of percentage of children involved in child labour emerges to be average. As per the data shown in the table, 73% individuals in India stated that they feel safe at night around their area of residence. India's figures for safety are highest compared to other South Asian countries. 73 per cent of women in India feel safe at night around their area of residence. India's figures for women's safety are highest compared to other South Asian countries. The country's performance continues to be low to average in terms of women's economic and political empowerment and participation, respectively. However, vis-à-vis unemployment rate and income inequality (measured by Gini coefficient), India have performed well compared to other South-Asian countries.

Performance comparison with BRICS countries

Indicators	India	Brazil	Russia	China	South Africa
SDG 2					
Prevalence of undernourishment (% population)	14.5	2.5	2.5	8.6	6.2
Prevalence of stunting (low height-for-age) in children under 5 years of age (%)	38.4	7.1	NA	8.1	27.4
Prevalence of wasting in children under 5 years of age (%)	21.0	1.6	NA	1.9	2.5
SDG 3					
Maternal mortality rate (per 100,000 live births)	145.0	60.0	17.0	29.0	119.0
Neonatal mortality rate (per 1,000 live births)	22.7	8.1	3.2	4.3	10.7
Mortality rate, under-5 (per 1,000 live births)	36.6	14.4	7.2	8.6	33.8
Adolescent fertility rate (births per 1,000 women aged 15-19)	13.2	59.1	20.7	7.6	67.9
Births attended by skilled health personnel (%)	81.4	99.2	99.7	99.9	96.7
Surviving infants who have received two WHO-recommended vaccines (%)	89.0	83.0	97.0	99.0	70.0
SDG 4					
Net primary enrolment rate (%)	92.3	96.3	95.1	NA	87.0
Lower secondary completion rate (%)	85.0	71.8	95.9	99.5	80.8
Literacy rate (% of population aged 15 to 24)	91.7	99.2	99.7	99.8	95.3
SDG 5					

⁷ https://s3.amazonaws.com/sustainabledevelopment.report/2020/2020_sustainable_development_report.pdf

Ratio of female-to-male mean years of education received	57.3	106.6	98.3	90.4	95.2
Ratio of female-to-male labor force participation rate (%)	29.8	72.6	77.8	80.4	77.9
Seats held by women in national parliament (%)	14.4	14.6	15.8	24.9	46.6
SDG 6					
Population using at least basic drinking water services (%)	92.7	98.2	97.1	92.8	92.7
Population using at least basic sanitation services (%)	59.5	88.3	90.5	84.8	75.7
SDG 8					
Unemployment rate (% total labour force)	5.4	12.1	4.6	4.3	28.2
SDG 10					
Gini coefficient adjusted for top income (1-100)	43.2	54.2	44.0	41.2	67.3
SDG 16					
Percentage of population who feel safe walking alone at night in the city or area where they live (%)	69.3	40.2	57.5	86.4	31.5
Children 5-14 years old involved in child labour (%)	11.8	6.6	NA	NA	NA

Low

Average

Good

Source: Sustainable Development Report 2020⁸

India has performed well vis-à-vis adolescent fertility rate and safety of citizens at night in their areas of residence compared to the other BRICS countries. Data reveals that India's performance in terms of infants receiving two WHO vaccines, net enrolment rate, lower secondary completion rate, unemployment rate and income inequality is at best average. However, indicators related to hunger (SDG 2), maternal and child mortality rates as well as births attended by skilled health personnel (SDG 3), literacy rate among 15-24 year-olds (SDG 4), gender equality (SDG 5), access to clean drinking water and sanitation (SDG 6), and child labour (SDG 16) present a grim picture for India in comparison to other BRICS countries.

Summary of Cross-Sectional Theme Analysis

The present evaluation includes an assessment of the WCD sector and schemes on various cross-sectional themes using both secondary and primary data. Towards this an analytical framework was developed and nine themes were identified – accountability and transparency; direct/indirect employment generation; role of Tribal Sub-Plan (TSP) and Scheduled Caste Sub-Plan (SCSP) in mainstreaming SC and ST population; use of IT/technology in driving efficiency; stakeholder and beneficiary behavioural change; research and development; unlocking synergies with other government programmes; reforms and regulations; and impact on and role of the private sector, community/collectives/cooperatives and civil society/NGOs in the sector. The summary of the sector's performance on the cross-sectional themes is presented below.

Cross-Sectional Themes	Performance at the sector level
Accountability and Transparency	
Direct/ indirect employment generation	

⁸ https://s3.amazonaws.com/sustainabledevelopment.report/2020/2020_sustainable_development_report.pdf

Role of Tribal Sub-Plan (TSP) & Scheduled Caste Sub-Plan	
Use of IT/ Technology in driving efficiency	
Stakeholder & beneficiary behavioral change	
Research and Development	
Unlocking synergies with other Government Programmes	
Reforms and Regulations	
Impact on and role of the private sector, community/ collectives/cooperatives and civil society	

Key Sector Level Issues, Challenges, and Recommendations

The socio-cultural landscape in India for women and other gender identities that are considered socially inferior is diverse and complex. While a liberalised economy has offered better education, jobs, health care, and decision-making opportunities for women, they are considered socially inferior and face violence within and outside the home. In addition, there exist wage differentials, stagnated workforce participation, inadequate access to education, good health and other forms of discrimination.

In a stringently patriarchal society, discriminatory values and norms continue to dominate the economic, political, religious, social and cultural institutions. A combination of family, caste, community and religion reinforce and legitimize these values. Stereotyping based on gender continues in public and private institutions. Practices, such as gender-biased sex selection, sexual harassment in public spaces, and/or workplaces, child/early marriages, dowry, honour killings and witch-hunting are indicative of the deep-rooted vulnerability and inequality of girls, women and other gender identities that are considered socially inferior. The low value attached to the girl child has contributed to low child sex ratio (CSR) which was at an all-time low of 914, according to the 2011 census. Changes in CSR at the district level were more pronounced. Of the total 640 districts in the country, 429 districts experienced decline in CSR. The 2011 census points to the spread of this phenomenon from largely urban areas to rural, remote and tribal areas.

Recognising the paradoxical situation of women/girls, the government is committed to address these issues through policies, legislation and programmes. Efforts have been to ensure that India's laws, policy framework and developmental plans and programmes incorporate specific measures for the advancement of women in the country. Schemes/programmes across all sectors have also been implemented that have led to significant achievements including meeting higher targets in the field of health, education and employment. Effective mechanisms to provide a safe environment for women to work, live and fulfil their potential have also been put in place.

In recent years, there have been enactment of various legislations i.e. the Prohibition of Child Marriage Act, 2006, the Protection of Children from Sexual Offences Act, 2012, the Juvenile Justice (Care and Protection of Children) Act, 2015, the Criminal Law Amendment Act, 2013, Dowry Prohibition Act, 1961, the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 the Protection of Women From Domestic Violence Act, 2005 etc. which

address the issue of violence against women and children and upholds their right to live with dignity as enshrined under Article 21 of the Indian Constitution. Despite these laws, gender-based violence and discrimination against women and girls continue. Since legislative changes take time in implementation due to social, cultural and religious mores, changes in social norms and mind-sets towards girls and women can be brought about through institutional initiatives. This would entail involvement of the family, the community and religious and educational institutions. The state, as the largest public institution can initiate, strengthen and ensure implementation of its economic and social policies for gender equality.

In the recent past creating a safer environment for girls and women in public consciousness, public places and workplaces in order to ensure gender equity and equality for more inclusive growth has emerged as a priority area. Alongside there is a need to adopt a multi-pronged strategy and convergent approach to achieve empowerment of women and girls.

No.	Issues and Challenges	Recommendations
Financial and Funding Related Challenges		
1	Lack of flexibility in fund allocation and utilisation	<ul style="list-style-type: none"> In schemes such as AWS, POSHAN Abhiyaan and CPS, states should be afforded greater flexibility in utilisation of funds, in order to identify and focus on the key barriers to malnutrition in each state. An example of this is the Samagra Shiksha Abhiyan, which allows states to prioritise interventions and sectors (elementary/secondary) as per their need. Preliminary evidence of the scheme budget shows that indeed states (guided by GoI) are making decisions in keeping with their specific needs and local contexts. MWCD may look into opportunities and mechanisms to maintain a pool of untied funds to enable strategic activities, plug interventions gaps and enable stronger convergence. These untied funds could be in the shape of a pool of flexi funds (currently 10%) from all MWCD schemes, or a separate untied fund at the MWCD level.
2	Small value CSS unable to access State funds	<ul style="list-style-type: none"> It has been noted that a majority of the WCD CSS schemes – particularly the MPEW schemes, are not able to access State shares due to their small size and differing State Government priorities. Given the importance of the schemes put in place by the MWCD for improving the safety and protection of women affected by violence, and the small size of most of these schemes, it is essential that the WCD schemes are not starved of funds. Keeping the increased funds available to the States since the 14th finance commission, it is recommended that the MWCD encourage State Governments to increase their budgetary allocation towards women and child development, protection and welfare schemes to ensure improved fund availability and utilisation of schemes. Alternately, the MWCD can consider converting smaller schemes, specifically those related to women protection and women empowerment, to Central Sector Schemes, and adequate provision of staff and IT-based MIS be made at the National level to improve the monitoring and management of these schemes.

MWCD's Capacity to manage and implement MWCD Schemes		
1	Unstructured scheme distribution hampers optimum management and inter-scheme convergence	<ul style="list-style-type: none"> In order to be able to achieve enhanced convergence and improved management of WCD schemes, it is recommended that the 15 schemes be restructured into four overarching Umbrella Schemes – (i) Integrated Child Development Scheme incorporating AWS, POSHAN Abhiyaan, PMMVY, SAG and NCS; (ii) Integrated Child Protection Umbrella – incorporating CPS and BBBP; (iii) Women Protection Umbrella incorporating OSC, WHL, Swadhar Greh and Ujjawala Scheme; and (iv) Women Empowerment incorporating MSK, WWH, and Gender Budgeting, and also including other WCD activities such as RMK and Mahila e-haat.
2	Poor Capacity within MWCD to bring technical and thought leadership to the critical issues of Women and Child Nutrition, Empowerment and Protection	<ul style="list-style-type: none"> The evaluation finds that the capacity within the MWCD to implement and monitor its CSS schemes is limited, with high vacancies, and inadequate use of external technical expertise on the issues of nutrition, women empowerment and protection, and child protection. These challenges lead to inefficient management and sub-optimal outcomes of the schemes. The evaluation recommends a strong focus on professionalising and de-bureaucratise of the MWCD through hiring of senior, well paid technical experts and advisors to manage the schemes and to provide technical expertise to the ministry on the issues of women and child development. A model similar to NITI Aayog, with a team of young, middle level and senior technical advisors for each of the four proposed Umbrellas – hired on a contractual basis may be adopted by the Ministry. Alternately, a separate PMU for each scheme may be set-up, the size of the PMU to be in line with the size of the scheme and the priority of the Ministry. There is also a need identified to streamline and professionalise the autonomous bodies under the MWCD. Currently, the Autonomous bodies under MWCD include NIPCCD and RMK. Both these bodies are registered as Societies under the societies act. In order to improve the governance of these autonomous bodies as well as to enhance transparency of these bodies, it is recommended that NIPCCD and RMK be registered as Section 8 companies.
3	Absence of Disaggregated Data	<ul style="list-style-type: none"> A Gender Budgeting Act to mainstream gender-based budgeting across all ministries and States/UTs and legally mandate all data collecting institution to analyse and publish gender-disaggregated statistics. (learning from Israel, South Korea, Philippines) A data hub and data portal may be created by MWCD where collated gender-disaggregated data is made available on a single unified portal. NSSO should focus on gendered patterns of access and use of digital technologies, including the internet. Follow the set of questions formulated by Washington Group of Disability Statistics while collecting data on women with disabilities

Multi-sectoral Action for the Welfare of Women and Children

1	Limited Private Sector Engagement	<ul style="list-style-type: none"> • Currently, the MWCD sector's engagement is limited primarily to the Anganwadi Services Scheme. There is no policy guidance in the MWCD to improve private sector linkages among other MWCD schemes, even though there is significant scope for engagement for women empowerment and women protection schemes, as highlighted in the individual scheme analyses. In this regard, it is recommended that the MWCD develop specific guidance notes for all its schemes on how States can engage private sector under each MWCD scheme – including for rehabilitation and reintegration of at-risk women and children. • It is also recommended that steps be undertaken to incentivise private sector to invest in services and infrastructure provision for WCD sector – this may include competitive rents and long term agreements for homes/hostels under schemes such as Swadhar Greh, Ujjawala, WWH and OSCs; value chain engagement for Swadhar and Ujjawala Scheme beneficiaries; etc.
2	Need to develop new partnerships and focus on convergence	<ul style="list-style-type: none"> • Greater emphasis to be given to the role of MWCD as a nodal agency for ensuring the well-being of women and children in the country through adopting a convergent approach at the policy and programmatic level. • Finalising the National Policy for Women after making the necessary amendments in the 2016 draft policy. • Forging partnership and driving convergence to mobilize resources, capacities, innovations, knowledge, etc. This will include partnership and convergence efforts with: <ul style="list-style-type: none"> ○ Social enterprises and start-ups to drive innovation in policy design and service delivery through challenge funds, innovation funds, hackathons, etc. ○ Public private partnerships to leverage CSR and private sector investments in employment opportunities and infrastructure development to expand the support services coverage of WCD schemes. ○ Convergence at district level through enhanced role of district administration – convergence of health, rural development schemes, etc. to improve nutrition delivery and to derive operational efficiencies by providing convergent services to households. ○ Promoting active role of Panchayati Raj in women's empowerment and women's protection, through setting up of safe spaces managed by PRI institutions in rural areas, institutionalising a "Women's Empowerment Month" on the lines of "POSHAN Maah" and "POSHAN Pakhwada", led and managed by the Panchayati Raj officials and functionaries – and focused on generating awareness of women's schemes, her rights and entitlements, and changing behaviours and social norms around women's participation in household decision-making, education, and labour force. ○ Promotion of food and nutrition forestry and plantations in convergence with Forest and Environment, Rural development,

		<p>Panchayati Raj, Agriculture, Animal Husbandry, etc., in line with the Odisha Millets Mission.</p> <ul style="list-style-type: none"> ○ Partnership with national and international research institutes and think-tanks for innovation research and knowledge economy.
Intra-sectoral Gaps		
1	Increasing Trends in rates of Crime against Women and Limited Reach of Interventions for Creation of Safe Spaces for Women.	<ul style="list-style-type: none"> • Addressing issues of VAW in India requires design, implementation and review of quality social service responses for women and girls subject to all forms of gender-based violence. • These could include providing a coordinated multi-sectoral response to women and girls subject to violence comprising of health services, justice and policing services, coordination and governance mechanisms as well as social sector services. • Along with this, there is an urgent need to scale up existing interventions for creation of safe cities, especially to cover emerging urban hubs. • In Rural areas, specific buildings and spots (e.g. AWCs, PHC/SHC, PRI office) may be designated as safe spaces for women and provide relevant infrastructure and institutional mechanisms to operationalise them. These safe spaces could be linked with the MPVs or with women's helpline to provide immediate support and redressal to rural women in need of care and protection.
2	Limited reach of interventions for adolescent well-being	<ul style="list-style-type: none"> • In order to ensure holistic development of the adolescent population, a comprehensive Rashtriya Kishor Swasthya Karyakram (RKSK) is being implemented, but its reach is limited to a few districts. • Looking at the broad canvas of issues covered by the scheme there is a need to scale up the RKSK intervention to a Pan-India level. • A holistic and unified model for adolescent empowerment needs to be developed, that addresses adolescent physical and mental health, education, skilling, and SRHR. This can be done by ensuring convergence between the two existing adolescent programs i.e. SAG and RKSK.
3	Declining enrolment and increasing dropouts in education.	<ul style="list-style-type: none"> • There is a need to provide effective and adequate infrastructure to enable all students to access safe and engaging school education at all levels from pre-primary school through Grade 12. • This will include (i) upgrading and enlarging existing schools; (ii) building additional quality schools in areas where they do not exist; (iii) providing safe and practical conveyance and/or residential facilities; (iv) carefully tracking students and their learning levels; (v) providing suitable opportunities for remediation and re-entry to catch up in case they have fallen behind or dropped out. • Further, the 'free and compulsory' aspect of the Right to Education Act needs to be enforced and extended through Grade 12. • Curriculum change and innovation can also be initiated to make schooling more engaging, dynamic, and useful.

4	Rising rate of crimes against children.	<ul style="list-style-type: none"> • Drawing from the WHO's Inspire: Seven Strategies for Ending Violence Against Children, the current interventions addressing crimes against children i.e. CPS and NCLP need to be strengthened. • Some of the key approaches that can be included in the existing programmes are: (i) reducing violence by identifying "hotspots" to interrupt the spread of violence, (ii) delivering parent and caregiver support through home visits and comprehensive programmes in community settings, (iii) providing cash transfers, group saving, and loans combined with gender equity training, microfinance and gender norm training, (iv) increasing enrolment of survivors in pre-school, primary and secondary schools and establishing a safe and enabling school environment and (v) improving children's knowledge regarding sexual abuse and how to protect themselves against it through life skills education and social skills training.
5	Lack of indicators to assess performance of Child Protection Determinants.	<ul style="list-style-type: none"> • There is a need to address data gaps regarding children successfully rescued from sites of various forms of violence and abuse, rehabilitated to care institutions and families and reintegrated into society, under programmes implemented by various ministries. • This will require creation of a National level common child protection database to guide policies and legislations and strengthen existing systems. • Key parameters to be included in the database comprise of (i) mapping of all National and State level interventions for the protection of children across departments and ministries and (ii) information on children rescued, rehabilitated and reintegrated under each of the interventions working towards child protection along with pan-India figures.
6	Declining FLFP Rate and Female Worker Population Ratio	<ul style="list-style-type: none"> • It is recommended that along with policy, legislative and social measures, extensive research should be undertaken in order to identify the prime causes for the decline in labour force participation among women including assessing geographical, socio-economic as well as gender norms that might be indirectly impacting the emerging trends.
Critical Intervention Gaps		
1	No Scheme focusing on prevention of VAW and changing social and cultural norms around gender roles	<ul style="list-style-type: none"> • The best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes. • Awareness-raising and community mobilisation, including through media and social media, is another key component of an effective prevention strategy. • It is recommended that the MWCD initiate a flagship programme on social and cultural norms change to end violence against women in all forms.

2	Absence of interventions on nutritional support to OOS boys in the age group 11-18 years and OOS girls in the age group 14-18 years.	<ul style="list-style-type: none"> • The current interventions, i.e. Mid-day meal scheme and SAG, should be scaled up to include all adolescent boys and girls in the age group 11-18 years. • This would also mean moving from a cereal-based mid-day meal in schools to more nutrient-dense meals. • In addition, diets balanced with proteins and adequate calories are essential. As the consumption of fruits and vegetables among adolescents remains poor, providing nutrition counselling for young people to make the right food choices is another critical step that should be taken.
3	Absence of interventions to comprehensively address mental health issues of women.	<ul style="list-style-type: none"> • In order to comprehensively address the mental health issues of women, corresponding interventions will need to be put in place. Drawing from the WHO's Nation for Mental Health programme, a comprehensive plan to improve women's mental health needs to be developed. • This will require multi-pronged action including (i) policies and legislations to improve women's mental health; (ii) interventions through population-based settings, ensuring that community services and supports are adequate and accessible for women; (iii) grassroots activities to facilitate improvements in women's mental health, and (iv) media-based strategies to influence awareness on women's mental health issues among the community and to facilitate more desirable attitudes and behaviour with regard to women's mental health.
4	Lack of interventions that value unpaid care work.	<ul style="list-style-type: none"> • Policies that provide services, social protection and basic infrastructure and promote sharing of domestic and 'care work' between men and women, and create more paid jobs in the care economy, are urgently needed to accelerate progress on valuing unpaid care work and thereby achieving women's economic empowerment. • Some of the recommended solutions include (i) investing in time-saving technology and infrastructure; for instance, electrification and improved access to water has proven to ease the constraints on women's time; (ii) enhancing access to better public services, childcare and care for the elderly, this can also include longer school days or pre-school hours as an alternative; (iii) provisioning of equal amounts of maternity and paternity leave; (iv) creating family-friendly working conditions including a flexible work schedule or teleworking and (v) tackling entrenched social norms and gender stereotypes to 'de-feminize' caregiving and shape gender norms that prevent men from assuming equal care-giving responsibilities.
5	Lack of interventions to promote political participation among women.	<ul style="list-style-type: none"> • Interventions enhancing women's representation at all levels of governance need to be designed. • Some of the key components of such interventions can be (i) mentoring and training programs that prepare women for political responsibilities and enhance their political skills; (ii) building women's platforms, networks, and pool of potential candidates; (iii) consistent and methodical training with female candidates; (iv) working with political parties to identify potential women

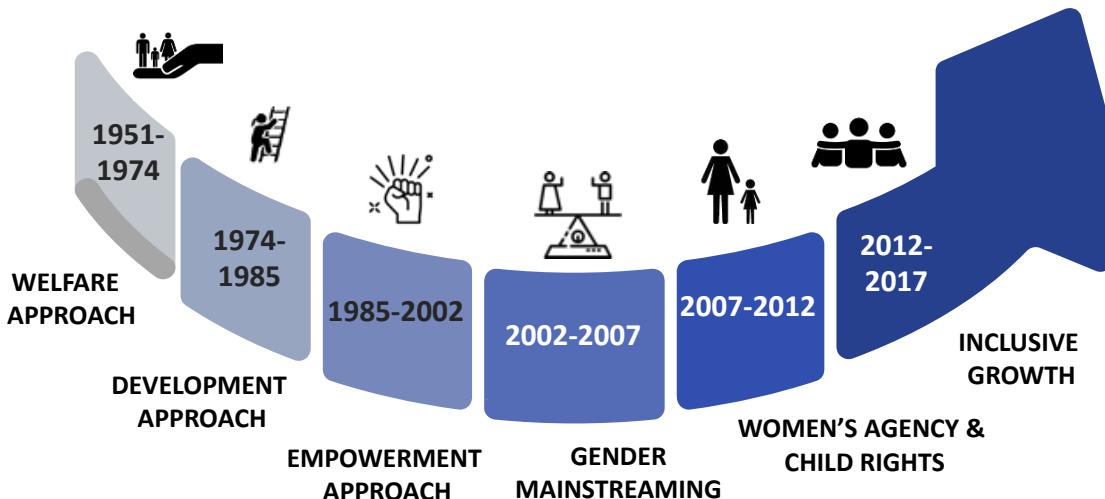
		candidates; (v) establishing formal or informal women's caucuses to provide support inside the legislature; (vi) collating regular and reliable data on women's representation to track progress and identify challenges and successes and (vii) designing and conducting gender-sensitive civic and voter education programs for women.
6	Lack of interventions to promote social participation among women.	<ul style="list-style-type: none"> • Special forums/platforms/community-based groups should be instituted for women where they can collectively be informed about their rights, campaign for reforms of discriminatory laws and practices as well as support each other in critical decision making concerning them. • These platforms can also be used to give women 'voice' and help them claim resources through bottom-up pressure using participatory budgeting, expenditure tracking and community scorecards.

2. Women and Child Development Sector Analysis

2.1. Background of the Sector

This section presents a trajectory of the Women and Child Development sector. It traces the main trends in the way women's and children's issues have been conceptualised in the development context in India. The Government of India has undertaken several initiatives and interventions for the welfare, development, empowerment and protection of women and children within the framework of a democratic polity, laws, and development policies. The women's movement, child rights activists and a network of civil society organisations with strong grassroots presence and deep insight into women's and children's concerns have also contributed in influencing the sector's agenda.

Figure 1: Evolution of Women and Child Development sector



Welfare Approach

The first Five-year (1951-56)⁹ Plan acknowledged that the social health of any community would depend a great deal upon the status, functions and responsibilities of women in the family and the community. Emphasis was laid on problems relating to health, maternity and child welfare, education, employment, and conditions of work. On the other hand, it was also recognised that considering the numbers involved, the needs of children should receive much more significant consideration than is commonly given to them. There was a growing demand for child health services and educational facilities.

The Central Social Welfare Board (CSWB) was set up to assist voluntary agencies in organising welfare programmes for women and children. The Board, in turn, collaborated with State Governments to organise State Social Welfare Boards throughout the country. The Third Plan again underscored the need for child welfare programmes. It proposed each State and Union Territory to take up at least one pilot project on child welfare based on complete coordination in services provided by medical and public health, education, social welfare and other agencies to

⁹ Planning Commission, Government of India (1951), First Five-year Plan.
<http://planningcommission.nic.in/plans/planrel/fiveyr/1st/1pintro.htm>

suggest ways of securing the integrated functioning of different services, many of which already existed.

A shift from Welfare to Development

A shift in the approach for women's development from 'welfare' to 'development' was witnessed in the Fifth Five-Year Plan period (1974-79)¹⁰. The Plan also proved to be the landmark in the field of child development through the adoption of a National Policy for Children (1974) and the launching of the Integrated Child Development Services (1975).

A landmark in the history of women's development was observed in the Sixth Five-Year Plan (1980-85)¹¹ which included a separate chapter on women and development and adopted a multi-disciplinary approach with the three-pronged thrust on health, education and employment. The Plan reviewed the status of women and concluded that despite legal and constitutional guarantees; women had lagged behind men in all sectors. During the Sixth Plan, a multi-sectoral approach was adopted for women's development. Subsequently, in the year 1985, Women and Child Development was set up as a separate department under the Ministry of Human Resource Development to give a separate identity and to provide a nodal point on matters relating to women's and children's development.

The period also saw an effective consolidation and expansion of programmes initiated for children in the earlier Plans. The National Policy on Education was launched in 1986, which emphasised universal enrolment and retention of children in schools, especially the girl child. The Children's Acts (the present JJ Act of 2000) were enacted in all the States except Nagaland. The Central Social Welfare Board continued to function as a focal and apex agency in the voluntary sector. The Voluntary Action Bureau was set up in 1982 to meet the challenge of crimes and atrocities against women and children, and to create awareness among people towards their social responsibility.

Development to Empowerment Approach

The concern for equity and empowerment articulated by the International Decade for Women was operationalised during the Seventh Five-Year Plan (1985-90)¹². Efforts were made to provide welfare measures to all sections of society, especially the underprivileged section, i.e. the women. A significant step in this direction was to promote 'beneficiary oriented programmes' for women in different developmental sectors and offer direct benefits to them. The National Perspective Plan for Women (1988-2000) provided directions for all-round development of women. The National Commission on Self-Employed Women and Women in the informal sector submitted a comprehensive report titled 'Shramshakti' that analysed the problems affecting a large number of women in the informal sector. Women Mahila Mandals were also established. Support to Training-cum Employment for Women (STEP) was launched in 1987 for promoting employment opportunities for women. The Khadi and Village Industries sector took up measures to improve the employment and earnings of women. More importantly, the pivotal role of voluntary organisations in women's development was recognised.

¹⁰ Planning Commission, Government of India (1974), Fifth Five Year Plan.

<http://planningcommission.nic.in/plans/planrel/fiveyr/5th/5planch5.html>

¹¹ Planning Commission, Government of India (1980), Sixth Five Year Plan.

<http://planningcommission.nic.in/plans/planrel/fiveyr/6th/6planch27.html>

¹² Planning Commission, Government of India (1985), Seventh Five Year Plan.

<http://planningcommission.gov.in/plans/planrel/fiveyr/7th/vol2/7v2ch14.html>

On children's front, ICDS continued to be the single nation-wide programme for early childhood survival and development during the Seventh Plan. Several Acts were enacted, including the Juvenile Justice Act (JJA) in 1986, the Child Labour Prohibition and Regulation Act, 1986 and in 1987, the National Policy on Child Labour was formulated. Projects were sanctioned to voluntary organisations for the welfare of working children to provide non-formal education, supplementary nutrition, health care and skill training. The period also saw the formulation of Annual Plans, 1990-92 and a significant expansion of programmes and services for the welfare of the disabled took place.

In 1992, a marked shift in approach from development to empowerment of women was underscored by the Eighth Five-Year Plan (1992-97)¹³. The strategy of the Plan was set to ensure that the benefits of development from different sectors do not bypass women. At the same time, women should be enabled to function as equal partners and participants in the development process and not merely as beneficiaries of various schemes. Extending the reach of services to women, both qualitatively and quantitatively, were an essential objective of this plan. The National Commission for Women was set up by an Act of Parliament in 1990 to safeguard the rights and legal entitlements of women. The 73rd and 74th Amendments (1993) to the Constitution provided for reservation of seats in the local bodies of Panchayats and Municipalities for women, laying a strong foundation for their participation in decision making at the local levels.¹⁴

India also ratified various international conventions and human rights instruments committing to secure equal rights of women. Key among them was the ratification of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1993. The Mexico Plan of Action (1975), the Nairobi Forward-Looking Strategies (1985), the Beijing Declaration as well as the Platform for Action (1995) and the Outcome Document adopted by the UNGA Session on Gender Equality and Development and Peace for the 21st century, titled "Further actions and initiatives to implement the Beijing Declaration and the Platform for Action" was unreservedly endorsed by India for appropriate follow up.¹⁵

Following the ratification of the 'Convention on the Rights of the Child' in 1992, the Government of India formulated two National Plans of Action (NPAs) - one for children and the other exclusively for the Girl-Child. The National Plan of Action for Children set out quantifiable goals to be achieved by the year 2000 in the priority areas of health, nutrition, education, water, sanitation and environment. Whereas, the National Plan of Action for the Girl Child (1991-2000) aimed at the removal of gender bias and enhance the status of girl child in society to provide them equal opportunities for survival, protection and development. Both the Plans of Action adopted an inter-sectoral approach in achieving sectoral goals laid down in the Action Plans in close uniformity with the major goals of 'Health for All' and 'Education for All'.

The approach paper of the Ninth Five-year Plan (1997-2002)¹⁶, focused on the empowerment of women and people's participation in planning and implementation of strategies. It highlighted the need for women to exercise choices and opportunities to avail them. It underscored that a supportive environment should be provided to women at all places including home, school, religious sites, government and workplace. Further, to enable women to participate outside the

¹³ Planning Commission, Government of India (1992), Eighth Five-year Plan.

<http://planningcommission.nic.in/plans/planrel/fiveyr/8th/vol2/8v2ch15.htm>

¹⁴ National Policy for Empowerment of Women (2001)

<https://wcd.nic.in/sites/default/files/National%20Policy%20for%20Empowerment%20of%20Women%202001.pdf>

¹⁵ Ibid.

¹⁶ Planning Commission, Government of India (1992), Ninth Five-year Plan.

<http://planningcommission.nic.in/plans/planrel/fiveyr/9th/vol2/v2c3-8.htm>

home, childcare services, hostels, and affordable housing emerged as essential inputs. The Ninth Five-Year Plan, hence, attempted to bring women's issues within the policymaking sphere.

The Plan also re-affirmed its priority for the development of early childhood as an investment in the country's human resource development through inter-ministerial strategies. The strategy aimed at placing the young child at the top of the Country's Developmental Agenda with a particular focus on the girl child; instituting a National Charter for Children ensuring that no child remains illiterate, hungry or lacks medical care; and ensuring 'Survival, Protection and Development' through the effective implementation of the two National Plans of Action formulated during the Ninth Plan period. Several schemes were put in place, for instance, Balika Samriddhi Yojana, Kishori Shakti Yojana, UDISHA, National Creche scheme, Day Care Centres for children of working/ailing mothers and the Mid-Day Meal Programme. A ChildLine Foundation was also set up in major cities to protect children facing abuse, exploitation and neglect. A programme for Juvenile Justice aiming to strengthen implementation of the Juvenile Justice Act 1986 was also launched.

Gender mainstreaming

The Tenth Plan (2002-2007)¹⁷ which came into effect from April 2002, included essential objectives for women. It envisaged gender mainstreaming and also had structured a Women Component Plan (WCP), which ensured that not less than 30 per cent of funds were earmarked for women under the various schemes of the women-related ministries/departments. The Plan primarily focused on economic empowerment of women and put in place several programmatic interventions such as the Swayamsidha programme, a recast version of the Indira Mahila Yojana, which organised women into Self-Help Groups (SHGs) for income generation activities. It also facilitated access to services such as literacy, health, non-formal education, water-supply, among others. On 30th January 2006, the Ministry of Women and Child Development was set-up for formulation and administration of regulations and laws related to women and child development.

The approach paper to the 10th five-year plan states that "*the 12th plan must make children an urgent priority*". Several programmes were launched for children during the tenth five-year, including the Rajiv Gandhi National Crèche Scheme, Welfare of Working Children in Need of Care and Protection, Nutrition Programme for Adolescent Girls, and Kishori Shakti Yojana.

Gender Responsive and Child Budgeting

The Government of India attempted to gender-sensitise the budget initially through the Women's Component Plan (by state governments also). However, more intensively efforts were observed with the institutionalisation of gender-responsive budgeting through the Gender Budget Statement, which is published every year since 2005 - 2006 with the Union Budget (and some states as well). This highlights the budgetary allocations for 100 per cent women-specific programmes (Part A) and those programmes in which at least 30 per cent flows to women (Part B) in the annual expenditure budget.

The Government acknowledged the need for provisioning suitable resources for children, and committed to secure and protect their interest while defining the schemes and programmes for the future growth of India¹⁸. The National Plan of Action for Children, 2016 recommends a

¹⁷ Planning Commission, Government of India (1992), Tenth five-year plan.

http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/10th_vol2.pdf

¹⁸ <https://wcd.nic.in/sites/default/files/WCD%20ENGLISH%202018-19.pdf>

collaborative commitment of all the Ministries to help achieve the goal of investing 5 per cent of the total union budget towards child welfare.

Women's Agency & Child Rights

For the first time in the history of post-independence planning, an independent chapter was dedicated to Women's agency and Child Rights in the Eleventh Five-year Plan. The Approach Paper to the Eleventh Plan (2007-2012)¹⁹ states, "An important divide which compels immediate attention relates to gender. Special, focused efforts need to be made to purge society of this malaise by creating an enabling environment for women to become economically, politically and socially empowered". The strategy for women in the Plan is confined to three areas- violence against women, economic empowerment and women's health. A major challenge before the Eleventh Plan was to enable the creation of an environment for women that is safe and free from violence. It stressed the need for organising regular campaigns on issues such as female foeticide, physical abuse, trafficking, gender discrimination and domestic violence. In a unique move, the government constituted a committee of "feminist" economists to ensure gender-sensitive allocation of public resources in the Eleventh Five Year Plan.

The Union Budget (2008-09) promised an enlisting of Child-specific schemes under consistent demands of civil society and Child Rights activists. The eleventh plan witnessed the universalisation of the Integrated Child Development Scheme. The Integrated Child Protection Scheme (ICPS) was introduced in 2009-10 to comprehensively deal with the filling up of the implementation gaps in the Juvenile Justice Act. Further, the Protection of Children from Sexual Offences Act, 2012 was passed by the Parliament. The Eleventh Plan also took significant initiatives in the form of setting up of the National Commission for Protection of Child Rights (NCPCR) in 2007 with similar institutions at the state level. It also sought to review and update the National Policy for Children, 1974 to incorporate and implement a shift from the 'needs-based approach' to a 'rights-based approach' for strategic implementation in the twelfth five-year plan.

Inclusive Growth

The Twelfth Five Year Plan²⁰ entitled as 'Faster, Sustainable and More Inclusive Growth' recognises the primacy of India's Women and Children, who constitute over 70 per cent of India's people. The Plan's strategy of inclusion envisages the engendering of development planning and making it more child-centric. It iterates that structural transformation is called for—not only in the women and child-related direct policy and programme interventions but also generally in the policies and programmes. It is especially applicable to the many sectors that impact women and children, especially those from the weaker sections or whose individual circumstances make them the most vulnerable.

Twelfth Plan strategy for Women and Children addresses the multiple facets of vulnerability and deprivation faced by them. Its overriding priority comprises ending gender-based inequities, discrimination and violence against girls and women. Therefore, improvement in the adverse and steeply declining child sex ratio is recognised as an overarching monitorable target of the Twelfth Plan for Women and Children. The plan endeavours to provide nurturing, protective and safe environment for women to facilitate their entry into public spaces.

¹⁹ Planning Commission, Government of India (1992), Eleventh five-year plan.
http://planningcommission.nic.in/plans/planrel/fiveyr/11th/11_v2/11th_vol2.pdf

²⁰ Planning Commission, Government of India (1992), Twelfth five-year plan.
http://planningcommission.gov.in/plans/planrel/12thplan/pdf/12fyp_vol3.pdf

The plan seeks to provide utmost priority to the issues of childcare and protection, focusing primarily on the basic needs of the children belonging to all strata of society. It recognises the 'rights' of children to survival, protection, participation and development as the cornerstone of human development. It emphasises the strengthening of institutional mechanisms and arrangements for proper monitoring and implementation of child-specific legislation, policies and programmes. It requires the compulsory setting up of the State Commission for Protection of Child Rights (SCPCR) under the supervision of the National Commission for Protection of Child Rights (NCPCR). It also recommends the state to establish separate WCD departments and segregate the matters relating to women and children so that both the groups are on the high priority agenda of their concerned departments and that of the government.

National Development Agenda (2017-2032)

With the increasingly open and liberalised economy, a need for rethinking tools and approaches to conceptualising the development process was felt essential. Therefore, a departure from the five-year plan process was made and a vision, strategy and action agenda framework, was developed as part of the National Development Agenda to align better the development strategy with the changed reality of India²¹. The components of the National Development Agenda include:

- A 15-year-long vision (2017-18 to 2031-32) that combines national social goals and international Sustainable Development Goals. It expands beyond the traditional plan mandates to include internal security, defence, among others.
- A 7-year-long mid-term strategy (2017-18 to 2023-24) that converts broader vision into implementable policy
- A 3-year short-term action plan (2017-18 to 2019-2020) to translate policies into action by 2019.

The National Development Agenda identifies Women and Children as one of the priority sectors and affirms that it is imperative to make rapid improvements in sectoral outcomes.

Institutionalisation of Ministry of Women and Child Development

MWCD was constituted to address gaps in State action for women and children and for promoting convergence to create gender equitable and child-centred legislation, policies and programmes. The Ministry focuses on empowerment and protection of women and children and ensuring their equitable and holistic development. The schemes of the Ministry are clubbed under two umbrellas viz. Integrated Child Development Services (ICDS) and Mission for Protection and Empowerment of Women (MPEW).

i. Umbrella ICDS

According to 2011 Census, there are around 158 million children in the age of 0-6 years. MWCD administers various schemes for the welfare, development and protection of children under the umbrella of Integrated Child Development Services.

ii. The Mission for Protection and Empowerment of Women (MPEW)

MWCD has taken several initiatives under MPEW. It recognises the need to empower women by (i) enabling them to claim their rights (ii) ensuring equal opportunities in economic, cultural, social and political spheres of life to realise their full potential and (iii) freedom in decision making both within and outside their home with the ability to influence the direction of social

²¹ Three-year action agenda 2017-18 to 2019-20

change. The detailed list of schemes covered under the two umbrellas is presented in Table 1 below.

Table 1: List of Schemes Covered under the Women and Child Development Sector

S. No.	Scheme Name	Year of Launch
Umbrella ICDS		
1	Anganwadi Services (Erstwhile Core ICDS)	1975
2	POSHAN Abhiyan (National Nutrition Mission)	2017
3	Pradhan Mantri Matru Vandana Yojana	2016
4	Scheme for Adolescent Girls	2011
5	National Creche Scheme	2006
6	Child Protection Services	2009
The Mission for Protection and Empowerment of Women		
7	Beti Bachao Beti Padhao	2015
8	Swadhar Greh	2015
9	Ujjawala	2016
10	Working Women Hostel	2017
11	Mahila Shakti Kendra	2017
12	Gender Budgeting and Research, Publication and Monitoring	GB-2008; Research-1986; Merged in 2017
13	One-Stop Centre	2015
14	Mahila Police Volunteers	2016
15	Women's Helpline	2015

2.2. Performance of the Sector

2.2.1. WCD Sector's Performance against the SDGs

Sustainable Development Goals (SDGs) have taken centre stage in defining the developmental priorities. Women's empowerment is widely recognised as the precondition for achieving the several targets of the SDGs like poverty eradication, inequality, good health, decent work, and economic growth. The wellbeing of women and children is essential for the realisation of the demographic dividend of the country. The Schemes and initiatives of MWCD are well placed with the Targets of SDGs. They are linked to the social safety net for the development and welfare of women and children in the country. MWCD had been preparing its policies and programmes in accordance with the priorities outlined in the Five Year and Annual Plans for inclusive growth and development of women and children.

This section highlights whether the national priorities of the women and child sector outlined in the Draft National Policy for Women 2016, National Plan of Action for Children 2016 and Strategy for New India@75, align with the global benchmarks. It also undertakes a mapping exercise to identify the centrally sponsored schemes implemented by various ministries that address the SDGs for women and children and highlights gaps in fulfilment of SDG targets due to non-availability of interventions. In line with NITI Aayog's SDG India Index 2019-20²², the performance of relevant indicators has also been assessed in terms of achievement of assigned national target values.

Goal 1: No Poverty

Goal 1 No Poverty	CSS addressing the Goal	Ministry/Department
Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) Deen Dayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM) Pradhan Mantri Awas Yojana – Gramin (PMAY-G) Pradhan Mantri Gram Sadak Yojana (PMGSY) National Social Assistance Programme (NSAP)		Rural Development
Pradhan Mantri Jan Dhan Yojana Pradhan Mantri Jeevan Jyoti Bima Yojana Pradhan Mantri Suraksha Bima Yojana (PMSBY) Atal Pension Yojana (APY) Pradhan Mantri Vaya Vandana Yojana (PMVVY)		Finance

In alignment with the SDGs, poverty alleviation has been one of the guiding principles of the planning process of the country. The Draft National Policy for Women 2016 highlights the need

Figure 2: SDGs related to Women and Children



²² https://niti.gov.in/sites/default/files/SDG-India-Index-2.0_27-Dec.pdf

for all poverty eradication programmes to focus on women's participation as they constitute majority of the population affected by poverty.

MGNREGA mandates that out of the total beneficiaries seeking unskilled manual work under MGNREGA, at least one-third of the beneficiaries shall be women. Further, acknowledging the vulnerability of widows, deserted and destitute women, the programme ensures that they are provided 100 days of work. Pregnant women and lactating mothers (at least up to 8 months before delivery and 10 months after delivery) are also treated as a special category. The special works which require less effort and are close to women's homes are identified and implemented for them.

Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM) focuses on reducing rural poverty through building institutions of poor women (Self Help Groups to Village Organisations to Cluster Level Federations). The program aims that at least one female adult member from each identified rural poor household is brought under SHGs and its federated institutions.

Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM) implemented by the MoHUA focuses on reducing poverty and vulnerability of urban poor households by (i) mobilising urban poor women in vulnerable occupations into thrift and credit-based Self-Help Groups (SHGs) and their federations/collectives and (ii) providing 24X7 permanent shelters for the urban homeless equipped with essential services.

Pradhan Mantri Awaas Yojana – Gramin (PMAY-G) and **Pradhan Mantri Awaas Yojana – Urban** have been launched as part of the government's poverty alleviation programmes. Under PMAY-G, allotment of the house is made jointly in the name of husband and wife except in the case of a widow/unmarried/separated person. The scheme also allows the State to allot it solely in the name of the woman. Owning a house under the PMAY-G ensures economic stability for the women.

Pradhan Mantri Gram Sadak Yojana (PMGSY), launched to ensure all-weather road connectivity across rural India is also envisioned to have a significant impact on the living conditions of the rural women in terms of increased access to economic and social services such as enhanced opportunities for the girl child to access educational facilities, better health and marketing hubs.

Social security is offered to women (widows) belonging to BPL households under the **Indira Gandhi National Widow Pension Scheme (IGNWPS)**, a component of NSAP. Provision of a lumpsum amount of Rs. 20,000 is made under another component of NSAP, i.e. National Family Benefit Scheme (NFBS) for BPL households on the death of the primary breadwinner aged between 18-59 years.

Ministry of Finance has also undertaken initiatives to promote financial inclusion for both women and men as well as offer social security under its schemes. These schemes do not have specific provisions for women. However, women have significantly benefitted from these schemes. For instance, the **Pradhan Mantri Jan Dhan Yojana (PMJDY)** has been launched to provide universal banking services for every unbanked household, based on the guiding principles of banking the unbanked, securing the unsecured, funding the unfunded and serving the unserved and

underserved areas. The scheme has led to rapid financial inclusion of women as 53.31 per cent of the total Jan Dhan accounts under the scheme are opened by women.²³

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) is available to people in the age group of 18 to 50 years having a bank / Post office account who give their consent to join/enable auto-debit. The life cover of Rs. 2 lakhs is available for one year with risk coverage of Rs. 2 Lakhs in case of death of the insured, due to any reason.²⁴

Pradhan Mantri Suraksha Bima Yojana (PMSBY) is available to people in the age group of 18 to 70 years with a bank/post office account who give their consent to join/enable auto-debit on or before 31st May for the coverage period 1st June to 31st May on an annual renewal basis. The risk coverage under the scheme is Rs. 2 lakhs for accidental death and full disability and Rs.1 lakh for partial disability.²⁵

Atal Pension Yojana (APY) is being implemented to provide monthly pension to eligible subscribers not covered under any organised pension scheme. APY is open to all bank and post office account holders in the age group of 18 to 40 years.²⁶

Pradhan Mantri Vaya Vandana Yojana (PMVYY) was launched by the Government to protect elderly persons aged 60 years and above against a future fall in their interest income due to the uncertain market conditions, as also to provide social security during old age.²⁷

The women and child development sector does not have women-specific poverty alleviation programmes per se. However, there are interventions that create employment for and offer basic economic, financial and social security to women, thereby gradually alleviating their poverty.

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	Percentage of population below poverty line of living national	21.92	10.95	

Key:

 Target not Achieved

 Target Achieved

Goal 2: Zero Hunger

Goal 2 Zero Hunger	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.
	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 person

CSS addressing the Goal	Ministry/Department
Anganwadi Services (AWS)	Women and Child Development

²³ Department of Economic Affairs, Annual Report 2019-20 (<https://dea.gov.in/sites/default/files/Annual%20Report%202019-2020%20%2528English%2529.pdf>)

²⁴ Ibid.

²⁵ Ibid.

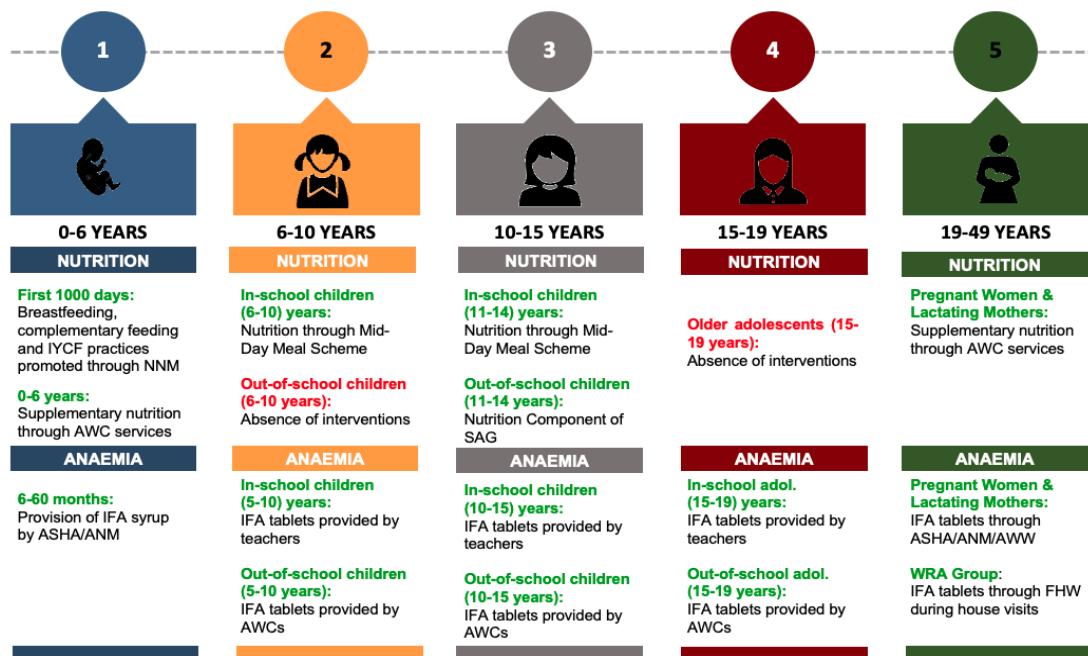
²⁶ Department of Economic Affairs, Annual Report 2019-20 (<https://dea.gov.in/sites/default/files/Annual%20Report%202019-2020%20%2528English%2529.pdf>)

²⁷ Ibid.

National Nutrition Mission (POSHAN Abhiyan) Pradhan Mantri Matru Vandana Yojana (PMMVY) National Crèche Scheme Scheme for Adolescent Girls (SAG)	
National Programme of Mid-Day Meal in Schools (MDM)	Human Resource Development
National Health Mission: Promotion of Infant and Young Child feeding practices (IYCF) National Iron Plus Initiative (NIPI) National Deworming Day (NDD)	Health and Family Welfare

National Plan of Action for Children 2016 acknowledges ensuring the availability of essential services, supports and provisions for nutritive attainment in a life-cycle approach, including maternal, infant and young child feeding practices as national priorities. The Draft National Policy for Women 2016 also accords utmost priority to nutrition as women are at high risk for nutritional deficiencies in all the stages of their life cycle. It mandates that focused attention be paid at every stage right from Ante-Natal Care (ANC) and Post Natal Care (PNC) for healthy foetal development to the needs of adolescent girls and older women to address the problem of malnutrition among women. Further, it states that interventions and services addressing the intergenerational cycle of under-nutrition should also be strengthened. Additional focus is also accorded to nutritional care for the first 1000 days of the child after birth.

Figure 3: Mapping of Nutritional Interventions for Women and Children



The life-cycle approach depicted above highlights the crucial gaps in terms of addressing the nutritional needs of out-of-school children in the age group of 6-10 years as well as of the older adolescent girls in the age group of 15-19 years.

Anaemia continues to pose a severe challenge to women's and child's health. The **National Iron Plus Initiative (NIPI)** as a component of the National Health Mission has been implemented to offer iron-folic supplementation to children and women at different stages of their lives, as shown above.

As per WHO, 64 per cent of the Indian population less than 14 years are at risk of Soil-Transmitted Helminths (STH) infections that impair the nutritional status and adversely impact the mental

and physical development of children. To address this challenge, the Ministry of Health and Family Welfare with the support of MHRD, MWCD and Ministry of Drinking Water and Sanitation, observes the **National Deworming Day** bi-annually for children in the age group of 1-19 years.

Flagship interventions like the Anganwadi Services, the National Programme for Mid-day meals in schools exist, however, gaps emerge in terms of provisioning of nutritional support in the lifecycle of women and children. These include out-of-school children in the age group of 6-10 years; older adolescent girls in the age group of 15-19 years and women in the age group of 15-49 years who are not pregnant.

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
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	Ratio of rural households covered under public distribution system (PDS) to rural households where monthly income of highest earning member is less than Rs.5,000	1.01	1.29	
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	(%) Children under age 5 years who are stunted	34.7	2.5	
	Percentage of pregnant women aged 15-49 years who are anaemic	50.3	25.15	
	Percentage of children aged 6-59 months who are anaemic	40.5	14	
	Percentage children aged 0-4 years who are underweight	33.4	0.9	

Key:

 Target not Achieved  Target Achieved

Goal 3: Good Health and Well-Being

Goal 3 Good Health and Well - Being	3.1: By 2030, reduce global maternal mortality ratio to less than 70 per 100,000 live births 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 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases 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 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
--	---

CSS addressing the Goal	Ministry/Department
National Health Mission	Health and Family Welfare
National AYUSH Mission	AYUSH
Anganwadi Services National Nutrition Mission (POSHAN Abhiyaan) Pradhan Mantri Matru Vandana Yojana	Women and Child Development

Scheme for Adolescent Girls National Creche Scheme	
Swachh Bharat Mission – Rural	Drinking-Water and Sanitation
Swachh Bharat Mission – Urban Atal Mission for Rejuvenation and Urban Transformation (AMRUT)	Housing and Urban Affairs
Shyama Prasad Mukherjee RURBAN Mission (SPMRM)	Rural Development
Assistance for prevention of alcoholism and substance (drugs) abuse and for social defence services	Social Justice and Empowerment

The following national priorities for women and child's health spelt out in the National Plan of Action for Children (2016) are well aligned with the global benchmarks:

- Improving maternal health care, including ante-natal care and post-natal care.
- Addressing key causes and determinants of child mortality and morbidity through interventions based on a continuum of care, with emphasis on nutrition, safe drinking water, sanitation and health education.
- Providing adolescents access to information, support and services essential for their health and development, including Adolescent Reproductive and Sexual Health (ARSH), and support on healthy lifestyle and healthy choices and awareness on the ill effects of alcohol and substance abuse.
- Increased attention with appropriate strategies and interventions to address communicable and non-communicable diseases like cancer, cardiovascular disease, HIV/AIDS among women and children.
- Ensuring both physical and psychological well-being of women and children.

Maternal and New-Born Health

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM), implemented to reduce maternal and neonatal mortality by promoting institutional delivery among pregnant women. It is a centrally sponsored scheme which integrates cash assistance with delivery and post-delivery care.

Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant women delivering in public health institutions to have free delivery, including caesarean section. The entitlements include free drugs, consumables, diet during the stay, free diagnostics and blood transfusion if required. This initiative also provides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements are also put in place for all sick new-borns accessing public health institutions for treatment until 30 days after birth.

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the MoHFW under the National Health Mission in June 2016. Under PMSMA, all pregnant women in the country are provided fixed day, free of cost assured and quality Antenatal Care.

With the aim to promote improved health-seeking behaviour among pregnant women and lactating mothers (PW&LM), financial incentives are offered under the **Pradhan Mantri Matru Vandana Yojana (PMMVY)** for early registration of pregnancy, receipt of at least one ANC and registration of childbirth.

Child Health

Nutrition and health education is provided under the **Anganwadi Services** scheme in collaboration with the Ministry of Health and Family Welfare to enhance the capability of the mother to look after the health and nutritional needs of the child. Birth defects account for 9.6 per cent of all new-born deaths and 4 per cent of under-five mortality. Development delays affect at

least 10 per cent of children, and these delays if not intercepted timely, may lead to permanent disabilities. **Rashtriya Bal Swasthya Karyakram (RBSK)** under the National Health Mission, provides child health screening and early interventions services. The screenings are undertaken for all children in the age group 0 – 6 years. RBSK covers 30 common health conditions.

With the aim to reduce preventable under-5 mortality rate, the **Universal Immunisation Program** was launched as part of the National Health Mission by the Government of India to provide vaccination free of cost against twelve vaccines preventable disease. Immunisation services are offered through the platform of Anganwadi Services under the ICDS umbrella. Provisions for monetary benefits to the mother have been made under PMMVY on successful completion of the first cycle of child's immunisation.

The school health programme under the **National AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) mission** has been implemented by the Ministry of AYUSH to address both the physical and mental health needs of school-going children. The components of the programme include AYUSH Health and Nutrition education, the practice of yoga, education on sexual and reproductive health issues, health screening, among others.

Adolescent Health

Considering the magnitude of various health problems and risk factors among adolescents, which may have an impact on maternal and child health outcomes and occurrence of non-communicable disease in future, the **Rashtriya Kishor Swasthya Karyakram** was launched as part of the RMNCH+A component of the National Health Mission with the objective of (i) increasing awareness and access to information about adolescent health, (ii) providing counselling and health services and (iii) providing specific services such as sanitary napkins and iron and folic acid supplementation.

Provision of WASH infrastructure and services

The **Swachh Bharat Mission** was launched to curb morbidity among women and children and ensure safe drinking water and sanitation facilities. The programme mandates, construction of toilets in households keeping in view the presence of vulnerable sections such as girl children and women especially, PW&LM. It was also mandated that the needs of women to be addressed adequately while constructing public and community toilets. With the support of MHRD and the MWCD, the mission also aims to construct toilets in schools (separately for boys and girls) and AWCS respectively with regular water facilities.

The **Atal Mission for Rejuvenation and Urban Transformation (AMRUT)** is implemented by MoHUA with the focus to develop basic urban infrastructure in the Mission cities with the following expected outcomes: (i) universal coverage for access to potable water for every household in mission cities; (ii) substantial improvement in coverage and treatment capacities of sewerage; (iii) develop city parks; (iv) reform implementation and (v) capacity building.

Communicable and Non-communicable diseases

MHFW, under the umbrella of **NHM**, implements a multitude of communicable and non-communicable disease control programmes such as National Programme for prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), National Vector Borne Disease Control Programme (NVBDCP), Revised National Tuberculosis Control Programme (RNTCP) among others.

Substance Abuse

With the aim to reduce the incidence of substance abuse, including narcotic drug abuse and harmful use of alcohol, the **Scheme for Prevention of Alcoholism and Substance (Drug) Abuse** was launched in 2015 by MoSJE. The scheme targets all victims of alcohol and substance (drugs) abuse with a special focus on (i) children including street children, both in and out of school, (ii) adolescents/youth (iii) dependent women and young girls, affected by substance abuse among others.

Mental Health

It has been recognised that women have a greater risk of mental disorders due to the discrimination, violence and abuse they face as highlighted in the National Mental Health Policy (2014). However, there is an absence of interventions that address the mental health needs of women and children.

Specific interventions i.e. NHM, AWS, POSHAN Abhiyaan, among others have been implemented to promote quality health care services for women and children. However, gaps in terms of their mental health needs continue to exist.

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	Maternal Mortality Ratio	122	70	
	Proportion of Institutional deliveries	54.7	100	
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	Under 5 mortality rate per 1000 live births	50	25	
	Percentage of fully immunised children in the age group 0-5 years	59.2	100	

Key:  Target not Achieved  Target Achieved

Goal 4: Quality Education

Goal 4 Quality Education

- 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.
- 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.
- 4.3: By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university.
- 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.
- 4.6: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

CSS addressing the Goal

Ministry/Department

Samagra Shiksha Abhiyan
Mid-Day Meal Scheme
Rashtriya Uchchatar Shiksha Abhiyan (RUSA)

Human Resource Development

National Scheme of Incentive to Girls for Secondary Education National Means-cum-Merit Scholarship Scheme (NMMSS)	
Pre-matric Scholarships (SC, ST, OBC, DNT) Post-matric Scholarships (SC, ST, OBC, DNT) Scheme for Hostels	Social Justice and Empowerment
Pre-matric Scholarships (Minorities) Post-matric Scholarships (Minorities)	Minority Affairs
Pre-matric Scholarships (ST) Post-matric Scholarships (ST) Ashram Schools Eklavya Model Residential Schools (EMRS)	Tribal Affairs
Anganwadi Services National Creche Scheme Scheme for Adolescent Girls	Women and Child Development
National Child Labour Project	Labour and Employment

National Priorities

- Ensuring 100 per cent enrolment and retention at elementary and secondary education levels and equitable participation by all society segments, in terms of attendance, retention and years of schooling to ensure maximum social inclusion.
- Ensuring implementation of quality elementary education across board for all children by addressing the infrastructure gaps and promoting a safe and inclusive school environment.
- Providing universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children of the age group 3–5 years.
- Promoting vocational training and life skills as a part of the secondary school education curriculum, especially particularly among adolescent girls and young women.
- Enhancing access to higher and technical/scientific education among girls and encouraging them to take up new subject choices linked to career opportunities.

Early Childhood Care and Education (ECCE)

Under the **AWS** scheme implemented by MWCD, provisions for pre-school education to all children in the age group of 3-6 years have been made.

Ensuring Enrolment, Retention and Completion of School Education

MHRD implements **Samagra Shiksha scheme** as an overarching programme for school education to ensure inclusive and equitable quality education from pre-school to senior secondary stage. The major objectives of the scheme are the provision of quality education and enhancing learning outcomes of students; bridging social and gender gaps in school education; ensuring equity and inclusion at all levels of school education; ensuring minimum standards in schooling provisions; and promoting vocationalisation of education.

To enhance enrolment, retention and attendance and simultaneously improve nutritional levels among children at the primary and upper primary levels, supplementary nutrition is offered under the **Mid-Day Meal scheme**.

Scheme for Adolescent Girls aims to reduce dropout rates among adolescent girls in the age group of 11-14 years by supporting them to successfully transition back to formal schooling.

Increasing Access to Education

Financial incentives are offered to SC/ST girls enrolled in class IX under the **national scheme of incentive to girls for secondary education**²⁸ to promote enrolment and reduce drop-out among them.

The **National Means-cum-Merit Scholarship Scheme (NMMSS)** provides scholarships for meritorious students of economically weaker sections studying in classes IX to XII to arrest their drop out at class VIII and encourage them to continue their study and complete secondary stage.

Several **pre-matric and post-matric scholarship scheme** are offered by Ministry of Social Justice and Empowerment, Ministry of Minority Affairs and Ministry of Tribal Affairs to promote education among socially and economically backward classes (SC, ST, OBC, DNT) and minorities.

To increase the enrolment of children belonging to socially and economically backward classes, hostels with adequate educational environments are run by MSJE. Ministry of Tribal Affairs has also instituted **Ashram Schools and Eklavya Model Residential Schools (EMRS)** to increase access to quality education among Scheduled Tribes children in all areas.

The **National Child Labour Project (NCLP)** Scheme was launched to rehabilitate working children in the child labour endemic districts of the country and to mainstream them into formal education. Under the NCLP Scheme, children in the age group of 9-14 years, withdrawn from work are put into Special Training Centers, where they are provided with bridge education, vocational training, mid-day meal, stipend and health-care facilities. Children in the age group of 5-8 years are directly linked to formal education.²⁹

Technical, Vocational and Tertiary Education

To improve access, equity and quality in higher education through planned development of higher education at the state level, the **Rashtriya Uchchatar Shiksha Abhiyan** was launched by MHRD. The objectives of the scheme include creating new academic institutions, expanding and upgrading the existing ones, developing institutions that are self-reliant and have a greater inclination towards research.

Under the **Samagra Shiksha Abhiyan**, provisions for integrating vocational education with Class IX-XII curriculum have been made to make education more practical and industry oriented.

Under the **NCLP** scheme, adolescent labour identified in the age group of 14 to 18 years working in hazardous occupations/processes is provided with vocational training opportunities through existing schemes of skill development.

Providing a Safe and Inclusive Learning Environment

With the aim to improve the quality of infrastructure of schools in terms of providing adequate water, sanitation and hygiene facilities to students, construction of separate toilets for both girls and boys have been mandated under the **Samagra Shiksha Abhiyan**.

Samagra Shiksha Abhiyaan as a flagship intervention has been implemented to ensure universal access to quality education and successful completion of schooling cycles in a safe and inclusive learning environment by all. Various financial incentives are also being offered to enhance access to education especially among girls. Further measures have been taken to provide

²⁸ The NSIGSE Scheme is being re-designed to make it implementable in more effective way.

²⁹ https://labour.gov.in/sites/default/files/Final_AR_English_21-7-19.pdf

technical, vocational and tertiary education through Rashtriya Uchchatar Shiksha Abhiyaan and NCLP.

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
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	Adjusted Net Enrolment Ratio in Elementary (Class 1-8) and Secondary (Class 9-10) education	75.83	100	
	(%) Children in the age group 6-13 years who are out of school	2.97	0	
	Average annual dropout rate at secondary level	19.89	10	
	(%) Students in grade III, V, VIII and X achieving at least a minimum proficiency level in terms of nationally defined learning outcomes to be attained by pupils at the end of each of above grades	71.03	100	
4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university	Gross Enrolment Ratio in higher education (18-23 years)	26.3	50	
4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	Gender Parity Index for higher education (18-23 years)	1	1	
	Disabled children (5-19 Years) attending educational institution	61.18	100	

Key:

Target not Achieved Target Achieved

Goal 5: Gender Equality

Goal 5 Gender Equality	5.1: End all forms of discrimination against all women and girls everywhere 5.2: Eliminate all forms of violence against all women and girls in 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: Recognise 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.a: 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	
CSS addressing the Goal	Ministry/Department
Working Women's Hostels Women Helpline Ujjawala Swadhar Greh Beti Bachao Beti Padhao Mahila Police Volunteers One-Stop Centre Mahila Shakti Kendra	Women and Child Development
Pradhan Mantri Awas Yojana – Gramin Pradhan Mantri Gram Sadak Yojana (PMGSY) Pradhan Mantri Awas Yojana – Urban Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) Deen Dayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM) Mahila Kisan Sashaktikaran Pariyojana (MKSP)	Rural Development
Deen Dayal Antyodaya Yojana (DAY)-National Urban Livelihood Mission (NULM)	Housing and Urban Affairs
Prime Minister's Employment Generation Programme (PMEGP) Entrepreneurship and Skill Development Programme	Micro, Small and Medium Enterprises
Pradhan Mantri Rojgar Protsahan Yojana Child Care Centres/Crèches National Career Services	Labour and Employment
Pradhan Mantri MUDRA Yojana Stand Up India Scheme Pradhan Mantri Jan Dhan Yojana	Finance
Pradhan Mantri Ujjwala Yojana	Petroleum and Natural Gas
Nai Roshni	Minority Affairs
Mahila Samridhi Yojana	Social Justice and Empowerment

National Priorities

- Holistically addressing all forms of violence and discrimination against women through a life cycle approach in a continuum from the fetus to the elderly starting from sex-selective termination of pregnancy, denial of education, child/early marriage to violence faced by women in the private sphere of the home, public spaces and at the workplace.
- Creating an enabling environment for women's empowerment without any institutional and structural barriers.
- Enhancing women's participation in the social, political and economic spheres including institutions of governance and decision making.
- Promoting the use of technology as a tool to increase women's employment, reduce drudgery, improve access to health, education, and communication services and political participation.

Addressing Violence and Discrimination

Under the mission for protection and empowerment of women, MWCD implements various schemes to eliminate all forms of violence and discrimination against women and girls as detailed below.

Beti Bachao Beti Padhao scheme was launched to create equal value for the girl child through social mobilisation, community engagement and sensitisation of stakeholders. The key objective of the scheme is to address the declining child sex ratio with an objectives of ; prevention of gender-biased sex-selective elimination and ensuring survival, protection, education and participation of the girl child.

Ujjawala Scheme was launched by the Ministry with the objectives of (i) preventing trafficking of women and children for commercial sexual exploitation through social mobilisation and involvement of local communities, awareness generation programmes, generate public discourse through workshops/ seminars and such events and any other innovative activity (ii) facilitating the rescue of victims and placing them in safe custody (iii) providing rehabilitation services including shelter, food, clothing, medical treatment including counselling, legal aid and guidance and vocational training (iv) facilitating the reintegration of the victims into the family and society at large and (v) facilitating the repatriation of cross-border victims to their country of origin.

By catering to the primary needs of shelter, food, clothing, medical treatment and care, the **Swadhar Greh** scheme envisages offering a supportive institutional framework for women victims of difficult circumstances so that they can lead their life with dignity. As part of the scheme, rehabilitation of victims both economically and emotionally is also undertaken to enable them to start their life afresh with dignity.

For women in distress, the **Women's Helpline** acts as a referral and first point of contact as provision for toll-free 24 hours telecom service to women affected by violence seeking support and information is made available under the scheme to facilitate emergency and non-emergency response through referral to the appropriate agencies.

Mahila Police Volunteers have been designated to act as role models for the community and to report incidences of violence against women such as domestic violence, child marriage, dowry harassment and violence faced by women in public spaces. A range of integrated services such as police facilitation, medical aid, psycho-social counselling, legal aid, legal counselling and temporary shelter among others, is offered under one roof for women affected with violence at the **One-Stop Centres** instituted.

Valuing Domestic Work

To empower women and safeguard their health, one of the few initiatives include the **Pradhan Mantri Ujjwala Yojana** which mandates provision of LPG connections to BPL households and ensures universal coverage of cooking gas in the country. Under the scheme, an adult woman belonging to a poor family not having LPG connection in her household is an eligible beneficiary. Apart from this scheme, there emerges a gap in terms of social protection schemes that aim to enhance the well-being of domestic workers and caregivers and promote shared responsibility within the household and the family.

Ensuring Equal Participation and Leadership in All Spheres of Life

As mentioned above, **DAY-NRLM** enables rural women to access a range of financial, livelihoods and convergence services. Some of the key initiatives under the scheme include (i) providing financial literacy to members of SHGs through adopting a cascading method of training, (ii) appointment of bank mitra/ bank Sakhi in each rural bank branch to provide support to the SHGs in all bank transactions, (iii) supporting the rural poor to set up micro-enterprises, both individual and collective under the Start-up Village Entrepreneurship Programme (SVEP), (iv) providing

safe, affordable and community monitored rural transport services operated by SHGs under the Ajeevika Grameen Express Yojana (AGEY)³⁰.

Mahila Kisan Sashaktikaran Pariyojana (MKSP), a sub-scheme implemented by MoRD aims to empower women in agriculture by strengthening the community institutions of poor women farmers and leverage their strength to promote sustainable agricultural practices. It envisages initiating leasing cycle through which women are enabled to learn and adopt appropriate technologies in farming.

Skill training projects under **Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)** requires a mandatory coverage of 33% women candidates.

For enhancement of women's access to economic and financial resources, **PMAY-G, PMGSY and PMJDY** are being implemented (discussed in Appendix 3).

In order to enhance the participation of women in economic spheres, **Working Women Hostel scheme** was launched to provide safe and affordable accommodation to working women along with daycare facilities for the children of residents.

Ministry of Minority Affairs implements an exclusive scheme "**Nai Roshni**", for leadership development of minority women intending to empower and instil confidence in them by providing knowledge, tools and techniques for interacting with Government systems, banks and intermediaries at all levels.

Pradhan Mantri Rojgar Protsahan Yojana (PMR PY) Scheme was launched to incentivise employers for generation of employment, where GoI pays full employer's contribution of 12% or as applicable towards EPF and EPS for new employment.

The **National Career Service (NCS)** Project as a Mission Mode Project for the transformation of the National Employment Service to provide a variety of employment-related services like career counselling, vocational guidance, information on skill development courses, apprenticeship, internships etc.

A credit-linked subsidy programme called **Prime Minister's Employment Generation Programme (PMEGP)** was launched by MSME for (i) generating employment opportunities in rural as well as urban areas, (ii) bringing together widely dispersed traditional artisans/ rural and urban unemployed youth and give them self-employment opportunities at their place, (iii) providing continuous and sustainable employment to a large segment of traditional and prospective artisans, and rural and urban unemployed youth in the country, to help arrest migration of rural youth to urban areas and (iv) increasing the wage-earning capacity of artisans and increasing rural and urban employment.

Mahila Samridhhi Yojana (MSY) was launched by the MSJE as an exclusive Micro-Credit Scheme with a rebate in interest for women beneficiaries to enable them to take up income-generating activities with higher investment.

Though there are a significant number of interventions for enhancing participation and decision-making of women in the economic and financial sphere, effective social and political participation of women emerge as gap areas.

³⁰ <https://pib.gov.in/newsite/printrelease.aspx?relid=169804>

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
5.1 End all forms of discrimination against all women and girls everywhere	Sex ratio at birth (female per 1000 male)	896	954	
	Female to male ratio of average wage/ salary earnings received during the preceding calendar month among regular wage salaried employees (rural + urban)	0.78	1	
	Rate of Crimes Against Women Per 100,000 Female Population	57.9	0	
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	(%) Ever married women aged 15-49 years who have ever experienced spousal violence	33.3	0	
	Proportion of sexual crime against girl children to total crime against children during the calendar year	59.97	0	
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	(%) Seats won by women in the general elections to state legislative assembly	8.32	50	
	Female labour force participation rate (LFPR) ³¹	18.6	100	
5.a 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	Operational land holdings - gender wise	13.96	50	

Key:

Target not Achieved Target Achieved

Goal 6: Clean Water and Sanitation

Goal 6 Clean Water and Sanitation	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	CSS addressing the Goal	Ministry/Department
Working Women Hostels Ujjawala Swadhar Greh One-Stop Centre			Women and Child Development
Swachh Bharat Mission (Rural)			Drinking-Water and Sanitation
Swachh Bharat Mission (Urban)			Housing and Urban Affairs
Samagra Shiksha Abhiyaan			Human Resource Development

National Priorities³¹ <https://pub.gov.in/PressReleaseframePage.aspx?PRID=1629366>

- Universalisation of accessible and operational toilets for women within the house and at the community level.
- Improved availability and access to adequate water and sanitation facilities, including menstrual hygiene support for adolescent girls to improve the retention of girls in the school.

The schemes for Working Women Hostel, Ujjawala, Swadhar Greh and One Stop Centres implemented under the umbrella of Mission for Protection and Empowerment of Women by MWCD provide shelter including adequate toilet facilities to working women, women and children trafficked for commercial sexual exploitation, women in difficult circumstances and women affected by violence respectively resulting in enhanced access to appropriate sanitation and hygiene facilities among them.

The **Swachh Bharat Mission** aims to enhance access and use of safe sanitation facilities across various categories, as discussed above (refer Appendix 3).

Within schools, the **Samagra Shiksha Abhiyaan** mandates the construction of separate toilets for both girls and boys to address their hygiene and sanitation needs adequately.

Flagship interventions like Swachh Bharat Mission have been implemented to universally enhance access and use of safe sanitation facilities.

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	(%) Rural households with individual household toilets	100	100	
	(%) Urban households with individual household toilets	97.22	100	
	(%) Districts verified to be ODF	88.41	100	
	Proportion of schools with separate toilet facility for girls	97.43	100	

Key:



Target not Achieved



Target Achieved

Goal 8: Decent Work and Economic Growth

Goal 8 Decent Work and Economic Growth	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
	CSS addressing the Goal
Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM)	Ministry/Department Rural Development
Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NULM)	Housing and Urban Affairs
Pradhan Mantri Kaushal Vikas Yojana (PMKVY) Skill Saathi Scheme	Skill Development and Entrepreneurship
Entrepreneurship and Skill Development Programme A Scheme for Promoting Innovation, Rural Industry and Entrepreneurship (ASPIRE)	Micro, Small and Medium Enterprises
Integrated Skill Development Scheme for The Textiles and Apparel Sector Including Jute and Handicrafts	Textiles

Nai Manzil Seekho aur Kamao Upgrading the Skills and Training in Traditional Arts/Crafts for Development (USTTAD)	Minority Affairs
Vocational Training Centres in Tribal Areas	Tribal Affairs
Ujjawala Swadhar Greh Integrated Child Protection Services	Women and Child Development
National Child Labour Project Scheme Rehabilitation of Bonded Labourers	Labour and Employment

National Priorities

- Increasing the participation of women in the workforce and enhancing the quality of work allotted to them and their contribution to the GDP
- Addressing the gender wage gap across rural and urban, agricultural and non- agricultural jobs, regular and casual employment to ensure pay parity and satisfactory conditions of work
- Enhancing efforts made for training and skill up-gradation of women in traditional, new and emerging areas to promote women employment in both organised /unorganised sectors
- Eliminating all forms of child labour till 14 years and from hazardous industries until 15-18 years
- Preventing trafficking of women and children by strengthening existing legislations/schemes and taking additional adequate measures for prevention, rescue, rehabilitation and re-integration

Skill Training and Promotion of Entrepreneurship

With the aim to impart formal skill training to unemployed rural poor youth and improve their employability, as discussed previously, **DDU-GKY** has been launched as part of DAY-NRLM. Coverage of 33 per cent women candidates has been mandated for skill training projects under DDU-GKY. Skill development for urban poor in market-oriented courses is offered under **DAY-NULM** to enable them to earn sustainable livelihoods.

Pradhan Mantri Kaushal Vikas Yojana was launched with the objective to enable Indian youths to take up industry-relevant skill training to help them in securing a better livelihood. The scheme targets covering 1 crore beneficiaries between 2016-2020, of which 95 lakh beneficiaries have been covered till date. Overall, women's participation in the programme has been 48 per cent³². Special provisions have been made under the scheme to enable eligible women to undertake training. These provisions include (i) conveyance allowance, (ii) post-placement support (financial), (iii) boarding and lodging support at model Pradhan Mantri Kaushal Kendras.

The Skills Career Counselling Scheme (**Skill Saathi Scheme**³³) aims to counsel 1 crore candidates to pan India starting August 2018 between the age group of 15– 35 years. The scheme focuses on School and College dropouts, young adults from the community, college students, polytechnic, ITI and Diploma holder students, Graduates, Post-Graduates, NEET category (Not in Employment Education or Training), etc.

Entrepreneurship and Skill Development Programme is an essential component under the vertical of “Development of MSMEs”, implemented to motivate youth representing different sections of the society including SC/ST/Women, differently abled, Ex-servicemen and BPL

³² As per the data shared by National Level officials, MSDE in KII.

³³ <https://www.msde.gov.in/assets/images/pmkvy/Skill%20Saathi%20Guidelines.pdf>

persons to consider self-employment or entrepreneurship as one of the career options. The ultimate objective is to promote new enterprises, capacity building of existing MSMEs and inculcating entrepreneurial culture in the country. The programme mandates that overall, 40% of the targeted beneficiaries of EAPs and E-SDPs should be Women. If needed, special programmes for women beneficiaries can be organised.

A Scheme for Promoting Innovation, Rural Industry and Entrepreneurship (ASPIRE) have been launched too (i) create new jobs and reduce unemployment; (ii) promote entrepreneurship culture in India, (iii) boost grassroots economic development at the district level, (iv) facilitate an innovative business solution for un-met social needs, and (v) promote innovation to further strengthen the competitiveness of the MSME sector.

Integrated Skill Development scheme has been implemented by the Ministry of Textiles to address the trained workforce needs of textiles and related segments including Handicrafts, Handlooms, Sericulture, Jute, Technical Textiles etc., by developing a cohesive and integrated framework of training based on the industry needs. Under the scheme, preference is given to marginalised social groups like women, SC/ST and Handicapped persons, minorities and persons from the BPL category while the selection of youth who undergo training and work in the industry.

Ministry of Minority Affairs has implemented three schemes, i.e. **Nai Manzil, Seekho aur Kamao, and USTTAD** to impart formal industry-based skill training to minority youth. 30 per cent seats under Nai Manzil and 33 per cent seats in USTTAD schemes have been earmarked for girl/women candidates.

Vocational Training Centres in Tribal Areas are being run by the Ministry of Tribal Affairs aimed at upgrading skills of the tribal youths in various traditional/modern vocations to enable them to gain suitable employment or become self-employed. Provisions for reservation of minimum 33 per cent seats for tribal girl candidates have been made under the scheme.

For the economic rehabilitation of victims of trafficking for sexual exploitation and women in difficult circumstances, provisions for vocational training have been made under the Ujjawala and Swadhar Greh schemes implemented by MWCD, respectively. The training is undertaken to enable women residing in these homes to have meaning livelihoods in the future.

Eradicating All Forms of Forced Labour, Human Trafficking and Child Labour

ICPS³⁴ has been launched by MWCD with the primary objective of institutionalising essential services and strengthening structures for emergency outreach, institutional care, family and community-based care, counselling and support services at the national, regional, state and district levels for CNCP as defined under the JJ Act (including children forced to work in contravention of labour laws) and CCL.

NCLP scheme was launched by the MoLE for the rehabilitation of victims of child labour, especially those involved in hazardous occupations and processes. The identified children are withdrawn from these occupations and processes and enrolled in special schools/ rehabilitation centres where they are offered non-formal/bridge education, skill/vocational training, Mid-Day Meal and health care facilities.

³⁴ <http://cara.nic.in/PDF/revised%20ICPS%20scheme.pdf>

Children rescued from organised and forced begging rings or other forms of forced child labour, are offered rehabilitation assistance worth Rs. 2 lakhs. In cases of extreme deprivation or marginalisation such as women or children rescued from ostensible sexual exploitation or trafficking, rehabilitation assistance of Rs. 3 lakhs are offered under the **Rehabilitation of Bonded Labourers scheme** run by the MoLE³⁵.

As discussed previously in Chapter 12, the **Ujjawala** scheme was launched by MWCD for prevention of trafficking of women and children for commercial sexual exploitation as well as rescue, rehabilitation and reintegration of the victims.

Interventions across ministries are being implemented to promote skill training and entrepreneurship especially among women including DDU-GKY (MoRD), Pradhan Mantri Kaushal Vikas Yojana (MSDE), among others. Efforts are also being made to eradicate forced labour, human trafficking and child labor through implementation of ICPS, NCLP and Ujjawala schemes.

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value	Unemployment rate (%)	6	0	
	Labour Force Participation Rate (%)	49.8	100	

Key:

 Target not Achieved

 Target Achieved

Goal 10: Reduced Inequalities

Goal 10 Reduce inequalities	10.2: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	CSS addressing the Goal	Ministry/Department
	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) Deendayal Antyodaya Yojana National Rural Livelihood Mission (DAY-NRLM)		Rural Development
	Pradhan Mantri Rojgar Protsahan Yojana		Labour and Employment
	Prime Minister's Employment Generation Programme (PMEGP)		Micro, Small and Medium Enterprises
	Pradhan Mantri Mudra Yojana (PMMY)		Finance

It has been recognised that empowerment would be achieved only when advancement in the conditions of women is accompanied by their ability to influence the direction of social change gained through equal opportunities in economic, social and political spheres of life (National Policy for Women 2016).

Establishing mechanisms to promote women's presence in all the three branches of the government including the legislature, executive, and judiciary will ensure women's participation in the political arena will be ensured at all levels of local governments, state legislation and national parliament.

For economic inclusion and employment generation, as previously discussed MGNREGA, DAY-NRLM, Pradhan Mantri Rojgar Protsahan Yojana (PMR PY) Scheme, Prime Minister's Employment Generation Programme (PMEGP) is being implemented.

³⁵ <https://labour.gov.in/sites/default/files/Final AR English 21-7-19.pdf>

For financial inclusion, the Ministry of Finance is implementing its flagship scheme, i.e. Pradhan Mantri Mudra Yojana (PMMY).

Programs for economic and financial inclusion of women have been put in place. However, their social and political inclusion emerge as gap areas.

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	Proportion of seats held by women in Panchayati Raj Institutions	46.14	50	
	Ratio of transgender labour force participation rate to male labour force participation rate	0.64	1	

Key:



Target not Achieved



Target Achieved

Goal 16: Peace, Justice and Strong Institutions

Goal 16 Peace, Justice and Strong Institutions	16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children 16.9: By 2030, provide legal identity for all, including birth registration				
	<table border="1"> <thead> <tr> <th>CSS addressing the Goal</th> <th>Ministry/Department</th> </tr> </thead> <tbody> <tr> <td>Integrated Child Protection Services Pradhan Mantri Matru Vandana Yojana National Child Labour Scheme</td> <td>Women and Child Development Labour and Employment</td> </tr> </tbody> </table>	CSS addressing the Goal	Ministry/Department	Integrated Child Protection Services Pradhan Mantri Matru Vandana Yojana National Child Labour Scheme	Women and Child Development Labour and Employment
CSS addressing the Goal	Ministry/Department				
Integrated Child Protection Services Pradhan Mantri Matru Vandana Yojana National Child Labour Scheme	Women and Child Development Labour and Employment				

In correspondence with the global goals, the National Plan of Action for Children 2016 underscores protection of children as one of its priority areas and aims to protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation, exploitation including economic exploitation and sexual exploitation, abandonment, separation, abduction, sale or trafficking.³⁶

MWCD launched the ICPS to address the needs of CNCP and CCL as defined under the JJ Act and with children who in contact with law, either as victims or as a witness or due to any other circumstance.

To curb child labour, the scheme for NCLP was launched with the overall approach of the project to create an enabling environment in the target area, where children are motivated and empowered through various measures to enrol in schools and refrain from working. Households are also provided with alternatives to improve their income levels.

Provisions of monetary incentives to mothers have been made under PMMVY upon birth registration.

Several interventions including ICPS and NCLP have been implemented to eliminate all forms of abuse, violence and discrimination against children. Besides, incentives are offered to promote birth registrations under the PMMVY scheme.

³⁶ <https://wcd.nic.in/sites/default/files/National%20Plan%20of%20Action%202016.pdf>

SDG Global Targets	Indicator	Current Value	National Target Value	Performance
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	Reported cognizable crimes against children per 1 lakh population	28.9	0	↗
	Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	0.46	0	↗
16.9 By 2030, provide legal identity for all, including birth registration	Percentage of births registered	86	100	↗
	Percentage of population covered under Aadhaar	88.8	100	↗

Key:



Target not Achieved



Target Achieved

2.2.2. WCD Sector Performance on Key Determinants

For this evaluation, the sector has been bifurcated into four sub-sectors, i.e. child nutrition and development, child protection, women's safety and protection and women's empowerment, to present an in-depth analysis (As shown in Figure 4). These sub-sectors have been identified in line with the priority areas underscored in the mission statement³⁷ of the MWCD.

Figure 4: Evaluation of Women and Child Development Sector



The analysis of the sub-sectors has been undertaken with the aim to (i) assess the performance of the WCD sector in India and (ii) identify gaps in sectoral outcomes due to non-availability of interventions. It also highlights key issues and challenges and recommends a way forward.

For each of the sub-sectors, key determinants for assessment have been derived based on the review of global commitments as stated in Sustainable Development Goals (SDGs), and Convention on the Rights of the Child (UNCRC), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) as well as National Priorities asserted in National Plan

³⁷ Promoting social and economic empowerment of women through cross-cutting policies and programmes, mainstreaming gender concerns, creating awareness about their rights and facilitating institutional and legislative support for enabling them realize their human rights and develop to their full potential. and Ensuring development, care and protection of children through cross-cutting policies and programmes, spreading awareness about their rights and facilitating access to learning, nutrition, institutional and legislative support for enabling them to grow and develop to their full potential. (<https://wcd.nic.in/about-us/about-Ministry>)

of Action for Children 2013 (NPAC) and the Draft National Policy for Women 2016 (DNPW 2016) (See **Appendix 2** for details on the derivation of determinants).

An exercise was undertaken to analyse whether the Umbrella Centrally Sponsored Schemes/Centrally Sponsored Schemes (UCSS/CSS) implemented by various ministries align with the identified determinants (See **Appendix 3** for objectives of schemes implemented by other Ministries). Besides, the performance of the sector has also been assessed against national indicators.

2.2.2.1. Child Nutrition and Development

An intergenerational, multisectoral, and life cycle approach is essential to ensure the holistic development of children in a population. Addressing their social safety net needs – including health, nutrition, development, education and protection – would go a long way in enhancing the productivity of the next generation of young boys/men and girls/women, enabling them to contribute towards sustainable nation-building.

There are important windows of opportunities for women and children across the life cycle that make or break the intergenerational holistic development paths.

“When poor and weak mothers give birth to children in the absence of family, community, and institutional support, an inter-generational process of poor health, nutrition and education is set in motion in which a majority of Indian children are trapped. As children reach the pre-school age, access to quality education becomes a defining variable in framing their life-chances along with health and nutrition. It is an exploratory phase on the child development continuum, where pre-school exposure and adequate nutrition (as an integral part of service delivery) become essential inputs to further the holistic development of children.”

Snakes and Ladders, WB Report

The present study also uses a life-cycle approach to evaluate child nutrition and development sub-sector. The entire period between 0-18 years has been divided into four critical phases marked with significant developmental milestones. (See Figure 5).

Figure 5: Life Cycle Approach to Child Nutrition and Development



First 1000 days

The first 1000 days of a child's life - between a woman's pregnancy and her child's second birthday - is a unique period of opportunity when the foundations for optimum health and development across the lifespan are established. The right nutrition and care during the 1000-day window influence not only the child's survival but also his or her ability to grow, learn and rise out of poverty. As such, it contributes to society's long-term health, stability and prosperity³⁸.

SDGs Addressed	2 ZERO HUNGER	3 GOOD HEALTH AND WELL-BEING	6 CLEAN WATER AND SANITATION	
Determinants	UCSS/CSS			Ministry
Maternal Health Care including Ante-Natal Care	Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) National Iron Plus Initiative (NIPI)			MoHFW
	Pradhan Mantri Matru Vandana Yojana (PMMVY) Anganwadi Services			MoWCD
Safe Delivery by Skilled Health Personnel and Post-Natal Care	Janani Suraksha Yojana (JSY) Janani Shishu Suraksha Karyakram (JSSK) Universal Immunisation Program			MoHFW
	Pradhan Mantri Matru Vandana Yojana (PMMVY) Anganwadi Services National Creche Scheme			MoWCD
Nutritional Support	Infant and Young Child Feeding programme			MoHFW
	Anganwadi Services National Creche Scheme			MoWCD
Safe Drinking Water, Sanitation and Hygiene	Swachh Bharat Mission			MoDWS
Health and Nutrition Education including information on the advantages of breastfeeding, hygiene and environmental sanitation	Anganwadi Services			MoWCD
	National AYUSH Mission			AYUSH

National Indicators	Previous Period	Current Period	Performance
(%) Women aged 15–49 years with live birth, for last birth, who received antenatal care, four times or more (NFHS)	37.0 (2005-06)	51.2 (2015-16)	↑
(%) Pregnant women age 15-49 years who are anaemic (NFHS)	57.9 (2005-06)	50.4 (2015-16)	↓
(%) Births attended by skilled health personnel (NFHS)	46.6 (2005-06)	81.4 (2015-16)	↑
(%) Institutional Births (NFHS)	38.7 (2005-06)	78.9 (2015-16)	↑
Maternal Mortality Ratio (SRS)	167 (2011-13)	122 (2015-17)	↓
(%) children aged 12-23 months fully immunised (BCG, Measles and three doses of Pentavalent vaccine) (NFHS)	43.5 (2005-06)	62 (2015-16)	↑
(%) Children age 6-59 months who are anaemic (NFHS and CNNS)	58.6 (2015-16)	41 (2016-18)	↓
Neonatal mortality rate (SRS)	24 (2016)	23 (2017)	↓
Infant Mortality Rate (SRS)	34	33	↓

³⁸ https://www.unicef.org/southafrica/SAF_brief_1000days.pdf

	(2016)	(2017)	
(%) Children under age three years breastfed within one hour of birth (NFHS and CNNS)	41.6 (2015-16)	57 (2016-18)	↑
(%) Children under age six months exclusively breastfed (NFHS)	46.4 (2005-06)	54.9 (2015-16)	↑

Source: NFHS-3, NFHS-4, CNNS, Special Bulletin on Maternal Mortality in India 2015-17, SRS

Key:  Unfavourable Increase  Favourable Increase

In order to address the needs of infants in the first 1000 days, interventions such as JSY, JSSK, AWS and PMMVY are being implemented. Corresponding interventions have addressed all determinants of the first 1000 days. The concerted efforts taken by the government have also led to favourable outcomes in terms of maternal and child health indicators. These include fall in neonatal and infant mortality rates; rise in institutional births and children fully immunised among others.

3-6 years

The National Education Policy 2020³⁹ asserts that the learning process for a child commences immediately at birth. Evidence from neuroscience shows that over 85% of a child's cumulative brain development occurs before the age of 6, indicating the critical importance of developmentally appropriate care and stimulation of the brain in a child's early years to promote sustained and healthy brain development and growth. Excellent care, nurture, nutrition, physical activity, psycho-social environment, and cognitive and emotional stimulation during a child's first six years are thus considered extremely critical for ensuring proper brain development and, consequently, desired learning curves over a person's lifetime.⁴⁰

SDGs Addressed	2 ZERO HUNGER	3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION	6 CLEAN WATER AND SANITATION	
Determinants	UCSS/CSS				Ministry
Quality ECCE	Anganwadi Services National Creche Scheme				MoWCD
Nutritional support	Anganwadi Services National Creche Scheme				MoWCD
Basic healthcare facilities including disability screening	Rashtriya Bal Swasthya Karyakram National Iron Plus Initiative (NIPI) National Deworming Day (NDD)				MoHFW
Safe Drinking Water, Sanitation and Hygiene	Swachh Bharat Mission				MoDWS

National Indicators	Previous Period	Current Period	Performance Trend
(%) Children aged under five years who are underweight. (NFHS and CNNS)	35.8 (2015-16)	33 (2016-18)	↓
(%) Children under age five years who are stunted (NFHS and CNNS)	38.4 (2015-16)	35 (2016-18)	↓
(%) Children under age five years who are wasted (NFHS and CNNS)	21 (2015-16)	17 (2016-18)	↓
(%) Children under five years who are severely wasted (NFHS and CNNS)	7.5 (2015-16)	5 (2016-18)	↓

³⁹ www.mhrd.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf

⁴⁰ Ibid.

(%) Enrolment in pre-primary education (U-DISE)	10.8 (2015-16)	11.3 (2016-17)	
---	-------------------	-------------------	--

Source: NFHS-3, NFHS-4, CNNS, U-DISE

Key: Unfavourable Increase Favourable Increase

Provisioning of quality ECCE, nutritional support, basic healthcare facilities including disability screening and safe drinking water, sanitation and hygiene have been addressed through various interventions. Subsequent improvements in stunting, undernourishment and wasting in U5 as well as in enrolments at the pre-primary stage, emerge.

Box 1: Learning from States: Odisha community management of acute malnutrition programme

CMAM was initiated in Kandhamal district of Odisha in 2014. The district had the highest under-5 mortality in the country. Under the programme children with SAM (Severe Acute Malnutrition) are identified through routine MUAC (Middle-Upper Arm Circumference) screenings, the sick children sent to the NRC (Nutrition Rehabilitation Centre), while the non-sick continue to be retained at the village level and given additional food through AWCs. Emphasis was placed on energy-dense, nutrition-rich food (EDNRF) locally prepared by SHGs. Independent evaluations showed an appreciable decline in SAM percentage (Valid India Trust, 2016). There was an in-built element of community follow-up and more importantly, early recognition and prevention of the SAM status. The success of CMAM has been demonstrated and needs to be scaled up in affected pockets.

Arti Ahuja (2016): "A Pilot Study Investigating Three Approaches for Community-based Treatment of Severe Acute Malnutrition Amongst Children Aged 6-59 Months in Kandhamal District, Odisha: Executive Summary of Preliminary Findings After One Year of Implementation," Valid India Trust, Unpublished document.

6-11 years

In this stage, the child undergoes transition as he/she enters primary school- moving towards more logical and analytical thinking and reasoning. The growth spurt requires higher nutritional inputs as they influence the child's learning capacity. It is an important stage to help children learn and master basic skills of reading, writing and arithmetic⁴¹.

SDGs Addressed			
Determinants	UCSS/CSS		Ministry
Access to primary education	Samagra Shiksha Abhiyan		MHRD
Nutritional Support	Mid-Day Meal Scheme		MHRD
Safe Drinking Water, Sanitation and Hygiene	Swachh Bharat Mission		MoDWS

National Indicators	Previous Period	Current Period	Performance Trend
Net Enrolment Ratio (Primary) (U-DISE)	83.62 (2016-17)	82.53 (2017-18)	
Adjusted Net Enrolment Ratio (Primary) (U-DISE)	91.47 (2015-16)	88.05 (2016-17)	
Gender Parity indices (Primary) (U-DISE)	1.02 (2017-18)	1.03 (2018-19)	
The proportion of schools with access to: Basic drinking water Girls' Toilet	96.8 97.6 (2015-16)	97.1 96.5 (2016-17)	

⁴¹ Kaul, V. (2004). *Reaching Out to the Child: An integrated approach to child development*. Oxford University Press, USA.

Std. III learning levels: (ASER) (%) Able to read Std. II level text (%) Able to at least do subtraction	25.1 26.6 (2016)	27.2 28.1 (2018)	
Std. V learning levels: (ASER) (%) Able to read a Std II level text (%) Able to do basic arithmetic operations	47.9 26 (2016)	50.3 27.8 (2018)	

Source: U-DISE, ASER 2016

Key: Unfavourable Increase Favourable Increase

Flagship programmes like Samagra Shiksha Abhiyaan, Mid-Day Meal scheme, as well as Swachh Bharat Mission, have been implemented to ensure greater access and retention in primary schools in a safe learning environment. However, even after provisions of free and compulsory elementary education, mandated under the RTE⁴², negative trends in primary school enrolment rates emerge highlighting that children especially girls continue to remain outside formal schooling in the given age group. Further, though enrolment figures are declining, learning outcomes are showing gradual improvements. Access to safe sanitation facilities within schools, particularly among girls, has also been significantly enhanced over a period, though it declined in the period 2016-17.

11-18 years

Adolescence (11-18 years) is a period of transition from childhood to adulthood marked by a significant growth spurt (the second highest after the first year of life), accompanied by hormonal changes and sexual maturation. The onset of adolescence brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the arenas of sexuality, marriage and childbearing. Adolescence is also a period of psychosocial, cognitive and behavioural maturation. These are years of experimentation and risk-taking, of giving in to negative peer pressure related to substance use and sexual risk-taking. Adolescents also face barriers to reproductive health information and care. Besides, those able to find accurate information about their health and rights may be unable to access the services needed to protect their health and ensure well-being. Whether or not adolescents can achieve their development potential is determined to a large extent by their social environment and economic factors. Further, these young adults make up the world's largest potential workforce. Investments in their education, skills, empowerment and economic opportunities can make them significant game-changers in the country's future socio-economic development and growth story⁴³.

SDGs Addressed				
Determinants	UCSS/CSS			Ministry
Nutritional Support	Mid-Day Meal Scheme			MHRD
	Scheme for Adolescent Girls			MoWCD
Basic health facilities	Scheme for Adolescent Girls			MoWCD
	Rashtriya Kishore Shakti Karyakram (RKS) School Health Programme			MoHFW MHRD
Mental health and well-being	Rashtriya Kishore Shakti Karyakram (RKS) School Health Programme			MoHFW MHRD
	Rashtriya Kishore Shakti Karyakram (RKS)			MoHFW

⁴² <https://mhrd.gov.in/rte>

⁴³ Mathur, K. (2017). Exploring Education, Employment and Citizenship: A Case Study of Youth in Rajasthan in *India's Demographic Dividend and Youth Empowerment – Building Blocks for a Youth Policy*, VS Vyas and Sreekant Sambrani (eds.), Academic Foundation, New Delhi.

Prevention from substance abuse	School Health Programme Scheme for Prevention of Alcoholism and Substance (Drug) Abuse	MHRD MoSJE
Access to sexual and reproductive health care services including MHM	Rashtriya Kishore Shakti Karyakram (RKS) School Health Programme	MoHFW MHRD
Access to secondary education	Scheme for Adolescent Girls	MoWCD
	Samagra Shiksha Abhiyaan National Scheme of Incentive to Girls for Secondary Education National Means-cum-Merit Scholarship Scheme (NMMSS) Kasturba Gandhi Balika Vidyalaya	MHRD
	Pre-matric Scholarships (SC, ST, OBC, DNT) Post-matric Scholarships (SC, ST, OBC, DNT) Scheme for Hostels	MoSJE
	Pre-matric Scholarships (Minorities) Post-matric Scholarships (Minorities)	MoMA
	Pre-matric Scholarships (ST) Post-matric Scholarships (ST) Ashram Schools Eklavya Model Residential Schools (EMRS)	MoTA
	Scheme for Adolescent Girls Samagra Shiksha Abhiyaan	MoWCD MHRD
	Samagra Shiksha Abhiyaan National Career Services	MHRD MoLE
Freedom of voice, choice and agency	None	

National Indicators	Previous Period	Current Period	Performance
Net Enrolment Ratio (Upper Primary) (U-DISE)	72.69 (2016-17)	72.62 (2017-18)	↓
Adjusted Net Enrolment Ratio: (U-DISE)	Upper primary Secondary 83.46 62.81 (2015-16)	82 62.42 (2016-17)	↓
Gross Enrolment Ratio in higher secondary education (U-DISE)	51.37 (2016-17)	56.5 (2017-18)	↑
Average Annual drop-out rate at the secondary level (U-DISE)	17.69 (2015-16)	20.4 (2016-17)	↑
Gender Parity indices for: (U-DISE)	Secondary Higher Secondary 1.02 1.02 (2015-16)	1.02 1.02 (2016-17)	-
(%) Women age 20-24 years married before age 18 years (NFHS)	47.4 (2005-06)	26.8 (2015-16)	↓
(%) Women age 15-19 years who were already mothers or pregnant at the time of the survey (NFHS)	16.0 (2005-06)	7.9 (2015-16)	↓
(%) Women age 15-24 years who use hygienic methods of protection during their menstrual period (NFHS)	NA (2005-06)	57.6 (2015-16)	-

Source: U-DISE, NFHS-3, NFHS-4

Key:  Unfavourable Increase  Favourable Increase

The Mid-Day Meal scheme offers nutritional support to school children in the age of 14 years and provisions for supplementary nutrition for OOS girls in the age group of 11-14 years has been made under the SAG. This implies that there is an absence of interventions to provide nutritional

support to OOS boys in the age group 11-14 years and OOS boys and girls in the age group 14-18 years. Efforts to enhance enrolment and retention of students in school to enable them to complete their schooling cycles have been made under the Samagra Shiksha Abhiyaan, declining enrolment rates and increasing dropouts in upper primary and secondary education emerge.

Further, RKS K has been launched as a flagship programme to address the various needs of adolescent boys and girls. However, it has been implemented in a phased manner in only 231 districts. SAG aims to mainstream OOS adolescent girls to formal education and provides IFA supplementation, health check-up and referral services; however, it only targets girls in the age group of 11-14 years.

Vocational training is offered to students in the age group 14-18 years (Class IX-XII) under the Samagra Shiksha Abhiyaan and to OOS girls in the age group 11-14 years as part of SAG. However, there is a lack of comprehensive vocational training program covering adolescent boys and girls in the entire age group 11-19 years both in-school as well as OOS. There is an absence of forums to promote children's voice, opinions and decision making in matters concerning them.

Box 2: Learning from States: Rajiv Gandhi Career Portal, Rajasthan

The Rajiv Gandhi Career Portal was launched by UNICEF across the state in March 2019 in collaboration with the State government. To enable adolescents to choose a career path aligning with their aspirations, interest, and inclination and link them up with mechanisms (such as colleges, scholarships, skill development programmes, internship and apprenticeship opportunities) in the pursuit of fulfilment of career choices.

- **Aggregated content on careers**, college, vocational institutes, examinations and scholarships
- **Stakeholders** Students, Teachers/Facilitators and System on one platform
- **Additional content** Breaking gender and social stereotypes, Real-life examples of role models, the Growth trajectory for every career, possible earnings and pathways to access
- **Sensitivity of Design** Disability focus + Multilingual
- **Dynamic Platform** Content updated instantly + Improvisations accommodate new technology and needs

Since the launch, over 80,000 students of Class 11-12 have accessed it. The portal, in collaboration with the technical partner IDreams, is being implemented in 9 more states (Andhra Pradesh, Assam, Bihar, Gujarat, J&K Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Telangana) encompassing a total of 36 million students in secondary school and OOS adolescents in the age group of 14-18 years. This can be subsequently implemented across all states.

Source: UNICEF, State Office, Rajasthan

2.2.2.2. Child Protection

"Child Protection encompasses protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood. It is about reducing their vulnerability to any kind of harm and protecting them in harmful situations. It is about ensuring that no child falls out of the social security and safety net and, those who do, receive necessary care, protection and support to bring them back. Child protection is integrally linked to almost every right of the child. Therefore, failure to ensure children's right to protection adversely affects all other rights of the child".⁴⁴

This section analyses the child protection sub-sector in India from the lens of prevention of all forms of violence and abuse against children and the protection of child victims. It underscores

⁴⁴ https://wcd.nic.in/sites/default/files/Final%20Manual%202017%20April%202017_5.pdf

the gaps and challenges and key recommendations to create a safe and supportive environment for the growth and development of all children.

SDGs Addressed	 5 GENDER EQUALITY	
Determinants	UCSS/CSS/Acts	Ministry
Prevention	Juvenile Justice (Care and Protection of Children) Act, 2015 Protection of Children from Sexual Offences Act (POCSO), 2012 Prohibition of Child Marriage Act, 2006	MWCD
	Child and Adolescent Labour (Prohibition and Regulation) Act, 1986	MoLE
	Child Protection Scheme National Child Labour Project Scheme	MWCD MoLE
Rescue	Child Protection Scheme	MoWCD
Rehabilitation	Child Protection Scheme National Child Labour Project Grant in Aid on Child Labour	MoWCD MoLE
	Child Protection Scheme	MoWCD

Indicators	2017	2018	Performance
Rate of Crime against children (NCRB)	28.9	31.8	

Source: NCRB 2017, NCRB 2018

All determinants of child protection including prevention, rescue, rehabilitation and reintegration, have been addressed by corresponding interventions. However, the rate of crimes against children highlights an increase. This underscores that there is a long way to go in terms of elimination of all types of crimes against children. Further, in order to assess the situation of survivors of crimes, there is an absence of indicators and cumulative data at the National level regarding the number of children rescued, rehabilitated and reintegrated under programmes of various ministries.

Box 3: Learnings from States: Special initiatives for youth in conflict with the law

The YUVA skill development program under the PMKVY scheme was launched in 2017 to wean vulnerable youth away from crime and train them in job-oriented courses. Delhi Police has tied up with the NSDC and CII for imparting job-linked skill training to selected youth. NSDC provides skill training under PMKVY and CII provides job-linked training through its Sector Skill Councils which are connected to industry and thereby provide job opportunities.

Police personnel identify teenagers, who come from underprivileged backgrounds or are first-time offenders and then impart them skills to help them find jobs. Under the initiative, the police identify youngsters who are school dropouts, juvenile offenders, victims of crimes and/or are the wards of undertrials. In the two years since the launch of the program till July 2019, 9000 youngsters have been trained, and 4,521 persons have taken up jobs, ranging from beauticians to computer data operators to cell phone technicians to front office executives. Of the 209 police stations in Delhi, such skill development training programmes are held every day in 22 police stations.

“Many of these youngsters have grown up in an environment where they can be easily lured into the world of crime. By imparting job-oriented skills to them and helping them find employment, we can wean them away from criminal activities.” - Nodal officer of the programme.

Success stories of Yuva

I am 21-year-old and work as a peon in a BPO. Two years ago, I had dropped out of Class XI from a government school in Timarpur. A police officer saw me roaming about with a group of youngsters, who had criminal records. He invited me to join a training programme to enhance my skills in English speaking.

This enabled me to get a job as a peon with a salary of Rs. ₹12,000 per month. - Suraj Kant, Programme beneficiary, Timarpur Area

Source: <http://yuva.delhipolice.gov.in/about-us.html>

2.2.2.3. Women's Safety and Protection

Gender inequality and discrimination against women is a far-reaching and long-standing phenomenon in the Indian society. Despite significant economic growth, crimes against women such as rapes, dowry deaths, and honour killings continue to exist. Discrimination against girls/women begins before birth and continues until death. The practices of female infanticide, female foeticide and strong son preference in most communities across the country are indicative of the low value and secondary status of the girl child. Recent modern technologies like amniocentesis are used for sex-selective abortions and have exacerbated discrimination against the girl child.

Cultural institutions in India, particularly patrilineal inheritance and patrilocal residence, play a central role in perpetuating gender inequality and ideas about gender-appropriate behaviour. A culturally ingrained preference for male-child further leads to discrimination against and disempowerment of girls.

The dowry system is another institution that reinforces the inferior status of women in the country and put them at risk of violence in their marital households⁴⁵. Incidences of dowry payment are still high⁴⁶, and often lead to dowry-related violence⁴⁷ against women.

The following section assesses the critical areas in terms of the availability of laws, acts and government interventions (CSSs) that have been implemented to ensure women's safety and protection and to identify the gap areas. Suggested recommendations are also included in the analysis to ensure the elimination of all forms of discrimination and violence against women in the country.

SDGs Addressed	5 GENDER EQUALITY 	8 DECENT WORK AND ECONOMIC GROWTH 	16 PEACE, JUSTICE AND STRONG INSTITUTIONS 	
Determinants	UCSS/CSS/Laws/Acts			Ministry
Prevention	The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 The Prohibition of Child Marriage Act, 2006 The Protection of Women from Domestic Violence Act, 2005 The Dowry Prohibition Act, 1961 Immoral Traffic (Prevention) Act, 1956			MWCD
	Criminal Law Amendment Act, 2013 Women's Safety Division			MHA
Rescue	Mahila Police Volunteers Ujjawala One-Stop Centre			MWCD
Rehabilitation	Swadhar Greh Ujjawala			MWCD
Redressal	One-Stop Centres Women Helpline Mahila Police Volunteers			MWCD
Reintegration	Swadhar Greh Ujjawala			MWCD

⁴⁵ <https://unu.edu/publications/articles/achieving-gender-equality-in-india-what-works-and-what-doesnt.html>

⁴⁶ <https://sanukriti.wordpress.com/2016/07/21/dowry-in-rural-india/>

⁴⁷ <https://www.telegraph.co.uk/news/worldnews/asia/india/10280802/Woman-killed-over-dowry-every-hour-in-India.html>

Advocacy and sensitisation of stakeholders at all levels including men and boys	Beti Bachao Beti Padhao	MWCD
Mental Health and Well-being of Women	None	
Creation of Safe Spaces	Safe City Projects	MHA

Indicators	Previous Period	Current Period	Performance
Sex Ratio at Birth (NFHS)	914 (2005-06)	919 (2015-16)	↑
% currently partnered girls and women aged 15-49 years who have experienced physical and/or sexual violence by their current intimate partner in the last 12 months (NFHS)	37.2 (2005-06)	31.0 (2015-16)	↓
Rate of Total Crime against Women (per one lakh population) (NCRB)	57.9 (2017)	58.8 (2018)	↑

Source: NFHS-3, NFHS-4, NCRB 2017, NCRB 2018

Key:  Unfavourable Increase  Favourable Increase

Various laws and acts have been formulated for the prevention of crimes against women and their strict implementation by the women's safety division, MHA has been undertaken. Interventions have also been put in place for rescue, rehabilitation, redressal and reintegration of the survivors of crime. In order to create an enabling environment to ensure the birth of a girl child and her survival and development in a safe environment, efforts are made under the BBBP scheme to sensitise stakeholders including men/boys. Even though sex ratio at birth and the percentage of women experiencing physical and/or sexual violence by their current intimate partner show favourable trends, the overall rate of crimes against women highlights an increase. The rise in crime also points to the need for the creation of safe spaces for women in public places, workplaces as well as their own homes. The currently implemented safe cities project by MHA covers only 8 metropolitan cities. However, there is a growing need for undertaking measures to ensure the safety of women in other urban hubs and cities. Therefore, upscaling the current intervention emerges as essential.

Our analysis highlights that all other determinants of women's safety and protection are addressed by corresponding interventions, mental health and well-being especially of women in distress and survivors emerge as a gap area as there is the absence of a comprehensive scheme to address the same.

Box 4: Learnings from States: Assam's Gramin Mahila Kendras as an alternative community space for conflict resolution

North East Network (NEN), Assam has set up three GMKs - Rural Women's Centres in select districts of Assam. Women facing domestic violence are provided socio-legal counselling through trained barefoot counselors in these Kendras, enabling them to navigate through the criminal/civil justice system at different stages, thereby providing a safe space for survivors of domestic violence to share their experiences of violence in both private and public spaces and negotiate for their rights.

Impact: GMKs have become popular meeting places for women and girls to talk about gender based discriminatory practices in their communities and build collective responses for prevention and elimination of GBV. Women Helpline (181), Mahila Samitis (Women's Committees) and local police stations

have been referring cases of VAW to them. They are now registered as service providers under PWDVA, 2005 and work together with the District Social Welfare Department and other stakeholders.

Source: National consultation on Gender and SDGs, February 2020, UN House, New Delhi

Box 5: Learnings from CSOs: Safe Cities Programme of Jagori

In order to build safe and gender-inclusive cities for women and girls, Jagori has developed a comprehensive Strategic Framework for Cities¹⁰ identifying key sectoral areas of intervention. These include: (i) Urban Planning and Design of Public Spaces (ii) Provision and Management of Urban Infrastructure (iii) Public Transport (iv) Policing (v) Legislation, Justice and Support to Survivors (vi) Education (vii) Public Awareness and (viii) Information Technology

Jagori has popularized this model both geographically and across sectors through community actions and campaigns, research and education and capacity development of stakeholders. Further to provide technical support to community groups and networks across select cities/districts (Bahadurgarh, Bengaluru, Bhopal, Bhuj, Cochin, Guwahati, Hazaribagh, Jhajjar, Karnal, Kolkata, Ranchi, Rohtak, Mumbai and Thiruvananthapuram), a Feminist Network of **Cities** has been established.

Impact:

- Community women and girls are learning methodology and tools to audit safe and unsafe spaces and reclaiming public spaces
- Men and boys are transforming from bystanders to interveners/ gender champions
- Stakeholders including police and other government officials have been sensitized which has resulted in gender inclusion in their protocols and curriculums.

Source: National consultation on Gender and SDGs, February 2020, UN House, New Delhi

2.2.2.4. Women's Empowerment

Women's empowerment is seen as the process, and the outcome of the process, by which women gain greater control over material and intellectual resources and challenge the ideology of patriarchy and gender-based discrimination of women in all the institutions and structures of society (Batliwala, 2013: 46)⁴⁸. It leads women to claim their rights to have access to equal opportunities in economic, political, cultural and social spheres of life and realise their full potential⁴⁹.

While women are as capable of achieving **economic success** as men, they are hampered circumstances, norms and laws that limit their full economic participation, and thereby their economic successes. Global literature on women's economic participation finds that women are more likely to work in unsafe, insecure jobs for low pay and less likely to have access to capital, markets, education, training and the right to own or transfer property.⁵⁰ Women disproportionately fulfil family, child and home care responsibilities, and lack reliable access to family planning services and the health and economic benefits that come with being able to plan one's family.⁵¹ Women's economic empowerment has direct implications on the improvement in economic indicators of the community and the country, so the lack of equity in access to economic participation creates significant opportunity costs for the world.

⁴⁸ Batliwala, S. (2015). *Engaging with empowerment: An intellectual and experiential journey*. Women Unlimited.

⁴⁹ https://wcd.nic.in/sites/default/files/WCD_AR_English_2019-20.pdf

⁵⁰ http://www.womeneconroadmap.org/sites/default/files/WEE_Roadmap_Report_Final.pdf

⁵¹ Ibid.

Alongside, women's **political participation** is a fundamental prerequisite for gender equality and genuine democracy. It facilitates women's direct engagement in public decision-making and is a means of ensuring better accountability to women. Studies further show that higher numbers of women in parliament generally contribute to stronger attention to women's issues. Political accountability to women begins with increasing the number of women in decision-making positions, but it cannot stop there. What is required are gender-sensitive governance reforms that will make all elected officials more effective at promoting gender equality in public policy and ensuring their implementation⁵².

Studies also highlight that women's **social participation** can affect their quality of life in different aspects and that women's voices and participation in all aspects of society are more important than ever. Across the developing world, studies show that women's participation can have long-lasting benefits for them and children^{53,54}. Women who are empowered to act, whether through programmes led by governments, non-governmental organisations or those driven by the community, often have a positive influence on the lives of other women⁵⁵.

SDGs Addressed	     	
Determinants	UCSS/CSS/Laws/Acts	Ministry
Access to economic resources	Pradhan Mantri Awaas Yojana – Gramin Pradhan Mantri Gram Sadak Yojana (PMGSY) Pradhan Mantri Awaas Yojana – Urban	MoRD MoHUA
Promote secure Employment and Entrepreneur opportunities among women	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) Deen Dayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM) Mahila Kisan Sashaktikaran Pariyojana (MKSP) Deen Dayal Antyodaya Yojana (DAY)-National Urban Livelihood Mission (NULM)	MoRD MoHUA
	Prime Minister's Employment Generation Programme (PMEGP) Entrepreneurship and Skill Development Programme A Scheme for Promoting Innovation, Rural Industry and Entrepreneurship (ASPIRE)	MSME
	Pradhan Mantri Rojgar Protsahan Yojana Child Care Centres/Crèches National Career Services The Minimum Wages Act, 1948 Equal Remuneration Act, 1976	MoLE
	Pradhan Mantri MUDRA Yojana Stand Up India Scheme	MoF
	Working Women's Hostel National Creche Scheme	MWCD
	Mahila Samridhdi Yojana	MSJE
Social Security	Indira Gandhi National Widow Pension Scheme (IGNWPS) Pradhan Mantri Jeevan Jyoti Bima Yojana Pradhan Mantri Suraksha Bima Yojana (PMSBY) Atal Pension Yojana (APY)	MoRD MoF

⁵² <https://asiapacific.unwomen.org/en/focus-areas/governance/political-participation-of-women>

⁵³ <http://jhpm.ir/article-1-190-en.pdf>

⁵⁴ <https://news.un.org/en/story/2012/03/405852-womens-participation-all-aspects-society-more-vital-ever-un-officials>

⁵⁵ https://www.unicef.org/sowc07/docs/sowc07_panel_5.5.pdf

	Pradhan Mantri Vaya Vandana Yojana (PMVVY)	
	The Unorganised Workers' Social Security Act, 2008 Pradhan Mantri Shram Yogi Maan-Dhan (PMSYM)	MoLE
Vocational and Skill Training	Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)	MoRD
	Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM)	MoHUA
	Pradhan Mantri Kaushal Vikas Yojana (PMKVY) Skill Saathi Scheme	MSDE
	Entrepreneurship and Skill Development Programme	MSME
	Integrated Skill Development Scheme for The Textiles and Apparel Sector Including Jute and Handicrafts	MoT
	Nai Manzil Seekho aur Kamao Upgrading the Skills and Training in Traditional Arts/Crafts for Development (USTTAD)	MoMA
	Vocational Training Centres in Tribal Areas	MoTA
	Swadhar Greh Ujjawala	MWCD
	Pradhan Mantri Jan Dhan Yojana	MoF
	Deen Dayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM)	MoRD
Value unpaid care work	None	
Access to Information	Mahila Shakti Kendra Scheme	MWCD
Political Participation	Article 243 D of the constitution	
Social Participation	None	

Indicators	Previous Period	Current Period	Performance
Proportion of male-female enrolled in higher education, technical and vocational education (AISHE)	96.5 (2017-18)	100.3 (2018-19)	↑
Female labour force participation (PLFS)	33.1 (2011-12)	25.3 (2017-18)	↓
Female Worker Population Ratio (WPR) for the productive age group (15-59 ages) (Economic Survey)	32.3 (2011-12)	23.8 (2015-16)	↓
Persons provided employment as a percentage of persons who demanded employment under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (Economic Survey)	84.75 (2018-19)	85.26 (2019-20)	↑
Percentage of seats won by women in the general elections to state legislative assembly (Economic Survey)	8.7 (2018)	8.32 (2019)	↓

Source: All India Survey on Higher Education, Economic Survey 2019-2020, PLFS

Key: ↑ Unfavourable Increase ↑ Favourable Increase

The women's empowerment sub-sector has been assessed from the point of view of women's economic empowerment and their political and social participation. As far as interventions to promote women's access to economic resources, vocational and skill training and promotion of employment and entrepreneurship opportunities are concerned, there are several flagship schemes across ministries that have been implemented. These include MGNREGA, DAY-NRLM, PMKVY, PMAY-G, among others. The positive impact of these interventions is underscored by the indicators related to the proportion of men-women enrolled in higher, technical and vocational education as well as the percentage of employment offered under MGNREGA against percentage

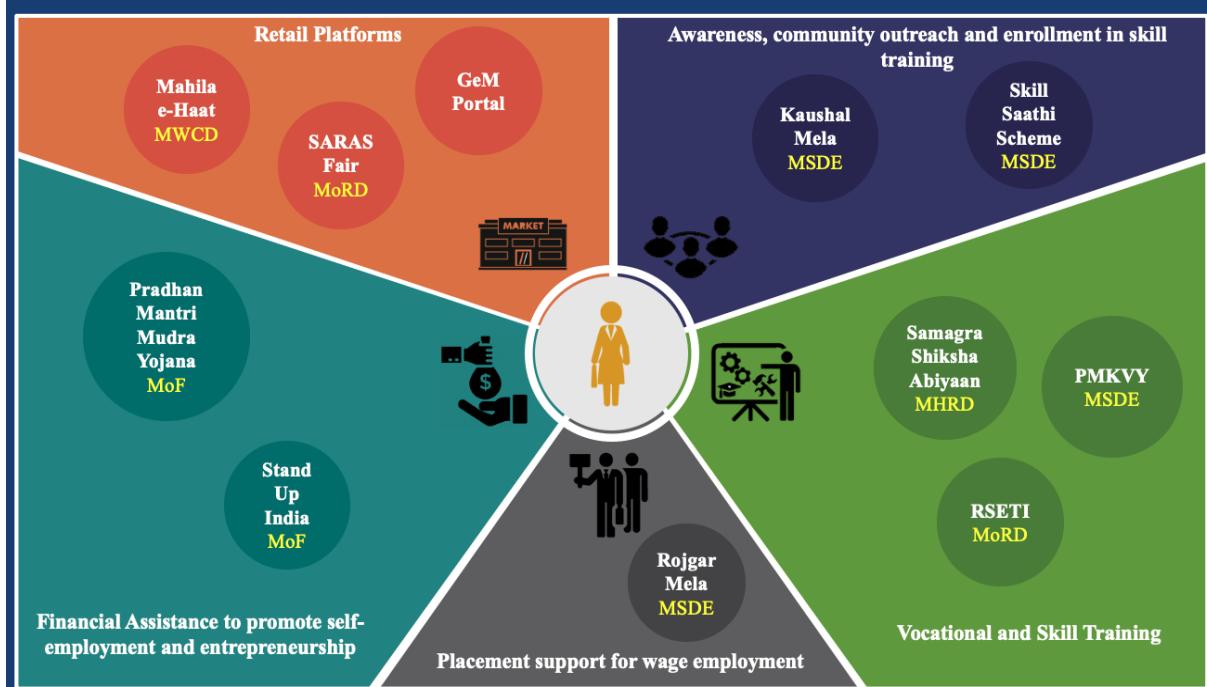
demanded. However, the declining female LFPR and female worker population ratio raise critical challenges for women's economic empowerment. Valuing unpaid care work is another determinant that has not been addressed by a corresponding intervention.

Promotion of political and social participation of women also emerge as gap areas. Article 243D of the constitution mandates reservation of 1/3rd seats for women in the panchayat elections, however, our analysis highlights the absence of schemes/programmes to create awareness and knowledge among women to enable their effective political participation. Further, community-level forums/platforms that promote women to discuss their rights, entitlements, voice their concerns and collectively take decisions to influence the governance policies and structures on matters related to them, emerges as a glaring gap.

Box 6: Convergent Approach to Promote Employment and Entrepreneurship among Women

KII's with National Level officials of MSDE, MoRD and MWCD highlight that efforts have been made to link the various interventions implemented by the mentioned Ministries to promote vocational and skill training, employment generation as well as entrepreneurship among women. The officials stated that convergent action has led to creation of an employment eco-system where women are supported at each level and are enabled to secure meaningful livelihoods. The emerging model has been presented below (Refer Annex 2 for detailed objectives interventions).

Figure 6: Emerging Employment Eco-System for Women



Box 7: Story of Change: Promotion of non-traditional job roles among women

"The sphere of economic growth in the country is changing, non-traditional job roles are being promoted among women/girls. In the health care sector, a major improvement is visible where more and more women are becoming doctors. Once when I visited an Artificial Intelligence (AI) training institute, I was impressed to see women seeking training in AI. With time, women are also seeking training for jobs like electricians, plumbers, among others where earlier no women were involved. On inquiring about their motivation to seek training for such jobs, they said that they wanted to break the glass ceiling, and not restrict themselves only to cooking and care taking chores and that they are capable of handling every job.

Private sector enterprises are also incentivising and beginning to encourage women to take up non-traditional job roles. For instance, Jindal Steel Company, setup in a traditional society like Haryana, employed women in the steel rolling plant. They went to a village and hired few women/girls for the factory, however in a span of few years more than 300 women have undergone training in this particular manufacturing job." - *Senior Adviser, MSDE*

Box 8: Women rising to the occasion: SHGs Response to COVID19

Women of around 20,000 SHGs across 27 Indian States are producing facemasks, running community kitchens, delivering essential food supplies, sensitising people about health and hygiene and combating misinformation⁵⁶.

Some of their key achievements and initiatives include:

- More than 19 million masks, 100,000 litres of sanitiser and nearly 50,000 litres of hand wash have been produced.
- 10,000 **community kitchens** across the country have been set up to feed stranded workers, the poor, and the vulnerable.
- Members of SHGs, working as **banking correspondents (bank sakhis)** are providing doorstep banking services to far-flung communities, in addition to distributing pensions and enabling the neediest to access credits through DBT.

Use of innovative communication and behaviour change tools:

- **Bihar's JEEViKA:** Spreading awareness on topics such as handwash, sanitation, quarantine, isolation and social distancing.
- **UP's SRLM 'Prerna':** Creating awareness, on COVID-19 by using rangolis, marking lines and circles to re-emphasise the need for 'social distancing'.
- **Jharkhand's SRLM:** Didi Helpline is being operated 24 hours to help migrant labourers access verified information.
- **Kerala's Kudumbashree:** Dispelling fake news regarding COVID-19 through their network of WhatsApp groups.

"Across the country, women's SHGs have risen to this extraordinary challenge with immense courage and dedication. Their quick response to food insecurity and shortages in goods and services shows how this decentralised structure can be a vital resource in a time of crisis. The strength of India's rural women will continue to be essential in building back economic momentum after the most critical period is over." Alka Upadhyay, Additional Secretary MoRD.

⁵⁶ <https://www.worldbank.org/en/news/feature/2020/04/11/women-self-help-groups-combat-covid19-coronavirus-pandemic-india>

2.2.3. Sector Performance on Global Benchmarks

In this section, an assessment of India's performance vis-à-vis the global indices has been presented. Further, an SDG-wise comparison of the women and child development related indicators of India and other South Asian and BRICS countries, i.e. Afghanistan (AFG), Bangladesh (BNG), Bhutan (BH), Maldives (MAL), Nepal (NPL), Pakistan (PAK), Sri Lanka (SL), Brazil, Russia, China and South Africa is undertaken.

2.2.3.1. Performance with Respect to Global Indices

India's **Human Development Index (HDI)** value for 2018 is 0.647, and therefore the country falls in the medium human development category. India is positioned at 129 out of 189 countries and territories. Between 1990 and 2018, India's HDI value increased from 0.431 to 0.647, an increase of 50.0 per cent. Table 2 reviews India's progress in each of the HDI indicators. Between 1990 and 2018, India's life expectancy at birth increased by 11.6 years, mean years of schooling increased by 3.5 years and expected years of schooling increased by 4.7 years. India's Gross National Income per capita increased by about 262.9 per cent between 1990 and 2018⁵⁷.

Table 2: India's HDI Trends

	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (2011 PPP\$)	HDI value
1990	57.9	7.6	3.0	1,882	0.431
1995	60.3	8.2	3.5	2,188	0.463
2000	62.5	8.3	4.4	2,683	0.497
2005	64.5	9.7	4.8	3,387	0.539
2010	66.7	10.8	5.4	4,403	0.581
2015	68.6	12.0	6.2	5,674	0.627
2016	68.9	12.3	6.4	6,075	0.637
2017	69.2	12.3	6.5	6,446	0.643
2018	69.4	12.3	6.5	6,829	0.647

Source: Human Development Report 2019⁵⁸

Gender Development Index (GDI), is based on the sex disaggregated HDI and is defined as a ratio of the female to the male HDI. The GDI measures gender inequalities in achievement in three basic dimensions of human development: health (measured by female and male life expectancy at birth), education (measured by female and male expected years of schooling for children and mean years for adults aged 25 years and older) and command over economic resources (measured by female and male estimated GNI per capita). The GDI is calculated for 166 countries. Country groups are based on absolute deviation from gender parity in HDI and therefore the groups take into consideration inequality in favour of men or women equally. For India in 2018, female HDI value was 0.574 in contrast with 0.692 for males, resulting in a Gender Development Index value of 0.829, placing it into Group 5⁵⁹. In comparison, GDI value for South Asia is 0.828 for South Asia, as shown in Table 3.

⁵⁷ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IND.pdf

⁵⁸ Ibid.

⁵⁹ Group 1 countries have high equality in HDI achievements between women and men: absolute deviation less than 2.5 percent; group 2 has medium-high equality in HDI achievements between women and men: absolute deviation between 2.5 percent and 5 percent; group 3 has medium equality in HDI achievements between women and men: absolute deviation between 5 percent and 7.5 percent; group 4 has medium-low equality in HDI achievements between women and men: absolute deviation between 7.5 percent and 10 percent; and group 5 countries has low equality in HDI achievements between women and men: absolute deviation from gender parity greater than 10 percent.

Table 3: India's GDI for 2018 relative to selected countries and groups

	F-M ratio	HDI values		Life expectancy at birth		Expected years of schooling		Mean years of schooling		GNI per capita	
	GDI value	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
India	0.829	0.574	0.692	70.7	68.2	12.9	11.9	4.7	8.2	2,625	10,712
Bangladesh	0.895	0.575	0.642	74.3	70.6	11.6	10.8	5.3	6.8	2,373	5,701
Pakistan	0.747	0.464	0.622	68.1	66.2	7.8	9.3	3.8	6.5	1,570	8,605
South Asia	0.828	0.570	0.688	71.1	68.5	12.0	11.6	5.0	8.0	2,639	10,693
Medium HDI	0.845	0.571	0.676	70.9	67.8	11.9	11.5	5.0	7.8	2,787	9,528

Source: UNDP Human Development Report 2019⁶⁰

India has a **Gender Inequality Index (GII)**⁶¹ value of 0.501, ranking it 122 out of 162 countries in the 2018 index. In India, 11.7 per cent of parliamentary seats are held by women, and 39.0 per cent of adult women have reached at least a secondary level of education compared to 63.5 per cent of their male counterparts. For every 100,000 live births, 174.0 women die from pregnancy-related causes; and the adolescent birth rate is 13.2 births per 1,000 women of ages 15-19. Female participation in the labour market is 23.6 per cent compared to 78.6 for men. In comparison, Bangladesh and Pakistan are ranked at 129 and 136 respectively on this index.

Table 4: India's GII for 2018 relative to selected countries and groups

	GII value	GII Rank	Maternal mortality ratio	Adolescent birth rate	Female seats in parliament (%)	Population with at least some secondary education (%)	Labour force participation rate (%)	
							Female	Male
India	0.501	122	174.0	13.2	11.7	39.0	63.5	23.6
Bangladesh	0.536	129	176.0	83.0	20.3	45.3	49.2	36.0
Pakistan	0.547	136	178.0	38.8	20.0	26.7	47.3	23.9
South Asia	0.510	—	176.0	26.1	17.1	39.9	60.8	25.9
Medium HDI	0.501	—	198.0	34.3	20.8	39.5	58.7	32.3

Source: Human Development Report, 2019⁶²

India's position with respect to GDI and GII reflect that even though there have been improvements in women's health, education and access to economic resources; reproductive health, empowerment and economic activity of women remain critical areas of concern.

India has slipped four places on the **World Economic Forum's Global Gender Gap Index (GGGI)** to 112 with a score of 0.668, behind neighbours China, Sri Lanka, Nepal and Bangladesh, due to rising disparity in terms of **women's health and participation in the economy**. Moreover, India is ranked in the bottom-five in terms of women's health and survival and economic participation. India's latest position is 14 notches lower than its reading in 2006 when the WEF started measuring the gender gap. It also ranked lower than many of its international peers, and some of its neighbours like China (106th), Sri Lanka (102nd), Nepal (101st), Brazil (92nd), Indonesia (85th) and Bangladesh (50th). The report showed that **economic opportunities** for women are extremely limited in India (35.4 per cent), followed by Pakistan (32.7 per cent), Yemen (27.3 per cent), Syria (24.9 per cent) and Iraq (22.7 per cent). India also ranked among countries with very low women representation on company boards (13.8 per cent), while it was even worse in China (9.7 per cent). The report also highlighted abnormally **low sex ratios at birth in India** (91 girls for every 100 boys). On a positive note, India has closed two-thirds of its overall gender gap. However, the condition of women in a large section of India's

⁶⁰ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IND.pdf

⁶¹ The 2010 HDR introduced the Gender Inequality Index (GII), which reflects gender-based inequalities in three dimensions – reproductive health, empowerment, and economic activity. Reproductive health is measured by maternal mortality and adolescent birth rates; empowerment is measured by the share of parliamentary seats held by women and attainment in secondary and higher education by each gender; and economic activity is measured by the labour market participation rate for women and men. The GII can be interpreted as the loss in human development due to inequality between female and male achievements in the three GII dimensions.

⁶² http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IND.pdf

society is precarious, and the economic gender gap has significantly widened since 2006. India is the only country among the 153 countries where the economic gender gap is larger than the political one. India ranks high on the **political empowerment** sub-index, largely because a woman headed the country for 20 of the past 50 years. But female political representation today is low as women make up only 14.4 per cent of the Parliament (122nd rank globally) and 23 per cent of the cabinet (69th).

GGI Sub-Index	India's ranking
Economic Participation and Opportunity	149 out of 153
Educational Attainment	112 out of 153
Health and Survival	150 out of 153

As per the Cabinet Secretariat's decision MWCD has been tasked with monitoring the three Global Indices, namely: GII, GGGI and Global Hunger Index (GHI) and improve the ranking of India. The Ministry has undertaken several efforts in this regard:

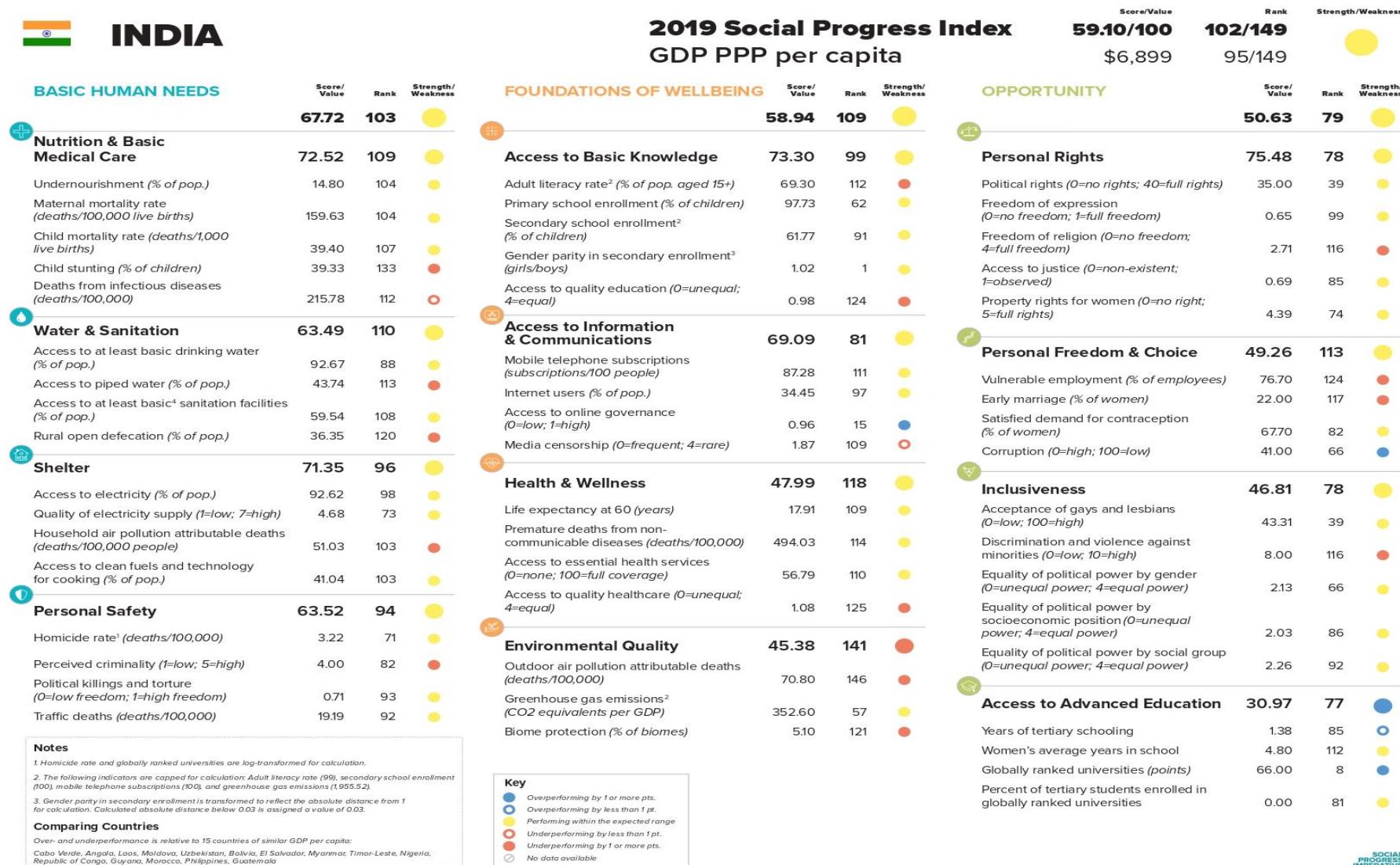
Gender Inequality Index (GII): The Ministry undertook discussions with the Human Development Report Office (HDRO) of UNDP regarding inconsistency in data used for publication of the HDR 2019. For example for MMR, the data used in HDR 2019 was 174. However, as per the Sample Registration Survey (SRS) published by the Registrar General of India, for 2015-17, the figure is 122. Similarly, the data of women's representation in the Parliament was dated.

A web conference was also held with the, Director and Lead Author of HDR, UNDP. The conference was attended by UNICEF, WHO, World Bank, ILO along with the HDRO team and other partner Ministries/Departments of Government of India on 3rd July, 2020. Data issues and methodologies used in ranking in the Gender Inequality Index (GII) was discussed in the meeting. HDRO agreed to include the latest data in its forthcoming report provided the same is intimated to them by the concerned UN agencies in India. The recent/latest data has been uploaded in various Ministries website for the indicators used in the report. HDRO also agreed in principle to consideration in future the participation of women at local level. This is a major breakthrough and will improve India ranking in the future years.

Global Hunger Index (GHI): The publishers "Welthungerhilfe" and "Concern Worldwide" agreed to use latest data of the Comprehensive National Nutrition Survey (CNNS) for stunting and wasted children in India. However, for under-5 mortality, it stated that the agency will use recently published data of United Nations Inter-Agency Group for child mortality estimation.

Global Gender Gap Index (GGGI): The publisher, World Economic Forum (WEF) shared the methodology used in computation of GGGI and Indian data sources used for all indicators in their report. The index has been recalculated with the latest data from Indian Source shown improvement in the ranking for India. The publisher has been requested to convene a meeting in this regard to discuss issues related to use of latest Indian data for indicators used in the report.

Figure 7: India's SPI for 2019



Source: Social Progress Index 2019

India has a **social progress index (SPI)**⁶³ value of 59.1 that positions it at 102 of the 149 participating countries (Detailed performance of India on the 12 indicators is presented in Figure 7). The performance of India has improved from 53.97 in 2014 to 59.1 in 2018, an increase of 5.13 points⁶⁴.

The results of the global index are consistent with the results of the Social Progress Index for Indian regions. Social Progress India calculated the social progress of twenty-eight Indian states and one Union Territory (Delhi) for the period 2005–2016 by applying the Social Progress Index framework. The work was carried forward by calculating the social progress of 637 districts from 33 states and Union Territories. Overall, social progress is improving; the scores have improved by approximately 8 points since 2005. The results show that average performance is better on components of Basic Human Needs than the other two components.

At the state level, Kerala outperforms other states. The success of the state is attributed to the systematic state investments in social sectors like education and health over a long period. The trends at the state level depict that all the states have improved since 2005. It is promising that the group of states that have registered the highest improvement are the ones that were categorised as Very Low the Social Progress States in 2005⁶⁵.

2.2.3.2. Performance comparison with South Asian countries

Table 5 underscores the performance of eight South Asian countries on women and child development related SDG indicators.

Table 5: Performance of South Asian Countries on various SDG indicators

Indicators	IND	AFG	BNG	BH	MAL	NPL	PAK	SL
SDG 2								
Prevalence of undernourishment (% population)	15	30	15	NA	11	9.5	21	11
Prevalence of stunting (low height-for-age) in children under 5 years of age (%)	38	41	36	34	20	36	45	17
Prevalence of wasting in children under 5 years of age (%)	21	9.5	14	5.9	10	9.7	11	15
Mortality rate, under-5 (per 1,000 live births)	39	68	32	31	7.9	34	75	8.8
SDG 3								
Maternal mortality rate (per 100,000 live births)	174	396	176	148	68	258	178	30
Neonatal mortality rate (per 1,000 live births)	24	39	18	17	4.5	21	44	5.8
Mortality rate, under-5 (per 1,000 live births)	39	68	32	31	8	34	75	9
Adolescent fertility rate (births per 1,000 women ages 15–19)	24.5	69	84	22	6.5	62	38	15
Births attended by skilled health personnel (%)	86	51	50	89	96	58	52	99

⁶³ The Social Progress Index is the only measurement tool to comprehensively and systematically focus exclusively on the noneconomic dimensions of social performance across the globe with transparent and actionable data. The Social Progress is structured around 12 components and 51 distinct indicators. The framework not only provides an aggregate country score and ranking, but also allows benchmarking on specific areas of strength and weakness. Each of the twelve components of the framework is made up of between three and five specific outcome indicators. Indicators are selected because they are measured appropriately with a consistent methodology by the same organisation across all (or essentially all) of the countries in the sample. Taken together, this framework aims to capture a broad range of interrelated factors revealed by the scholarly literature and practitioner experience as underpinning social progress.

⁶⁴ <https://www.socialprogress.org/assets/downloads/resources/2019/2019-Social-Progress-Index-executive-summary-v2.0.pdf>

⁶⁵ <https://socialprogress.in/2018/09/india-improves-by-2-29-points-on-the-social-progress-index-in-the-last-five-years/>



Among the South-Asian countries, India's performance in child nutrition and health indicators varies from low to average. However, in terms of adolescent fertility and births attended by skilled health personnel, India emerges as one of the top performers. The performance vis-à-vis education indicators are average to good for India. In terms of access to basic drinking water services, the country has an average performance. Nonetheless, access to basic sanitation services continues to be an area of concern with poor performance compared to other countries.

In comparison with other South-Asian countries, India's performance in terms of percentage of children involved in child labour emerges to be average. The table also highlights that 73% of individuals in India stated that they feel safe at night around their area of residence. India's figures for safety are highest compared to other South Asian countries. The country's performance continues to be low to average in terms of women's economic and political empowerment and participation, respectively. However, vis-à-vis unemployment rate and income inequality (measured by Gini coefficient), India have performed well compared to other South-Asian countries.

⁶⁶ https://s3.amazonaws.com/sustainabledevelopment.report/2020/2020_sustainable_development_report.pdf

2.2.3.3. Performance comparison with BRICS countries

Table 6 underscores the performance of BRICS countries on women and child development related SDG indicators.

Table 6: Performance of BRICS Countries on various SDG indicators

Indicators	India	Brazil	Russia	China	South Africa
SDG 2					
Prevalence of undernourishment (% population)	14.5	2.5	2.5	8.6	6.2
Prevalence of stunting (low height-for-age) in children under 5 years of age (%)	38.4	7.1	NA	8.1	27.4
Prevalence of wasting in children under 5 years of age (%)	21.0	1.6	NA	1.9	2.5
SDG 3					
Maternal mortality rate (per 100,000 live births)	145.0	60.0	17.0	29.0	119.0
Neonatal mortality rate (per 1,000 live births)	22.7	8.1	3.2	4.3	10.7
Mortality rate, under-5 (per 1,000 live births)	36.6	14.4	7.2	8.6	33.8
Adolescent fertility rate	13.2	59.1	20.7	7.6	67.9
Births attended by skilled health personnel (%)	81.4	99.2	99.7	99.9	96.7
Surviving infants who have received two WHO-recommended vaccines (%)	89.0	83.0	97.0	99.0	70.0
SDG 4					
Net primary enrolment rate (%)	92.3	96.3	95.1	NA	87.0
Lower secondary completion rate (%)	85.0	71.8	95.9	99.5	80.8
Literacy rate (% of population aged 15 to 24)	91.7	99.2	99.7	99.8	95.3
SDG 5					
Ratio of female-to-male mean years of education received	57.3	106.6	98.3	90.4	95.2
Ratio of female-to-male labor force participation rate	29.8	72.6	77.8	80.4	77.9
Seats held by women in national parliament (%)	14.4	14.6	15.8	24.9	46.6
SDG 6					
Population using at least basic drinking water services (%)	92.7	98.2	97.1	92.8	92.7
Population using at least basic sanitation services (%)	59.5	88.3	90.5	84.8	75.7
SDG 8					
Unemployment rate (% total labour force)	5.4	12.1	4.6	4.3	28.2
SDG 10					
Gini coefficient adjusted for top income (1–100)	43.2	54.2	44.0	41.2	67.3
SDG 16					
Percentage of population who feel safe walking alone at night in the city or area where they live (%)	69.3	40.2	57.5	86.4	31.5
Children 5–14 years old involved in child labour (%)	11.8	6.6	NA	NA	NA



Low



Average



Good

Source: Sustainable Development Report 2020⁶⁷

⁶⁷ https://s3.amazonaws.com/sustainabledevelopment.report/2020/2020_sustainable_development_report.pdf

In comparison to the BRICS countries, India performs well vis-à-vis adolescent fertility rate and safety of citizens at night in their areas of residence. Data reveals that India's performance in terms of infants receiving two WHO vaccines, net enrolment rate, lower secondary completion rate, unemployment rate and income inequality is at best average. However, indicators related to hunger (SDG 2), maternal and child mortality rates as well as births attended by skilled health personnel (SDG 3), literacy rate among 15-24 year-olds (SDG 4), gender equality (SDG 5), access to clean drinking water and sanitation (SDG 6), and child labour (SDG 16) present a grim picture for India in comparison to other BRICS countries.

2.3. Analysis of Cross-Cutting Themes

2.3.1. Accountability & Transparency

With growing recognition of good governance as a precondition of sustainable development in the last two decades, the concept and practice of accountability have attracted the attention of academicians, policymakers, and practitioners. Accountability has emerged as a critical element of good governance along with participation, transparency, the rule of law, responsiveness and inclusiveness. It has become central in governance reforms advocated and supported by international aid agencies (Rodan and Hughes, 2012)⁶⁸. While Oxford dictionary defines accountability as 'fact or condition of being accountable; responsible' the Cambridge dictionary defines it as the fact of being responsible for what you do and able to give a satisfactory reason for it, are the degree to which this happens. Earlier accountability was limited to choosing or dislodging Government by the periodic exercise of voting; it is now being enforced regularly beyond elections. The traditional approach to accountability involved three mechanisms – power to vote, administrative accountability and legal accountability (Robinson 2013)⁶⁹. With enhanced transparency after passing of Right to Information or Freedom to Information in several countries and proliferation of private and social media, people are more aware of actions and lack of actions on the part of public authorities and its consequences on their lives. Search accountability has come to be known as social accountability according to the World Bank (2004), accountability involves the right to know, question and participate, to better services, to stop corruption, to end poverty, and to demand that commitments our respected.

People are also upwardly mobile and are not willing to remain a silent observer of problems faced by them. Several countries of the world in the last few years have witnessed movements that have changed Government. 'Arab Spring' was a series of anti-government protests that spread across the Middle East in 2010 against the absence of freedom and low standard of living. 'Occupy Wall Street' in the USA in 2011 was an anti-government movement against inequality, political corruption, and crony capitalism. India too witnessed local movements such as "India Against Corruption" and movement for Lokpal Bill. With the increase of taxpayers in India, people are eager to know how their tax is being utilised. They want to be part of decision making and also wish to monitor implementation more actively.

India is a signatory to global agenda 2030 for sustainable development comprising of 17 Sustainable Development Goals. These goals are comprehensive, universal and aim to leave no one behind. Women and children form a critical focus in the efforts to achieve the Sustainable Development Goals. MWCD's commitment to promoting the social and economic empowerment of women and ensuring development, care and protection of children is evident through the schemes being run by it focusing on child development and nutrition, child protection, women's empowerment, safety, and protection.

Over the years, the budgetary allocation for the MWCD schemes has been enhanced substantially, from Rs. 17,378 Crore in 2016-17 to Rs. 30,007 crore in 2020-21. Several new schemes have been introduced for women's safety and protection, and the renewed focus on nutrition improvement has seen the expansion of the nutrition-focused interventions. Increased budgetary allocations

⁶⁸ Rodan, G., & Hughes, C. (2012). Ideological coalitions and the international promotion of social accountability: The Philippines and Cambodia compared. *International Studies Quarterly*, 56(2), 367-380.

⁶⁹ Robinson, N. (2013). Complaining to the State: Grievance Redress and India's Social Welfare Programs. *Philadelphia: Centre for the Advanced Study of India*.

for MWCD programmes coupled with the Government's push for minimum Government and maximum governance makes it imperative that a robust accountability and transparency framework is in place which strengthens not only the administrative accountability but also social accountability. While the MWCD does not have a stand-alone clearly defined accountability framework like some of the other ministries (e.g. Ministry of Rural Development), the MWCD employs several mechanisms to enhance its accountability and transparency. It has done so by improving upon earlier mechanisms and introducing new ones.

Accountability and Transparency Mechanisms Being Utilised by MWCD

In the last few decades, MWCD's schemes have evolved in terms of financial outlays, geographical coverage and beneficiary outreach. The schemes have evolved in terms of complexity in design and components, with convergence linkages with other schemes, Departments and Ministries. With implementation, fund flow and lines of reporting across multiple levels, MWCD's schemes require intense coordination and each implementing official to discharge his/her responsibilities effectively. As the schemes have evolved and expanded, the need to monitor scheme implementation and target completion has also grown. Along with this, there has been an evolution in the actors and mechanisms involved in ensuring accountability and transparency in MWCD schemes.

1. Enhancing Transparency and Citizen Accountability

- **Citizen's Charter:** The Ministry of Women and Child Development has developed a Citizen's Charter and vision and mission statements. These documents are available on the Ministry's website (<https://wcd.nic.in/about-us/citizen-charter>).
- **Mechanisms for Transparency at the Community Level:** India's *Right to Information (RTI) Act*, which became law in 2005, entitles citizens to request state information on any topic not related to national security, ongoing court cases or cabinet deliberations (Government of India [GOI], 2005). The Act applies to all levels of Government, requiring every public authority to appoint Public Information Officers (PIOs). They must respond to RTI queries within 30 days, and providing a multilevel appeals process whenever requests are refused. All of MWCD schemes are RTI compliant, thereby allowing citizens to raise queries regarding the schemes, their benefits and implementation at any level to which public authorities are mandated to respond. This legislative provision is another pathway for greater public accountability and transparency based on citizen demands.
- **Dashboards and Annual Reports:** To enhance transparency around the performance of the MWCD schemes, the MWCD has launched a citizen-focused dashboard –the MWCD Dashboard (<http://wcd.dashboard.nic.in/>) which reflect outcomes and impacts of various schemes and projects of the Ministry, and in some cases, the financial performance of the schemes. The Ministry also publishes and makes publicly available its Annual Reports, giving details of the activities undertaken by the Ministry, its schemes, and its different bureaus. The Annual Reports are available on the Ministry's website (<https://wcd.nic.in/annual-report>).
- **Grievance Redressal:** The Grievance redressal mechanism is part and parcel of accountability machinery of any administration. While the MWCD does not have a separate Grievance Redressal mechanism or portal for its schemes, the Ministry has been proactive on addressing the grievances received by it through the Centralised Public Grievance Redress and Monitoring System (CPGRAMS) (directly from the public), Prime Minister's Office, President's Secretariat

and the Department of Administrative Reforms & Public Grievances. A Director-level officer of the Ministry has been designated as Public Grievance Officer. For strong and effective grievance redressal mechanism in the Ministry, all Divisional Heads in the Ministry and one officer each from all the attached/ subordinate offices has been nominated as Nodal Officers for public grievances in respect to their Divisions/Offices. The disposal of public grievances is monitored weekly by the Secretary (WCD) in Senior Officers' Meeting. The Ministry has been efficiently disposing of the grievances. The overall percentage of disposal of PGs as per CPGRAMS Monitoring Desk was 96.3% for 2019-20. The Department of Administrative Reforms and Public Grievances (DARPG) had acknowledged MWCD for redressing the public grievances in a very efficient manner.

- The National Commission of Women (NCW) also addresses a large number of complaints received from women to ensure that the rights of women are not compromised, and justice is not denied to them. The Commission is effectively leveraging IT tools for timely redressal of grievances. Anyone can log in to the online portal of the Commission for registering complaint from anywhere. The system also enables the complainant to ascertain the progress of the case by simply logging on the website of the Commission using the unique user ID and password provided to them at the time of registration. Presently, the mandated complaints are registered in the Complaint and Investigation Cell under 23 categories with effect from 2019. The complaints received through the online portal as well as offline are processed expeditiously, and the matter is taken up with the appropriate authority concerned and pursued till its logical conclusion.

2. Regular Monitoring of Performance and Evaluation of Schemes

- **Monitoring Unit:** The Ministry has the overall responsibility for monitoring the implementation of the Anganwadi Services Scheme. A separate Monitoring Unit within the Child Development Bureau in the Ministry is responsible for compilation and analysis of the periodic monitoring reports received from the States/UTs in the prescribed formats. States/UTs are required to send the monthly consolidated reports by 17th day of the following month. Information received from States/UTs is compiled, processed and analysed at the Central level quarterly. The progress and shortfalls indicated in the reports are reviewed with the States/UTs through regular review meetings, and necessary feedbacks are sent.
- **Monitoring Mechanisms:** Under the existing MIS, a standardised data collection procedure is employed across all States/UTs and for the most of this process; it relies on manual entries and compilations. All primary data relating to service delivery are recorded by the AWWs using the prescribed registers. Once in a month, AWWs compile this information into a standardised Monthly Progress Report (MPR) that contains various input, process and impact indicators. MPRs are then sent to the Supervisors (each of whom supervises 25 AWCs) who consolidate the reports and forward them to the Child Development Project Officers (CDPOs), who in turn assemble the reports at the project/block level and then it is remitted to the State HQs. At the Central level, some of the key indicators are analysed, and Quarterly Progress Reports (QPRs) are prepared, and detailed feedbacks are sent to the State Government. These key indicators include information on Anganwadi Services personnel, operationalisation of projects and AWCs, beneficiaries of supplemental nutrition and pre-school education, number of births and deaths, and nutritional status, etc.

At the State level, programme monitoring data captured through AWC, MPRs/ Half-yearly Progress Reports (HPR) are compiled for all the operational projects using the CDPOs Monthly

Progress Reports (MPRs). Additionally, State Reports include information on field visits by ICDS functionaries, VHNDs, health check-ups, immunisation, home visits by AWWs, etc.

Besides the revamping of MIS, the existing practice of monitoring and supervisory visits in the field has been standardised. The minimum number of visits required to be made at various levels have been stipulated to ensure effectiveness in the delivery of services under the Anganwadi Services Scheme, along with the active involvement of PRIs in the monitoring of AWC activities. A checklist of various aspects to be supervised by the State and central level officials during their visits has also been prescribed for their guidance.

In the context of universalisation of Anganwadi Services with focus on monitoring and improved quality in the delivery of services, 5-tier monitoring and review mechanism at the central level and up to Anganwadi level has been introduced. MPs/MLAs/PRIs have been included in Monitoring Committees to ensure a participative and transparent mechanism.

- **Management Information Systems (MIS):** A critical intervention towards transparency has been enhanced use of IT for real-time monitoring of schemes. MWCD has developed ICDS-CAS to get real-time information on nutritional indicators for improving the nutritional status of women and children at the grass-root level. In this system, AWWs have been equipped with smartphones and Lady Supervisors with tablets pre-installed with a Common Application Software to capture and analyse the beneficiary-wise information about the nutrition services and nutrition status. Similarly, PMMVY-CAS has been developed by the MWCD to facilitate DBT under PMMVY scheme as well as to aid real-time monitoring of the scheme. PMMVY provides a good example of a DBT scheme that effectively uses technology for targeted benefit delivery. PMMVY-CAS has several inbuilt mechanisms that seek to improve and enhance the efficiency of various processes such as monitoring, DBT efficiency, fund transfer, etc. The MWCD has also developed the Sakhi Dashboard for enabling better monitoring of the schemes under the Sakhi Vertical – OSC, MPV and Women's Helpline. Similar MIS' has been developed for the Scheme for Adolescent Girls (SAG).
- **Output-Outcome Monitoring Framework (OOMF):** Another major structural reform was undertaken in 2017-18 to bring the public schemes and projects under a monitorable Output-Outcome framework. Since then, in addition to the financial outlays of schemes of the Ministries being indicated in the budget document, the expected outputs and outcomes of the schemes are also being presented in a consolidated outcome budget document, along with the budget. These outlays, outputs and outcomes are being presented to the parliament in measurable terms, bringing-in greater accountability for the agencies involved in the execution of government schemes and projects through this exercise. The government aims to nurture an open, accountable, pro-active and purposeful style of governance by transitioning from mere outlays to result-oriented outputs and outcomes. The OOMF enables MWCD to keep track of the scheme objectives and work towards the development goals set by them⁷⁰.
- **Engagement of NITI Aayog to monitor and Evaluate POSHAN Abhiyaan and PMMVY:** NITI Aayog has been engaged by the PMO to undertake monitoring and evaluation of the PMMVY and POSHAN Abhiyaan Schemes. The NITI Aayog conducts regular monitoring and periodic evaluation of the schemes' progress and publishes quarterly monitoring reports on the two flagship schemes.

⁷⁰ https://niti.gov.in/sites/default/files/2019-07/2.Output%20Outcome%20Framework%202019-20_Less%20than%20500%20Cr_Vol%201_Eng.pdf

3. Audit Mechanisms

- **Internal Audit:** The MWCD has an internal accounts department which undertakes *timely field verification of the financial system* from time to time and *provides insights into the quality of financial management* so that corrective action can be taken on time.
- **Social Audit:** At present, MWCD has provision for social audits in many of its major schemes. There have been multiple social audits of the Anganwadi Services Scheme (erstwhile ICDS) across the country. The MWCD also issued formats for social audits of other schemes such as the Child Protection Scheme (CCIs) and other shelter schemes. In pursuance of the directions of Hon'ble Supreme Court of India, the NCPCR conducted social audit of all the childcare institutions across the country as per section 2 (21) of the JJ Act, 2015. During 2019, social audit reports of 7,164 childcare institutions across the country were submitted to the Ministry. Based on the findings of the social audits, NCPCR has written to concerned District Collector/Magistrates and the Secretaries of States to take appropriate action against the violations identified in the reports to ensure transparency and accountability in the management and functioning of childcare institutions across the country. The Commission received a significant number of 'action taken' reports from various districts.
- **Occasional Performance and Financial Audits by CAG:** The CAG Office also undertakes periodic performance and financial audit of various MWCD schemes.

Besides these mechanisms mentioned above, the MWCD has also initiated the use of DBT to bring another level of transparency to its functioning. In pursuance of directions of the Government for implementation of DBT in its schemes, the Ministry is implementing 16 schemes/scheme components in DBT mode for transfer of benefits and services directly to the beneficiary using Aadhaar as the primary identifier. Scheme specific Web-based Common Application Software (CAS)/MIS have been developed for 16 schemes and rolled out pan-India for capturing beneficiary data, Aadhaar number, bank details and mobile number (where necessary), Aadhaar validation and fund transfer for cash schemes by States/UTs/Implementing Agencies⁷¹. The web-based CAS/MIS is also used for real-time monitoring of the number of beneficiaries getting the benefits and services, the quantum of fund transferred, grievance redressal, etc. at Ministry level. The Web-based CAS/MIS have been integrated with DBT Portal of DBT Mission, Cabinet Secretariat for automatic monthly reporting of progress of DBT schemes through web services.

The Use of DBT for transfer of entitlements under the PMMVY scheme has also helped in plugging the potential leakages and eliminating *ghost beneficiaries*, while also *avoiding the duplication of benefits to a single beneficiary*. Moreover, through DBT, financial inclusion has been greatly enhanced while reliance on intermediaries has been reduced – thereby allowing the assertion of citizen rights and grassroots accountability.

Table 7: List of Schemes with DBT under MWCD

Sr. No.	Schemes	Component	Type of DBT
1	AWS	Honorarium to AWW and AWH	Cash
2	ICPS	Facilities to Beneficiaries (Sponsorship)	Cash
3	ICPS	Salary of staff	Cash
4	MSK Scheme	All	Cash
5	National Crèche Scheme	Honorarium to Workers	Cash
6	OSC	Salary of staff	Cash
7	PMMVY	All	Cash

⁷¹ Retrieved February 10, 2020 <https://dbt Bharat.gov.in/page/frontcontentview/?id=MTc=>

8	Ujjawala Scheme	Salary of staff	Cash
9	Swadhar Greh	Salary of staff	Cash
10	AWS	Training Program	Cash & In-Kind
11	Rashtriya Mahila Kosh	Micro Finance for Women	Cash & In-Kind
12	Ujjawala	Facilities to beneficiaries	Cash & In-Kind
13	Swadhar Greh	Facilities to beneficiaries	Cash & In-Kind
14	AWS	SNP	In-Kind
15	ICPS	Facilities to beneficiaries	In-Kind
16	NCS	Nutrition	In-Kind
17	SAG	All	In-Kind

Source: Bharat DBT Portal

Issues in Implementing Accountability Mechanisms

Ineffective Citizens Charter

DARPG guidelines on Citizen's Charter highlight that "The basic objective of the Citizens Charter is to empower the citizen in relation to public service delivery." The Charters are expected to incorporate the following elements: (i) Vision and Mission Statement; (ii) Details of business transacted by the organisation; (iii) Details of clients; (iv) Details of services provided to each client group; (v) Details of grievance redress mechanism and how to access it; and (vi) Expectations from the clients.⁷²

However, the MWCD's Citizen's Charter⁷³ includes no obligations or service standards of the Ministry or its schemes to the Citizens of India. The Charter focuses on the services MWCD provides to the State Governments, namely release of funds. In the absence of information around the services provided by various schemes of the Ministry to the citizens, and the identified standards for each of the service, citizens cannot hold the MWCD, State WCD departments, or its implementation partners accountable for the delivery of the services. Given this, while the Ministry does have a charter in place, it does not adhere to the guidelines set out for the development of the Citizen's Charter and therefore does not create any accountability towards the Citizens of the country for the services provided by the Ministry.

Inadequate Access to the Public of Scheme Information

While the MWCD has put in place state of the art MIS' such as the ICDS-CAS, ICDS-RRS, PMMVY-CAS, Sakhi Dashboard, and SAG-RRS, the data is not available for public access and scrutiny. The only data available on MWCD schemes' services is the limited data on the MWCD Dashboard. The data available on the Dashboard varies from scheme to scheme. While there are some beneficiary level data available for some schemes, there is no mechanism to create, download and analyse customisable reports, with district and further disaggregation. In the absence of scheme datasets in the public domain, it is challenging for the community, civil society organisations, researchers, and academicians to analyse the schemes' effectiveness, efficiency, and the value the schemes provide to the taxpayer. Lessons can be learnt from NHM and MoRD, which provide public access to the comprehensive datasets on all their schemes to help bring greater transparency to the Ministry's activities, outputs, and outcomes.

Lack of a Systematic Evaluation Mechanism

While the MWCD commissions external agencies to conduct evaluations of its schemes, the periodicity and requirements of the evaluations are not systematised. The MWCD has undertaken

⁷² https://darpg.gov.in/sites/default/files/Framework_of_Citizens_Charter -JIPA.pdf

⁷³ Accessed: 15 May 2020; https://wcd.nic.in/sites/default/files/Final%20draft%20CCC%202018-19%20Copy2_0.pdf

evaluations of Ujjawala Scheme, Working Women's Hostel Scheme, and Swadhar Greh Scheme since 2017-18, but no evaluations of any other schemes were found in the last few years. Even when MWCD commissions the evaluations, the evaluation reports are not always available in the public domain to allow various stakeholders to understand the effectiveness and impact of the schemes. This discourages independent evaluation and research around the schemes.

Irregular Updates to MWCD Website

One of the major sources of the stakeholders to access data on activities, allocations, expenditure, and other details is the MWCD website. However, the information on the website is irregular and outdated. Several sections of the website containing information, particularly financial information, and minutes of scheme-specific meetings have not been updated in years. Similarly, outdated information is available on other scheme-specific websites such as the ICDS website. In order to increase the transparency of the schemes and the Ministry in general, it is important that MWCD website contains comprehensive, up-to-date information for the public to access.

Lack of geo-tagging of infrastructure

While the MWCD does have schemes that create physical assets, including Anganwadi Centers, Swadhar Grehs, Ujjawala Homes, Working Women's Hostels, and One-Stop Centres, and Creches, the Geo-tagging is only done for the Anganwadis. There is no evidence of geo-tagged records of other infrastructure being in place. Several evaluations and reports have noted that in some cases, the lists and number of infrastructures – creches, Swadhar Grehs, Ujjawala homes, CCIs, WWHs, available with the MWCD and at the State level are different, with outdated addresses included in MWCD's list. There has also been a sharp change in the number of Creches, CCIs, Swadhar Grehs, Ujjawala Homes, and One-Stop Centres, due to construction of new infrastructure and shutting down on non-functional assets. In the absence of a real-time map of geo-tagged infrastructure, it is difficult for the potential beneficiaries to access the facilities.

Conclusion

While the MWCD has put in place strong accountability and transparency measures, the implementation of these measures has been less than efficient. The MWCD needs to undertake significant changes in the way that accountability measures are practised. The limited data available in the public domain significantly undermines the transparency and accountability measures of the MWCD, and efforts need to be made to improve the access of the public to the scheme information and datasets.

Box 9: Learning from States – Odisha SNP systems strengthening

Evolving development agendas have sparked off wide-ranging and multi-faceted discussions on accountability and transparency within development programmes. Central to such discussions is the call for greater accountability of States to their citizens. In the case of children, the fulfilment of their rights is an obligation not only of the State but of the community and the family, who collectively have a duty to children in both public and private realms.

Globally, various programmes have been implemented to tackle child under-nutrition- however, given the scale of the intervention and the spread of beneficiaries- many of these suffer from leakages, non-transparent implementation and information asymmetry. Accountability within nutrition programmes can

be ensured, but it requires political commitment, a sustained and large-scale capacity-building effort, the harnessing of modern technology, and mobilising of communities to sustain the system.

Background to the intervention

The State of Odisha is noted to struggle with challenging levels of poverty. Though there has been a reduction in under-nutrition in recent years, the levels remain high. In the last decade, Odisha has undertaken several measures to combat under-nutrition focussing strongly on 'systems strengthening', wherein a major reform was initiated under the Supplementary Nutrition Programme (SNP) of the Integrated Child Development Services (ICDS) programme. Delivering SNP means that every day, nearly five million people are in direct contact with the State. At the AWCs 3-6-year-olds are fed a hot cooked meal, and for 0-3-year-olds, pregnant and lactating mothers (and adolescent girls in some districts), rations are given rations to be taken home. An intervention of such scale inevitably suffers from leakages and opacity if implemented in a centralised manner. To avoid the same, SNP administration was decentralised in 2011- thereby bringing greater transparency, accountability and responsiveness in the system.

Details of the intervention

With the decentralisation of the SNP administration, local village communities (Jaanch Committees), Women's Self Help Groups, Mothers Committees and elected representatives were given specific responsibilities in procurement, preparation, supervision and monitoring. Detailed operating procedures for each aspect, including food safety and quality, were laid out. Further, the State invested in building the capacity of community members and AWC workers to empower them to demand greater public accountability. Capacity building and training of nearly 850,000 community members, Anganwadi Workers, Anganwadi Helpers and the supervisory staff were done across the state using ICTs and video conferencing initially, and later through master trainers. Moreover, previously unknown entitlements were publicised through advertisements, flex boards at AWCs and folk media. All funds were routed through e-transfers on fixed days and strictly monitored. In addition, the State gave an impetus to the conduct of social audits to measure adherence to nutrition norms, and improvements in AWC attendance.

Impact

Regular collection and updating of records at the AWC, with community oversight, has led to greater transparency. At the community level, there is greater involvement in the AWC functioning, and gradually in Community-based Management of Acute Malnutrition (CMAM) and growth monitoring of children.

Use of ICTs in training and monitoring has led to greater accountability and transparency at all levels. Dashboard monitoring and Management Information Systems (MIS) feedback has led to greater ownership in the districts. This model has now been recognised as a best practice by the Planning Commission of India and the Commissioners appointed by the Supreme Court of India to monitor ICDS.

2.3.2. Direct/Indirect Employment Generation

Direct Employment Generation under MWCD

5,061 CDPOs, 34,985 Lady Supervisors, 13,26,982 AWWs and 11,83,786 AWHs are engaged with the implementation of the AWS under MWCD. This highlights a plethora of direct employment generation by the sector. Furthermore, staff employed at the MWCD, departments across States and staff involved in other schemes of the Ministry have been employed under the sector. For instance, the CPS scheme, mandates hiring staff of diverse professional expertise under its different components, thus contributing to the overall employment generation both at the state and national level. The details of positions of a Resident superintendent, counsellor, medical doctor, Office assistant cum DEO, guard/ watchman, IT staff, etc. in CCIs are also listed. Similarly, there are provisions for hiring a Project Director, Social Worker, Clinical Psychologist, guard, clerk cum accountant and social workers as full-time staff along with a part-time doctor and a psychiatrist at the Ujjawala homes. The scheme mandates that the staff at the Protective Home should only be females, except for guards, thereby putting a focus on women's participation in the scheme's operationalisation. The one-stop centres mandate hiring of Centre Administrator who is a woman, Case Workers, the Police Facilitation Officer, Para Legal Personnel/Lawyer, Para-Medical Personnel, Counsellor, Information Technology Staff, Multi-Purpose Helper and Security Guard/Night Guard, have been made. However, there is a lack of data on the actual number of staff hired under the schemes. The Mahila Shakti Kendra (MSK) Scheme also contributes to generation of employment opportunities through hiring of staff under SRCWs (05 per state) and DLCWs (03 per district) – a total of 2,357 full time jobs. In addition to these full-time employment opportunities, the MSK scheme also provides for engaging student volunteers in 115 aspirational districts – thereby providing training and transferable skills to young students. MWCD data highlights that as on 31 March 2020, 135 SRCW staff and 711 DLCW staff have been employed across 27 States/UTs and 191 DLCWs. The average salary at the SRCW is Rs. 31,500 and that of the DLCW staff is Rs. 30,000.

A cross-scheme analysis underscores that even though significant provisions for staff hiring has been made under the schemes of the Ministry, vacant positions continue to pose challenges across MWCD schemes. As on 24th January 2020, 28 per cent of sanctioned positions for CDPOs and 32 per cent of sanctioned positions for LSs were vacant across the country⁷⁴. Vacancies for AWWs and AWHs were at 5 per cent and 8 per cent respectively. At the district level, the non-availability of concerned staff compromises the ability of the District Project Officer (DPO) to lead and comprehensively manage the schemes. It has been asserted by State and National level officials that if all the vacant positions are adequately filled up the schemes of the Ministry can significantly contribute to employment generation among both men and women.

The evaluation notes that while the information on the Staff mandated under various MWCD schemes is available in the public domain, the information and trends on vacancies and persons directly employed by the MWCD schemes is only available for the Anganwadi Services. The trends in staff numbers, vacancies and employment trends for other schemes are not systematically tracked by the ministry and are not available in the public domain.

Indirect employment generation

⁷⁴ MWCD OOMF Framework

Umbrella ICDS of MWCD that includes schemes like AWS, POSHAN, PMMVY, SAG, NSC and ICPS, focusses on improving child health and nutrition. It has been well recognised globally as well as nationally that investing in child nutrition is key to human capital formation because nutrition is central to children's growth, cognitive development, school performance and future productivity. Therefore, effective interventions improving the nutritional status of children in the country generate more productive and employable generations. (UNICEF, 2019; Nandi et al., 2017)

Further, schemes, particularly the National Creche Scheme and the Working Women's Hostel scheme aim at creating an enabling environment by providing childcare facilities and safe and affordable accommodation to employed women to promote employment among women. The Mahila Shakti Kendra scheme also aims to empower rural women with opportunities for skill development and employment by offering them a one-stop convergent support mechanism and linking them with the existing programmes implemented by MWCD as well as other ministries for skill development, employment creation and entrepreneurship promotion. However, there is a significant gap in terms of data on the exact measure of women beneficiaries supported under these schemes. This hinders effective assessment of the impact of these schemes on indirect employment creation.

There are provisions under schemes like SAG, Swadhar Greh and Ujjawala to impart vocational and skill training to adolescent girls, women in distress and survivors of trafficking, respectively. However, in the case of adolescent girls, since the target group includes girls in the age group 11-14 years, the skill training imparted is in majority cases not translated into employment generation. This is further attributable break in the skill training cycle of girls due to lack of provisions by the Ministry to link older adolescent girls to ongoing skill training programmes of other ministries especially MSDE, as noted during the study. Further, the adequacy and the suitability of vocational training provided in the shelter homes are lacking across multiple studies and evaluations that have happened on Shelter homes. While there certainly are examples of shelter homes that have linked residents with business opportunities or Self-Help Groups, this is not a regular practice (Lamlyanti Chittara Nerallu, 2017). Most of the shelter homes that provide vocational training continue to use decade-old gendered vocations such as knitting, incense stick making, tailoring, embroidery, pickle making etc. (North East Network, 2019, Visthar & Sangama, 2019, Ramesh, N., & Suguna, 2019).

An analysis of interventions of MWCD as well as other ministries highlight that other than the scheme components highlighted above, at present, the Ministry does not implement a comprehensive scheme/programme for skill training for women. Such programmes if implemented can significantly lead to enhancing employment among women by enabling them to enter the job market and especially seek semi-skilled and highly skilled job roles with better pay.

Adding to the unorganised job sector (Formalisation of jobs)

At the outset, the sector clarifies that the human resources engaged in implementing the schemes at the ground-level occupy *honorary positions which are not equivalent to employment*. The Anganwadi Workers (AWW) and the Anganwadi Helper (AWH) receive honorariums which by definition *exclude the giver of the honorarium from any liability or legal obligation* with respect to the recipient of the amount. In the context of the WCD sector, this implies that there is *no legal or contractual arrangement* between the Government and the human resources engaged across

various WCD schemes. It goes against the very features of formal sector employment wherein both the employer and the employees are bound by legal obligations.

Studies have pointed out that the *honorarium received by AWWs and AWHs is inadequate and not commensurate to their excessive workload*. In a study of 38 AWCs in Chhattisgarh, 75 per cent of the workers complained of inadequate honorarium.⁷⁵ This is corroborated by a study in Karnataka⁷⁶ which revealed that one of the most significant challenges faced by AWWs is that they are not paid the minimum wages, but continue to face excessive workload with little help from the community. This highlights two significant barriers to the potential formalisation of these positions – *wages that are not at par with the minimum wage standards, and lack of payment for overtime work*.

In recent years - these honorary positions have come to acquire some of the characteristics of formal sector employment- including the provision of insurance and maternity benefits. In 2010, the MWCD stipulated that the AWWs and AWHs would receive a paid absence for 180 days (6 months) which may cover any period beginning from the 8th month of pregnancy – which is line with India's Maternity Benefit (Amendment) Act 2017. However, such benefits are restricted to AWWs and AWHs with less than two living children and can be availed on a maximum of two occasions. These limits are not in line with the Act and represent harsher restrictions on AWWs and AWHs despite their engagement in honorary positions.

In 2018, MWCD announced that AWWs and AWHs would receive insurance benefits as well wherein AWWs/AWHs in the age-group of 18-50 years would be covered *Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)* for life cover and those in the age group of 18-59 years as would be covered under the *Pradhan Mantri Suraksha Bima Yojana (PMSBY)* for accidental cover. The AWWs/AWHs in the age group of 51-59 years (i.e., those AWWs/AWHs not covered under PMJJBY would continue to be covered under the modified Anganwadi Karyakarti Bima Yojana (AKBY) for life cover as long as they are engaged). The AWWs/AWHs are also eligible to avail of support in case of female critical illness (on the diagnosis of invasive cancers in female reproductive organs) and scholarships for their children in classes 9-12.

In sum, the sector has made attempts to transform the empanelment of AWWs/AWHs and assign formal sector employment characteristics to them by providing insurance and other benefits. However, the payment of honorariums remains one of the biggest barriers to the formalisation of the sector's human resources – honorariums continue to undermine the seriousness of the task being performed, the excessive workload being shouldered and the designate AWWs and AWHs at lower levels than any other government employee. To achieve formalisation, the sector needs to rethink its policy on honorariums and explore the payment of minimum wages to its human resources.

Improvements in income

The honorarium of Anganwadi Workers (AWWs) at main-Anganwadi Centres (AWCs) has been recently increased from Rs. 3000 to Rs. 4,500 per month and that of AWWs at mini-AWCs from Rs. 2,250/- to Rs. 3,500/- per month.⁷⁷ However, there has been an ongoing debate on the status of AWWs and AWHs, along with the honorarium provided to the AWWs. On average, AWWs work

⁷⁵ Joshi, K. (2018). *Knowledge of Anganwadi workers and their problems in Rural ICDS block*. IP Journal of Paediatrics and Nursing Science.

⁷⁶ Rajanna, K. (2019). *Problems and Prospects of Anganwadi Workers- A Study*. International Journal of Management, IT & Engineering.

⁷⁷ <https://pib.gov.in/PressReleasePage.aspx?PRID=1578557>

for around 6-8 hours a day, with the responsibility of implementing the WCD programmes on their shoulders. Even so, their honorarium in most states remains below the living wages. The low remuneration, poor working conditions, excessive workload, delayed payments for services, assignment of non-ICDS work, low status within the community and voluntary nature of the job together lead to reduced motivation levels amongst AWWs.

Similar arguments regarding low and inadequate salaries of staff working under various schemes of the Ministry has been emphasised. For instance, studies underscore that the crèche workers stated that they were not offered adequate remunerations (World Bank, 2017) and irregularity and delay in payments worsened the situation. It was noted that they were offered Rs. 1000 as against a payment of Rs. 3000 stipulated under the scheme. (Das et al., 2017) As part of the present study, National and State level officials unanimously agreed that the honorarium provided to crèche helper and worker is inadequate and does not motivate them to provide their services. Under CPS, it has been noted that the incompetent salary structures of the officials employed leads to a lack in the motivation level of the child protection staff. Likewise, salary norms for staff employed at the Swadhar Grehs have not been revised for a long time and continue to offer Rs. 46,000 per month to 6 staff members.

These findings highlight that though budgetary allocations have been made for salaries for staff working under the schemes of the Ministry, the improvements in income at the sector level have not been in line with the changing economic scenario of inflation and rising costs.

Trends in Women's Labour Force Participation

Since economic liberalisation in the early 1990s, India has experienced high economic growth and made considerable progress in gender equality in areas such as primary education. However, it fared poorly on gender-parity in labour force participation (LFP). During the period between 1993-94 and 2011-12, female labour force participation rate (LFPR) remained consistently low compared to male participation. The Economic Survey of India highlights that the gender gap in the Indian labour force participation of 2018 is more than 50 percentage points. In 2018-19, as per the Periodic Labour Force Survey (PLFS), the Worker Population Ratio (WPR) at the national level was 54.9 per cent for rural males, 19.7 per cent for rural females, 52.7 per cent for urban males and 14.5 per cent for urban females. Overall, the WPR stood at 35.3% (MoSPI 2019)⁷⁸. The Indian government has actively pursued labour market policies to increase Female Labour-force Participation (FLWP) rate in India for several decades. The approach to policy has evolved from educational scholarships and reservations/quotas to self-employment through self-help groups, to capacity building through skill training policies. However, challenges in effective implementation coupled with the inability to address deep-rooted social norms have constrained the impact of these policies on FLWP, which continues to dip to dangerous levels.

Although economic growth added jobs for both men and women in India till 2005, Indian women lost jobs in the next seven years, while men continued to gain, thereby widening the gender gap. The actual figures in 2012 suggest that approximately 35 to 40 million women are 'missing' from the labour force, had female LFP grown at the same rate as it had between 1999 and 2005.⁷⁹ This data represents a troubling trend considering the potential of these women to contribute to the

⁷⁸ <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1629366>

⁷⁹ Based on World Bank staff calculation on number and distribution of work Force participants aged 15 and above, 1993-94 to 2011-12 (millions). The growth rate between 1999-00 and 2004-05 has been used to project female LFP in 2011-12. The missing numbers are calculated by taking the difference between projected and actual number.

country's productivity⁸⁰. According to NSO-EUS and PLFS estimates, female labour force participation rate (LFPR) for productive age-group (15- 59 years) declined by 7.8 percentage points from 33.1 per cent in 2011-12 to 25.3 per cent in 2017-18 with the decline again being greater in rural areas compared to urban areas⁸¹.

As per a World Bank study, the key drivers for the low female labour force participation rate includes, (i) A segmented labour market, low mobility and low paying unsecured jobs. Low mobility restricted women to being grouped in specific industries and occupations, viz. basic agriculture, human resource management or client interactions, rather than to the technical, managerial or strategy-related jobs. Labour market segmentation is also influenced by gender biases, socio-cultural practices and geographies. Even in its most dynamic and 'new' aspects, the Indian labour market upholds the prevailing socio-cultural beliefs and behaviours that 'homemaking' is women's primary role; (ii) A direct relationship was observed between stable earnings by men and low women labour force participation. Men with regular wage or salary had the highest proportion of spouses who were not in the labour force. Based on 2004-05 and 2011-12 NSS data, the pattern showed that higher the increases in male wages, greater the decline in the female LFPR. The study also finds that Labour force participation among both women and men is highest among poor households with the lowest consumption expenditure levels and declines with higher expenditure; (iii) Spatial variation in male-female wage gap across states appears to be significant; (iv) Strict social norms dictate gender roles and low female LFP, including women's seclusion and low investment in girls' education and skills. Women did not benefit from the jobs generated by economic growth because of the lack of fit between the jobs and women's endowments, due to low education of girls in the past⁸².

The evaluation notes that at present, MWCD has no intervention that aims to generate employment among women or promote entrepreneurship opportunities among them. The convergence of the Ministry with other programmes of MoRD and MSDE, among others, has also been at best limited as highlighted in KIIIs with National and State level officials. MWCD interventions have primarily been focused on creating an enabling environment for women to join the labour force and feel safe in the labour force. The initiatives of the Ministry in this regard include enactment of the Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act, 2013, setting up of SHe-Box and implementation of the Working Women's Hostel scheme.

The Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act, 2013 was enacted to ensure safe working spaces for women and to build an enabling environment that respects women's right of equality of status and opportunity. The Act covers all women, irrespective of their age or employment status and protects them against sexual harassment at all workplaces, whether organised or unorganised. To ensure the effective implementation of the Act, the Ministry has developed an online complaint management system titled Sexual Harassment electronic-Box (She-Box), which provides an online platform to every woman, irrespective of her work status, whether working in the organised or unorganised, private or public sector for registration of complaints related to sexual harassment at workplace.⁸³ Further, the Working Women's Hostel scheme being run by the MWCD provides safe and conveniently

⁸⁰ "World Bank. 2014. India: Women, Work and Employment. Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/18737> License: CC BY 3.0 IGO."

⁸¹ https://www.indiabudget.gov.in/economicsurvey/doc/vol2chapter/echap10_vol2.pdf

⁸² "World Bank. 2014. India: Women, Work and Employment. Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/18737> License: CC BY 3.0 IGO."

⁸³ https://wcd.nic.in/sites/default/files/WCD_AR_English_2019-20.pdf

located accommodation to women and promotes greater mobility of women in the employment market.

Valuing unpaid domestic and care work

The inordinate burden of domestic work that falls on women in the country is another crucial determinant that explains the declining female labour force participation rates, especially since the post-liberalisation years. It has been argued that if the unpaid work of women were considered, the FLFP would overtake that of males by six percentage points. Therefore, it is high time that efforts are made to estimate the quantum of unpaid work rightly. This will help women to recognise their situation in the family and society.

As per the National Sample Survey Office (NSSO), a total of 35 per cent of rural women were working in 1999-2000. In 2011-12, only 25 per cent of rural women were working. Economist Jayati Ghosh states that the situation in urban areas is even worse. This is corroborated by the latest data from the Organization for Economic Cooperation and Development's (OECD), which says that an average Indian woman spends 5.8 hours every day on unpaid work. At the same time, a man barely gives 51.8 minutes on similar tasks. The OECD study found that most of this time is spent on unpaid activities, such as household work and caregiving for the elderly or children, leaving little time for paid labour or social and leisure activities⁸⁴.

According to the Census in 2011, people engaged in household duties have been treated as non-workers, even when 159.9 million women stated that "household work" was their primary occupation. In a report, the International Monetary Fund also suggested that if women's participation in the economy was raised to that of men, then India could grow its GDP by 27 per cent.

While the global value of unpaid domestic labour by women hovers around 13 per cent, in India, the number is almost 40 per cent of its current GDP. In recognising this labour as genuine work, the benefit to India in terms of its GDP figures is almost self-evident, more importantly, however, is its potential at the level of families for women's empowerment around the country⁸⁵.

The story of women in India being overburdened with unpaid work is centuries old. The effort to recognise it, however, began in the 1970s at a small scale. The Census of 1971 underlined that work participation of men and women in Rajasthan was 92 per cent and 15 per cent, respectively. To understand the ground reality, the Institute of Social Studies Trust and NSSO conducted a study in six villages of Rajasthan and West Bengal in 1977 and found a completely- different scenario. When cattle grazing, weeding, cooking, grass-cutting and other significant housework was counted, men and women's work participation changed entirely and came out as 93 per cent and 98 per cent, respectively. This clearly showed that women were contributing more, but it was not recognised in the formal Census.

After 20 years of this survey, India conducted its first "Time Use Survey" as a pilot project undertaken by the Central Statistical Organisation in six selected states—Haryana, Madhya Pradesh, Gujarat, Odisha, Tamil Nadu, and Meghalaya. It showed that out of 168 hours in a week; women spent 34.63 hours on unpaid work while men spent 3.65 hours⁸⁶.

⁸⁴ <https://www.downtoearth.org.in/news/economy/the-brunt-of-unpaid-work-59354>

⁸⁵ <https://www.downtoearth.org.in/blog/economy/unpaid-work-women-and-the-burden-of-unpaid-labour-63035>

⁸⁶ <https://www.downtoearth.org.in/news/economy/the-brunt-of-unpaid-work-59354>

Even after the recognition of this quantum of domestic and unpaid work undertaken by women, the ministries contribution in providing the necessary social protection and infrastructure support to these women has been minimalistic. Moving forward, there is a need for significant steps to be taken by the Ministry towards recognising the unpaid work as well as providing the necessary support structures.

One of the first measures to account for the unpaid work undertaken and create subsequent policy and programmatic interventions can be to develop Household Satellite Account that provides information on the economic value and importance of own-use production work of services of women and men. These household satellite accounts can, therefore, provide additional information for public policy and decision-making on issues related to gender equality, consumption and household expenditure, total workload, care of children and the elderly, care of chronic and temporary sick, and home-schooling. Alternatively, nation-wise Time Use Survey can be undertaken to generate two sets of data, i.e. the number of hours of unpaid work and the individuals who perform it. (Detailed recommendation for support structures for women offering unpaid work have been included as part of the sector recommendations).

Box 10: Valuing unpaid care work in Mexico

Unpaid care work is both an important aspect of economic activity and an indispensable factor contributing to the well-being of individuals, their families and societies.⁸⁷ Every day individuals spend time cooking, cleaning and caring for children, the ill and the elderly. However, due to the perceived difficulty in measuring the value of care work, it is commonly left out of policy agendas. This, in turn, leads to incorrect inferences about levels and changes in individuals' well-being and the value of time. This often limits policy effectiveness across a range of socio-economic areas, notably gender inequalities in employment and other empowerment areas.⁸⁸ Society's treatment of issues concerning care has important implications for the achievement of gender equality: they can either expand the capabilities and choices of women and men or confine women to traditional roles associated with femininity and motherhood.⁸⁹

Mexico, since 2011, has developed the *Household Satellite Account* to provide information on the economic value and importance of own-use production work of services of women and men. The household satellite account provides additional information for public policy and decision-making, in particular on issues related to gender equality, consumption and household expenditure, total workload, care of children and the elderly, care of chronic and temporary sick, and home-schooling.⁹⁰

Background

Household Satellite Account defines unpaid work of households, as time spent on housework and care, provided by household members to produce services for consumption within the household, without obtaining payment or remuneration, hence outside of GDP measurement.⁹¹ The Satellite account includes services for own final use made with unpaid work (Household's activities defined as productive, if it can be delegated to somebody else or provides a product or service that can be exchanged in the market), i.e. Cleaning and upkeep of dwelling and surroundings; Cooking, making drinks, setting and serving tables; Care of durable goods of household members; Physical care of children: washing, dressing, feeding, teaching, training and instruction of own children; Physical care of the sick, disabled, elderly household

⁸⁷ Stiglitz, J., A. Sen and J.-P. Fitoussi (2007), *Report on the Commission on the Measurement of Economic Performance and Social Progress*, Paris: Commission on the Measurement of Economic Performance and Social Progress, Paris.

⁸⁸ Ferrant G., Pesando L., Nowacka K. (2014), *Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes*, OECD Development Centre

⁸⁹ Razavi, S. (2007), "The Political and Social Economy of Care in a Development Context", *Conceptual Issues, Research Questions and Policy Options*, Gender and Development Programme Paper N. 3, UNSRID, Geneva.

⁹⁰ UNECE (2018) *Guide on Valuing Unpaid Household Service Work*

⁹¹ INEGI (2014), *Unpaid care and domestic work: valuation, and policy making use*, Fifth Global Forum on Gender Statistics Aguascalientes, Mexico

members: washing, dressing, feeding, helping; Travel related to care of children, the sick, elderly and disabled in the household; and Community services and volunteer work.

Methodology

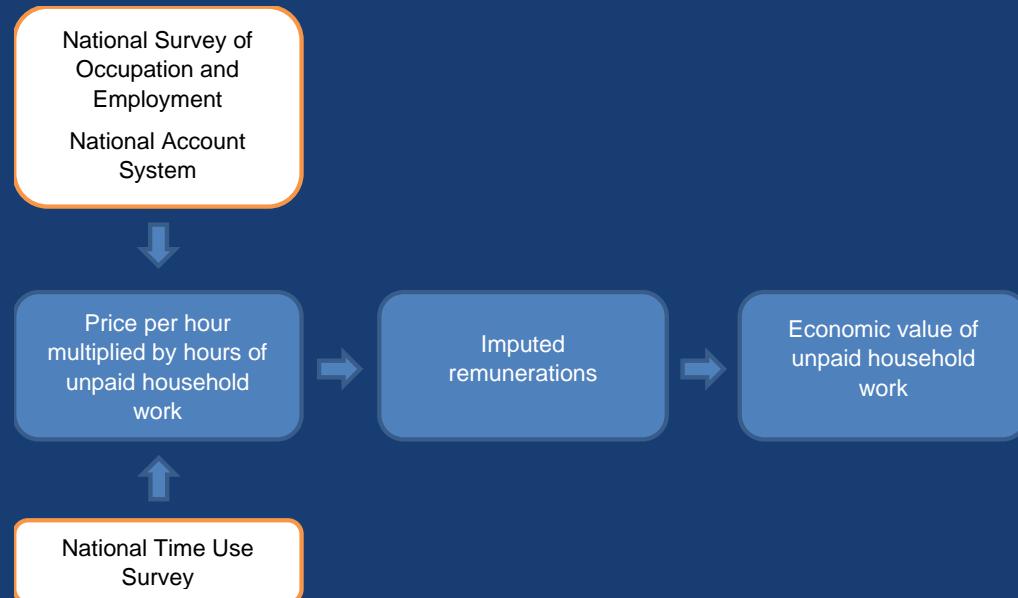
Two inputs are required for assessing unpaid household work:

- **To measure time spent on unpaid work:** National Time Use Survey generates two sets of data: number of hours of unpaid work and the individuals who perform it.
- **To determine the cost per hour spent on unpaid care and domestic work:** National Occupation and Employment Survey provides gross values from average earnings by economic activity, according to the North American Industry Interventions that enhance social participation of women

Further, two valuation methods are used:

- **Replacement cost for individual function:** the cost of hiring specific workers for activities carried out with unpaid household work (opportunity cost).
- **Hybrid:** this approach uses pay to domestic worker to value the activities normally performed by a housewife and, for other activities, uses the replacement cost of each function.

The methodological framework is given below⁹²:



Impact

The results from the Household Satellite Account have been used for shaping key indicators for the development of the country, such as "estimate of women's contribution to GDP by the economic value of unpaid household work" inscribed in the National Program for Equal Opportunity and Non-Discrimination against Women 2013-2018.⁹³ For the compilation of high-quality satellite accounts, meeting two important conditions should have the highest priority⁹⁴:

- Need for improved time use surveys including more granularity, better periodicity, better consistency over time, and improved timeliness.
- Availability of an internationally agreed set of standards and classifications for the compilation of satellite accounts for household non-market services.

⁹² Ibid.

⁹³ UNECE (2018) *Guide on Valuing Unpaid Household Service Work*

⁹⁴ Van de Van P, Zwijnenburg J. (2016) *A Satellite Account for Unpaid Activities: A First Step Towards Integration in the System of National Accounts*, IARIW Dresden

Women's Access to Credit

Access to credit can augment economic opportunities and bank accounts can open up gateways to additional financial services. However, globally and in India – women continue to *face greater challenges than men in accessing financial services*. Globally, such trends are measured by the Global Findex⁹⁵ – a comprehensive database measuring how people save, borrow, and manage risk in 148 countries. The Global Findex reveals that women are *less likely than men to have formal bank accounts*. In developing economies, women are 20 per cent less likely than men to have an account at a formal financial institution and 17 per cent less likely to have borrowed formally in the past year. In India, there continue to be *persistent gaps in the financial inclusion* of women. According to a 2015 study by Mastercard, 58 per cent of women in India reported difficulties in accessing credit, savings, or jobs because of their gender. The reported difficulty faced by women in India was higher than that of the paper's other surveyed countries: Indonesia, Egypt, and Mexico.⁹⁶

Financial Inclusion

As the first step to credit access, technical interventions and policy directives have been implemented with the vision of ensuring greater financial inclusion of women in India. In 2014, the *Pradhan Mantri Jan Dhan Yojana* was launched as a national mission to ensure financial inclusion and fulfil the mandate of each household having at least one bank account.⁹⁷ New banking structures have been introduced to drive access to the unbanked. In addition, the Aadhar biometric ID facilitating DBT has helped women receive government benefits efficiently and in a transparent manner. The 2017 Global Findex shows that the gender gap in account ownership has reduced from 20 per cent in 2014 to 6 per cent in 2017 – resulting in 77 per cent of women with bank accounts. However, almost half of these accounts (48 per cent) owned by women are inactive, resulting in 278 million women unbanked or with inactive accounts.⁹⁸

Access to Micro-Finance

It is argued that women's access to credit and financial inclusion is *mostly recognised through Self-Help Group mechanisms* which are based on disciplinary norms and behavioural compliance of group members for promoting savings and ensuring repayment of loans.⁹⁹ Among the real and potential clients of micro-finance, women are seen as the most reliable in terms of repayment and utilisation of loans. The gender dimension of micro-finance is based on the argument that the entire household benefits when the loans are given to women.¹⁰⁰ In FY 2019-20, 67.9 lakh women have been mobilized into 6.55 lakh SHGs under the Deen Dayal Upadhyaya National Rural Livelihoods Mission (DAY-NRLM). Further, since 2013-14, more than 2.59 lakh crore of bank credit has been accessed by the SHGs.¹⁰¹

Credit access at the individual level

⁹⁵ World Bank. (2014). *Expanding Women's Access to Financial Services*.

⁹⁶ Centre for Financial Inclusion. (2015). *Fifty-Eight Percent of Women in India Report Difficulty Accessing Credit, Savings, or Jobs Because of their Gender*.

⁹⁷ Ministry of Finance. (2014). *Pradhan Mantri Jan Dhan Yojana*. Government of India. Retrieved from <https://www.pmjdy.gov.in/scheme>. Accessed on 1st July 2020.

⁹⁸ Women's World Banking. (2019). *Financial Inclusion in India*.

⁹⁹ Tankha, R. (2014). *Engendering Rural Livelihoods: Supporting Gender Responsive Implementation of the National Rural Livelihoods Mission*. United Nations Development Programme.

¹⁰⁰ Deshmukh-Ranadive, J. (2002). *Database Issues: Women's Access to Credit and Rural Micro-finance in India*. Human Resource Development Centre.

¹⁰¹ Ministry of Rural Development. (2019). *Year Ender Review of the Ministry of Rural Development*. Government of India.

Mechanisms to ensure women's access to financial services as citizens continue to remain *missing*. This results in women in rural areas, often *depending on guarantors* owing to their lack of credit-worthiness or inability to provide collateral, such as proof of land title deeds or assets in their name. *Addressing the complex nature of women's financial needs* - such as the demand for multiple doses of repeat finance at affordable prices, diverse financial products at different stages of the women's lifecycle, access to insurance, counselling on financial services, proximity to bank branches and absence of tedious form-filling while completing bank procedures - has not always been a priority of banks and financial service providers, whose focus remains on scaling operations, increasing their client base, ensuring cost recovery and meeting performance indicators.¹⁰²

Women entrepreneurs

Women entrepreneurs make significant contributions to the Indian economy – there are close to three million micro, small and medium enterprises with full or partial female ownership. In 2012, the total finance requirement of women-owned MSMEs was INR 8.68 trillion while the total formal finance supplied was INR 2.31 trillion.¹⁰³ This indicates that *73 per cent of the demand was not met*, highlighting the *barriers to credit access* including *demand-side factors* (limited financial understanding and awareness of financial products/services, lack of adequate collateral, need for support from male family members, lack of confidence to approach financial institutions) and *supply-side factors* (perception of higher risk profile in the absence of collateral security and guarantee/support by a male family member, no real attempt to tailor products/services to suit the needs of the woman entrepreneurs, high transaction costs given the small size of women-owned MSMEs etc.)

Enhancing access of female entrepreneurs to credit is also noted to augment GDP gains and lower unemployment rates. A 2018 IMF Working Paper¹⁰⁴ revealed that closing gender gaps in credit access boost greater female entrepreneurial activity in the formal sector and greater job creation, which boosts female labour force participation and employment. Further, if formal markets are more flexible, then such a move could lead to an increase in the size of the formal economy.

In sum, there have been recent improvements in financial inclusion in terms of the opening of bank accounts for women in India- however a *significant proportion of these continue to remain dormant*, and mechanisms to ensure access to credit at the individual level remain limited. Female entrepreneurs are crucial contributors to India's GDP and *represent untapped potential in terms of enhancing output and employment*. Yet, barriers to credit access continue to impede women from realising such possibilities.

¹⁰² Tankha, R. (2014). *Engendering Rural Livelihoods: Supporting Gender Responsive Implementation of the National Rural Livelihoods Mission*. United Nations Development Programme.

¹⁰³ International Finance Corporation. (2013). *Improving Access to Finance for Women-Owned Businesses in India*.

¹⁰⁴ Khera, P. (2018). *Closing Gender Gaps in India: Does Increasing Women's Access to Finance Help?* - IMF Working Paper. International Monetary Fund.

2.3.3. Role of TSP and SCSP in Mainstreaming of Tribal and Scheduled Caste Population

According to Census 2011, SCs constitute 16.9 per cent of the total population with almost 80 per cent living in rural areas. Nearly half of the SC population is concentrated in five states – Uttar Pradesh, West Bengal, Tamil Nadu, Andhra Pradesh, and Bihar. The Constitution recognises that SCs have suffered social, educational and economic deprivation historically. Special provision has therefore been made for the advancement of their interests.

STs constitute 8.6 per cent of India's population according to Census 2011 with 47 per cent living below the poverty line in rural areas and 30 per cent in urban areas. The tribal population often lives in remote locations, making it a challenge to deliver essential services to them and enduring that they benefit from economic growth. According to a World Bank report¹⁰⁵, STs are nearly 20 years behind the average Indian population as a result of their increasing isolation, especially from traditional livelihood sources such as land and forests. Similar to SCs, several legislations have been enacted by the Government of India for boosting the socio-economic development of STs and protecting their rights.

While a larger share of resources has been allocated for the benefit of these communities over the years, the actual utilisation of funds has been weak. Additionally, monitoring mechanisms have been limited, making it difficult to ensure and evaluate outcomes on the ground. Similarly, legislation that has been enacted for protecting the rights of these communities have been implemented unevenly.¹⁰⁶

Background of SCSP and TSP

The persistence and perpetuation of socio-economic backwardness despite the development efforts had warranted a specialised and focused strategy and a need for a separate policy instrument for the Scheduled Castes (SCs) and Scheduled Tribes (STs) to enable them to share the benefits of developmental growth in a more equitable manner. An Expert Committee prepared a comprehensive policy of protection, welfare and development of the STs set up in 1972 which finally gave birth to Tribal Sub-Plan for Scheduled Tribes in 1976. The Tribal Sub-Plan (TSP) was adopted for the first time in the Fifth Five Year Plan. The principal aim of the TSP is to bridge the gap between the STs and the general population for all socio-economic development indicators in a time-bound manner.

TSP strategy has a twin objective, namely, socio-economic development of scheduled tribes and protection of tribals against exploitation. The Planning Commission has issued guidelines on formulation, implementation and monitoring of TSP from time to time to the States/UTs and Central Ministries for the formulation and effective implementation of the TSP. The last revision was done in 2005, which inter-alia suggested (as per guidelines issued in 2006): (i) earmarking of plan funds in proportion to the Scheduled Caste (SC) and Scheduled Tribe (ST) population both at the Central and State levels; (ii) Scheduled Caste Sub Plan & Tribal Sub-Plan funds should be non-divertible and non-lapsable; (iii) designing proper and appropriate developmental programmes/schemes/ activities; (iv) Creation of separate budget heads/sub-heads for different sectors; and (v) Creation of effective monitoring mechanism. In 2010, a task force identified 28

¹⁰⁵ World Bank. (2011). Poverty and social exclusion in India. World Bank.

Source: <https://openknowledge.worldbank.org/bitstream/handle/10986/26335/114157-BRI-India-PSE-Adivasis-Brief-PUBLIC.pdf?sequence=1>

¹⁰⁶ NITI Aayog (2017). Government of India. Three Year Action Agenda: 2017-18 to 2019-20.

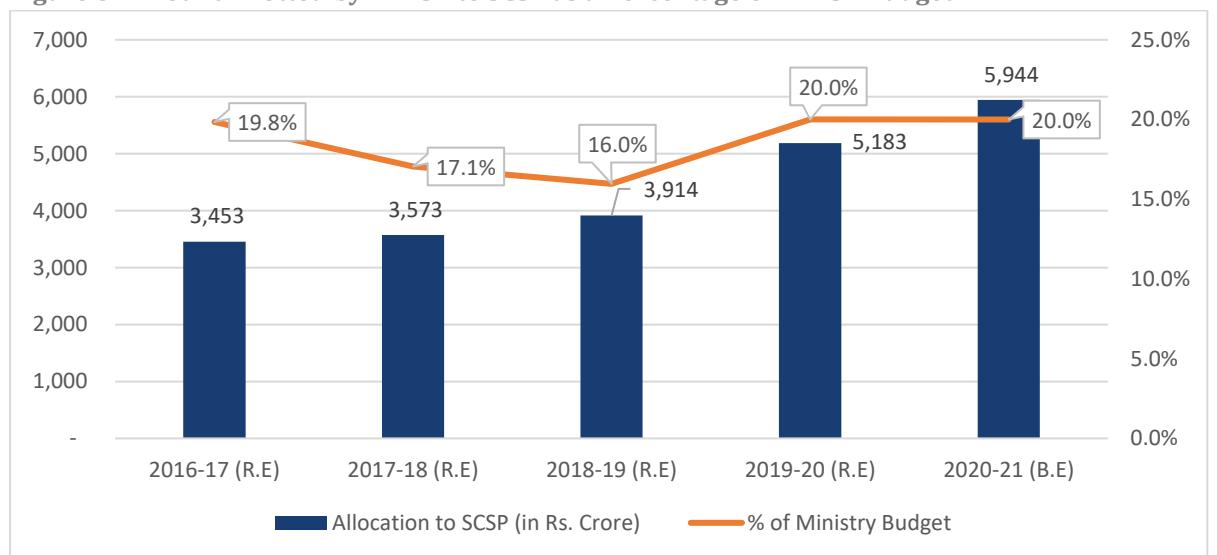
Central Ministries/ departments in terms of their obligation to earmark allocation in proportion to the population of STs, and revised guidelines for SCSP and TSP were released in 2014. In 2018, the NITI Aayog undertook another assessment of the SCSP and TSP to identify alternative arrangements for earmarking of funds for SCs and STs. Based on the NITI Aayog's analysis and consultations with stakeholders, the guidelines were further revised, with the SCSP and TSP being renamed as Development Action Plan for SCs and STs (DAPSC & DAPST). As part of the revised guidelines, the NITI Aayog also proposed revised criteria for earmarking of funds for DAPSC and DAPST by respective Ministries/ Departments, as well as revised contribution rates for some Ministries/Departments. MWCD's revised contribution to the SCSP/DAPSC remained unchanged at 20%, while the contribution to TSP/DAPST was increased from 8.2% to 8.6%.

MWCD's Contribution to TSP and SCSP

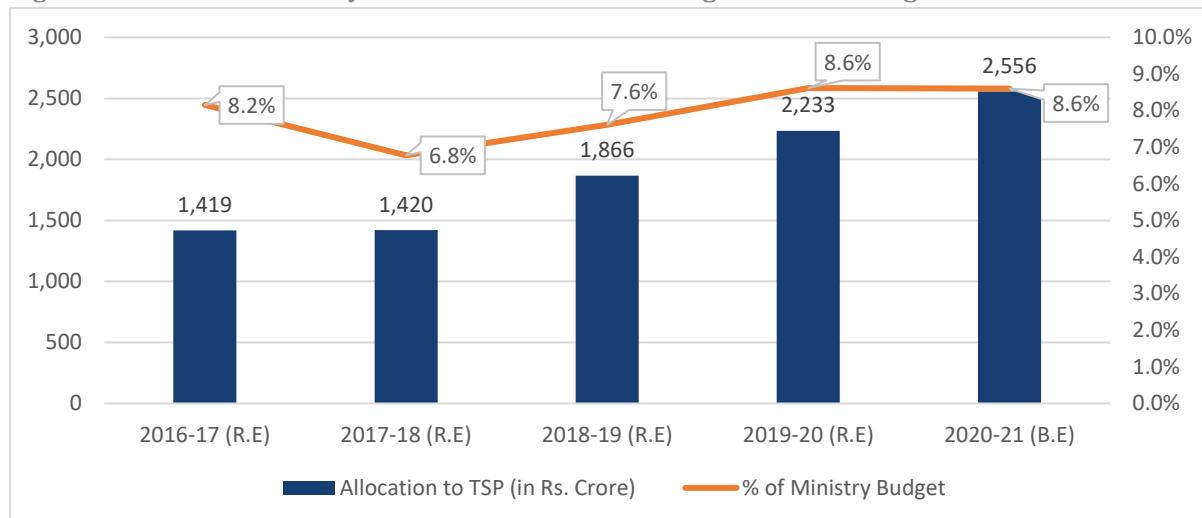
Trends in Allocation and Utilisation

The Ministry has been regularly earmarking budget allocation separately for Scheduled Castes Sub-Plan and Tribal Sub-Plan within its major schemes. Currently, five schemes of the MWCD – the Anganwadi Services Scheme, POSHAN Abhiyaan, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG) and Mahila Shakti Kendra (MSK) have allocations for SCSP and TSP. As per the guidelines, the MWCD is expected to allocate 20 per cent of its fund envelope to the SCSP and 8.6 per cent to the TSP (from 2018-19; was 8.2 per cent earlier). The Ministry's allocation over the last five years to SCSP is depicted in Figure 8 below, and the contribution to TSP is illustrated in Figure 9.

Figure 8: Amount Allotted by MWCD to SCSP as a Percentage of MWCD Budget



Source: www.budgetindia.gov.in; <http://e-utthaan.gov.in/index>

Figure 9: Amount Allotted by MWCD to TSP as a Percentage of MWCD Budget

Source: www.budgetindia.gov.in; <https://stcmis.gov.in/Dashboard.aspx>

As can be observed from the figures above, the MWCD's contribution to the SCSP and TSP as a share of its budget has fluctuated over the years, with the allocation to both plans particularly low in 2017-18 and 2018-19. The allocation fell from 19.6 per cent in 2016-17 to 16.8 per cent in 2017-18 for SCSP and from 8 per cent to 6.7 per cent in the same period under TSP. These drops were seen even though the Ministry's budget increased by 20 per cent in 2017-18 over the previous year. In the last two years since NITI Aayog has revised the guidelines, the Ministry has just about met the earmarking goals, with almost 20 per cent and 8.5 per cent allocations for SCSP and TSP respectively. In 2020-21, MWCD's contribution to SCSP and TSP formed 7.1 per cent and 4.8 per cent respectively of all allotments to SCSP and TSP, which stood at Rs. 83,256.62 Crore for SCSP and Rs. 53,652.86 Crore for TSP.

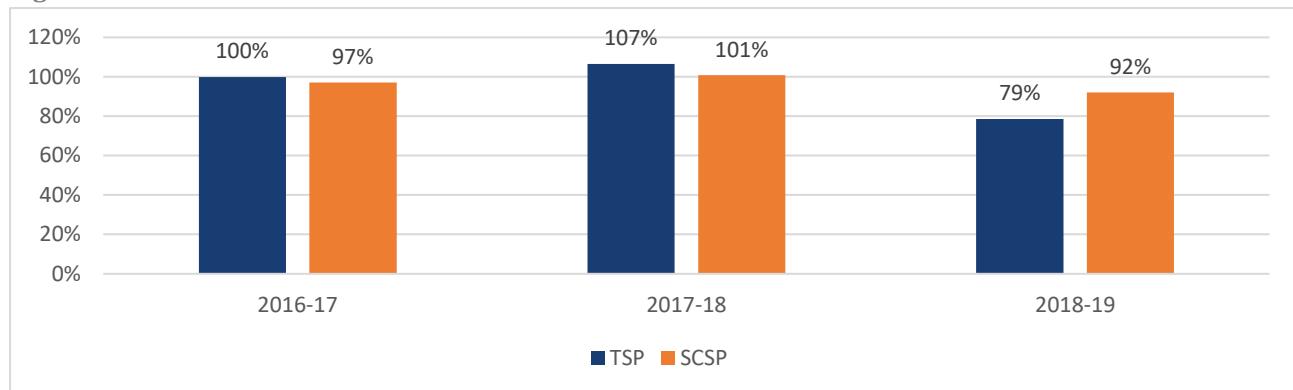
In terms of scheme-wise distribution, the Anganwadi Services scheme covers the bulk of MWCD allocations to both SCSP and TSP, followed by PMMVY, POSHAN Abhiyaan, SAG and MSK in that order. In the 2020-21 allocations, Anganwadi Services contribute 87 per cent of the allocations to SCSP and 90 per cent of the allocations to the TSP.

The Utilisation of SCSP and TSP Fund Allocations

In terms of utilisation of the allocated funds, the MWCD has generally been one of the better performers, with close to 100 per cent of the funds allocated by it to TSP and SCSP being utilised in 2016-17 and 2017-18. However, in 2018-19, both TSP and SCSP allocations were underutilised.

The Utilisation of SCSP and TSP Fund Allocations

In terms of utilisation of the allocated funds, the MWCD has generally been one of the better performers, with close to 100% of the funds allocated by it to TSP and SCSP being utilised in 2016-17 and 2017-18. However, in 2018-19, both TSP and SCSP allocations were underutilised.

Figure 10: Utilisation of TSP and SCSP allocations of MWCD

Source: <http://e-utthaan.gov.in/index>; <https://stcmis.gov.in/Dashboard.aspx>

One of the reasons behind the low utilisation of TSP and SCSP funds in 2018-19 is the fact that in this FY, both POSHAN Abhiyaan and PMMVY had allocations to SCSP and TSP, and both the schemes significantly utilised their scheme funds in this year. In 2016-17 and 2017-18, Anganwadi Services contributed pretty much 100 per cent of MWCD's allocations to SCSP and TSP, and due to the historically high utilisation rate of the AWS scheme, the TSP and SCSP components were also utilised fully.

Impact of SCSP and TSP Allocations

The schemes and programmes of the Ministry are directly impacting the lives of women and children belonging to the most disadvantaged sections of the society. Most of the programmes are located in the areas where the women and children belonging to Scheduled Castes and Scheduled Tribes (SC & ST) have easy access. While selecting the location for the project, preference is given to those areas which are predominately inhabited by vulnerable and weaker sections of the society.

While there are no specific such evaluations or research studies available in the public domain that looks at the specific impact of the TSP and SCSP components of the MWCD budget, however, the MWCD has sanctioned 14 lakhs AWCs across the country. These include AWCs in tribal areas. The total number of Anganwadi Centres (AWCs) in Tribal Sub-Plan areas reporting on ICDS-RRS portal is 1,34,806 with 69,14,204 registered beneficiaries. State-wise details of the number of beneficiaries in these AWCs is given below:

Table 8: State-wise Details of AWCs benefitting through TSP

S. No.	States/UTs	No. of AWCs in TSP Areas Reporting on RRS - Portal	Beneficiaries of Supplementary Nutrition			Beneficiaries of Pre-School Education
			Total Children (6 months - 6 years)	Pregnant Women & Lactating Mothers (PW&LM)		
1	A&N Islands	77	1155	221		519
2	Andhra Pradesh	255	5803	1690		2614
3	Arunachal Pradesh	1536	31744	4729		17237
4	Assam	1010	32820	3944		20893

5	Bihar	76	5197	1148	2802
6	Chandigarh	1	35	4	15
7	Chhattisgarh	24746	743294	155336	366827
8	D&N Haveli	302	14563	5786	7509
9	Gujarat	8435	487932	109617	216941
10	Himachal Pradesh	304	3438	1029	673
11	Jammu and Kashmir	112	3032	578	1439
12	Jharkhand	13780	815178	195932	342102
13	Karnataka	1364	31954	2334	11775
14	Kerala	246	3714	1169	1507
15	Madhya Pradesh	25758	1470434	207185	788616
16	Manipur	1575	36857	5507	20388
17	Meghalaya	1456	105369	16297	51525
18	Mizoram	319	9801	2702	4848
19	Odisha	22710	920820	196074	460156
20	Punjab	2	49	21	10
21	Rajasthan	5602	279033	83582	109254
22	Sikkim	191	1550	429	656
23	Tamil Nadu	781	30721	7052	12686
24	Telangana	4640	132230	33135	56250
25	Tripura	2757	67992	14087	35901
26	Uttar Pradesh	8	577	159	196
27	Uttarakhand	1096	34594	10495	11026
28	West Bengal	15667	477774	106302	231847
Total		1,34,806	57,47,660	11,66,544	27,76,212

No such information is available for Anganwadis in SCSP areas. The SCSP and TSP budgets under the scheme are used for expanding the access of MWCD services, particularly nutrition and women empowerment to SCSP and TSP areas. The SCSP and TSP components fund the service delivery of ICDS, PMMVY and POSHAN services in SCSP and TSP areas.

Working Women's Hostel scheme implemented by the Ministry also provides seats up to 15 per cent and 7.5 per cent for women belonging to SC and ST communities, respectively.

The schemes of the Food and Nutrition Board are aimed at improving the nutritional status of people in general and of the vulnerable sections of the population, including SCs and STs in

particular. Community Food and Nutrition Extension Units (CFNEUs) of FNB organise training courses in the fields in fruit and vegetable preservations only for SC/ST adolescent girls and women under accelerated programmes for the development of SC/ST community. The major thrust of the programmes of the Board is on rural and tribal areas.

Impact on Equity

Research finds that the access and use of ICDS services have improved for both Scheduled Caste and Scheduled Tribes. Chakrabarti et al. (2019) find that in 2006, the odds of receiving supplementary foods were twice as high among scheduled castes and scheduled tribes' groups compared with general castes. In 2016, the differences reduced, but even now, the SC and ST group beneficiaries are more likely to avail of the services provided by the Anganwadi Centres. The study found higher odds ratios for the use of all services among scheduled caste groups compared with other groups in both 2006 and 2016.

The study further notes that "it is reassuring that caste and tribe-based exclusion from the programme services has declined. The caste differences appear to favour the traditionally marginalised scheduled castes and scheduled tribes' groups compared with the general castes, after controlling for wealth. In Odisha and in Chhattisgarh, where there are large pockets of tribal populations, efforts to strengthen overall programme services to improve equity of access has likely helped close gaps for tribal communities. In Maharashtra, a targeted focus on tribal areas as part of the state nutrition mission has also likely contributed to close some gaps.

2.3.4. Use of IT/Technology in Driving Efficiency

The need for IT in enhancing the efficiency of the sector has been well recognised. In recent years, there has been a push for IT-based structures, especially for improving scheme efficiency, training and capacity building of service providers, and for developing effective monitoring mechanisms. MWCD is using Information Technology extensively for implementation of e-Governance in several schemes and initiatives. A brief description of some of the key technology solutions being used by the Ministry are as follows:

ICDS-CAS (<https://www.icds-cas.gov.in>)

ICDS Common Application Software helps CDPOs, DPOs, State and National level officers in real-time monitoring of the activities of the AWS scheme. The objective of ICT-RTM is to get real-time information on nutritional indicators for improving the nutritional status of women and children at the grass-root level. In this system, AWWs have been equipped with smartphones and Lady Supervisors with tablets pre-installed with a Common Application Software to capture and analyse the beneficiary-wise information about the nutrition services and nutrition status.

ICDS- RRS (<https://icds-wcd.nic.in/>)

Under the Anganwadi Services, the Rapid Reporting System has been used for a long time to help monitor and supervise the scheme. New formats of registers, along with reporting of Monthly Progress Report (MPR) and Annual Status Report (ASR) have been prescribed at AWW and CDPO level under the RRS. Citizens can also find their nearest Anganwadi Centres through this portal.

PMMVY-CAS Portal (<https://pmmvy-cas.nic.in>)

Under PMMVY, monetary benefit is transferred directly to the account of eligible beneficiaries through the PMMVY-CAS portal. Implementation and monitoring of the scheme are accessible to functionaries at Block, District, State and National level through the portal. At the block level, digitisation/approval of the data of eligible beneficiaries that are received from AWCS/Approved Health Facilities is done by the nodal officers at the State Level to facilitate payment directly to the beneficiaries' bank/post office account.

MWCD Dashboard (<http://wcd.dashboard.nic.in>)

A Monitoring Dashboard (i.e. MWCD Dashboard) is being developed in the Ministry to reflect the outcomes and impacts of various schemes and projects of the Ministry. The URL of the dashboard is: wcd.dashboard.nic.in.

Sakhi Dashboard (<http://sakhi.gov.in>)

Sakhi Dashboard is an online platform for the functionaries of One Stop Centres (OSCs), Women Help Lines (WHLs) and Mahila Police Volunteers (MPVs), to populate and view various important information about the cases of violence affected women, coming to the functionaries, as well as, about their establishments. The dashboard can be accessed by these functionaries, as well as by the related government officials with the help of the usernames and passwords assigned to them.

The dashboard provides a simplified and common standardised format for cases of violence affected women coming to OSCs, WHLs and MPVs, which goes on to detail the support and referral services provided to them. As such, the dashboard is designed to better standardise and functionally integrate OSCs, WHLs and MPVs into the Sakhi Vertical—a service for safety and empowerment of women offered by the Ministry. The Sakhi dashboard is dynamic and effective

management and MIS tool for government officers and functionaries of OSCs, WHLs and MPVs. The URL of the dashboard is: <http://sakhi.gov.in/>

NIPCCD E-Learning Portal (<http://nipccd-elearning.wcd.nic.in/>)

It is an interactive, user friendly and a self-study platform, created to provide an opportunity and access to technical concepts and knowledge to communicate and build capacities with a much wider audience at a faster pace for all AWS functionaries like CDPOs, Supervisors, AWWs and others. Till 2017-18, a total of 1780 documents have been uploaded on this e-archive Portal. Besides, training Courses for CDPOs, Supervisors and AWWs have been uploaded, and there are 405 active users, 545 registered users and 59 users who have downloaded their job training course for CDPOs completion certificates (NIPCCD, Annual Report 2017-18).

Mahila E-haat (<https://mahilaehaatrmk.gov.in>)

The Ministry launched 'Mahila E-haat', a unique direct online digital marketing platform for women entrepreneurs/SHGs/NGOs in March 2016. It leverages technology for showcasing products made/sold by women entrepreneurs. The platform has been formed to promote the creative potential of women and support women entrepreneurs.

TrackChild: KHOYAPAYA (<https://trackthemissingchild.gov.in>)

TrackChild portal provides an integrated virtual space for all stakeholders and ICPS bodies which includes Central Project Support Unit (CPSU), State Child Protection Society/Units and District Child Protection Units (DCPU), Child Care Institutions (CCIs), Police Stations, Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), etc. in the 35 States/ UTs. It also provides a networking system amongst all the stakeholders and citizens to facilitate tracking of a "Child in distress". It requires data entry and updating at various levels such as Police stations, Child Care Institutions (CCIs)/Homes, Shelters, Child Welfare Committees, and Juvenile Justice Boards etc.

POCSO e-Box (<http://ncpcr.gov.in/index2.php>)

The POCSO e-box is an easy and direct medium for reporting any case of sexual assault under Protection of Children from Sexual Offences (POCSO) Act, 2012. It is displayed prominently in the home page of National Commission for Protection of Child Rights (NCPCR) website where the user has to simply press a button named POCSO e-box which navigates to a page with the window having a short animation movie.

CARINGS: Online Adoption Portal (<http://cara.nic.in>)

Child Adoption Resource Information & Guidance System (CARINGS) is an e-governance initiative on adoption by CARA for the smooth and transparent adoption process. The application is developed and maintained by National Informatics Centre (NIC) and hosted in the official website of CARA.

Child Protection Scheme (ICPS) Website (<http://wcd-icps.nic.in>)

The Child Protection Services Scheme aims to provide a protected environment to children residing in various homes like (CCI, SAA, JJ Homes, Open Shelters and Night Shelters). As per the Supreme Court order, there are 12 Monitoring formats at State and District Level. The website is developed to monitor quarterly 'in and out' of children, the number of meetings conducted by CWC and JJB to clear cases, details of members, creation of a directory of various homes developed and to receive an online financial proposal from State and issue of grants. The portal is still under development.

SAG-RSS (<https://sag-rrs.nic.in>)

This portal is developed to monitor the implementation of the scheme for Adolescent Girls (SAG) to bring transparency in the entire process and to ensure the nutritional well-being of the adolescent girls of our country. The data is aggregated at various levels like Block level, District level, State and finally at the National level.

NGO Grant-in-Aid Portal (<https://ngomwcd.gov.in>)

NGO Grant-in-Aid portal has been developed to receive online proposals from the NGO who are seeking a grant from the Ministry. Registration of NGOs is done online and validated by NITI Aayog. Only validated NGOs can apply for the grant. The State and District Codes are as per LGD Directory Swadhar Greh, Ujjawala, Creche is onboard on PFMS and integrated with Direct Benefit Transfer (DBT) Bharat Portal.

E-loan Monitoring System (<https://rmk-eloan.nic.in>)

Rashtriya Mahila Kosh (RMK) gives loan to women entrepreneur/NGOs. Just like banks, the loan amount is paid back in instalments.

Technology use to Improve in Service Delivery

While the Ministry has undertaken several initiatives around the introduction of Information Technology to improve the effectiveness of the schemes, with varying degree of success and impact on improving the effectiveness of the schemes and the sector, while the MWCD had been using the ICDS-RRS system for monitoring and supervising the ICDS scheme earlier, the system had many challenges, including dependence on many levels of bureaucracy to compile and submit MPRs. It often led to many delays in recording and transmission of information on ICDS. POSHAN Abhiyaan was launched in 2017 with one of its objectives being a comprehensive overhaul of the way IT was used in delivery, management and monitoring of ICDS services. The POSHAN Abhiyaan introduced two major technology initiatives – the ICDS-CAS and e-ILA to improve the scheme's delivery and monitoring efficiency, as well as the efficiency of the workers and supervisors. The POSHAN Abhiyaan also introduced mechanisms to fast-track the adoption and roll-out of the IT systems through the provision of incentives for the workers to use ICDS CAS. ICDS has had a significant impact on how data management and data-driven decision-making is done in government schemes. E-ILA has also provided a much wider scale roll-out of AWW capacity building interventions, bypassing the MLTC and AWTCs to conduct training of the AWWs, which was fraught with many challenges.

ICDS CAS

ICDS-CAS is an innovative mobile and web-based application that helps deliver Anganwadi Services more effectively and efficiently. ICDS-CAS has been introduced under the POSHAN Abhiyaan to replace the earlier ICRS-Rapid Reporting System (RRS), which relied on excel based Monthly Progress Reports which were very erratic, and the authenticity of which, was difficult to ascertain. The new software enables better supervision and monitoring and facilitates the use of data for decision making. The application aids Anganwadi workers (AWWs) in their daily tasks and in prioritising services during the critical 1000-day period. The ICDS-CAS also has the functionality to reach all registered beneficiaries directly through system-generated SMS alerts. The application has a user-centric design, works both offline and online, is multilingual and has features such as GPS tagging and multimedia playback capabilities.

Historically, the ICDS monitoring mechanisms have been criticised for having too much focus on the quantitative indicators with very little information around outcomes, impacts, or quality of services provided under the schemes. The ICDS CAS, launched under the POSHAN Abhiyaan has tried to move the focus of the monitoring from outputs to outcomes and has set the stage for conceptual clarity in the ICDS evolving a sound monitoring and evaluation framework. State and national government representatives, as well as the representatives of development partners, expressed that the ICDS CAS is a key step in improving the functioning of the field level workers and reducing their work-load, as the ICDS CAS system replaces the 11 registers filled by AWWs currently. The ICDS-CAS improves the efficiency of ICDS Services in the following ways:

- The application triggers SMS alerts to parents whose children are identified as undernourished, motivating them to take additional care of their children and make the utmost use of ICDS services. Beneficiaries are also made aware of various services and corrective actions available to them, such as immunisation, health check-ups, referrals.
- The app acts as a job-aid for the AWW, guiding her to take timely, prioritised actions through various modules. The app is a major step in making the lives of the AWWs through replacement of the 11 registers that she was expected to maintain earlier.
- The app allows AWWs to track individual households through the household management module. This module guides the AWW on which beneficiaries to prioritise for home visits, counselling and follow up etc.
- The app also aims to improve the quality of growth monitoring data as based on the key matrices input by the AWW, the app auto-calculates a child's nutritional status and plots its growth chart. This has made it easier for the AWW as well as the supervisor to track the metadata on the nutritional status of children in any given catchment area.
- ICDS CAS also includes a specific mobile-based supportive supervision application, allowing supervisors to identify high and low performing indicators easily. It also has a built-in checklist for use while conducting the supervisory visit, which allows the supervisor to capture information based on observations and home visits. The supervisory application also allows data-driven discussions in the monthly sector meeting.
- The application also provides a combination of mobile and web-based applications and dashboards, making real-time information available on service delivery and beneficiary nutritional status at the sector, project, district, state and national levels. This improves management and facilitates early identification of gaps for informed decision-making and timely actions.

In 2017-18, IFPRI conducted a process evaluation of the ICDS CAS in Bihar and Madhya Pradesh. The evaluation highlights the interest and preference among AWWs to use mobile-based data feeding mechanism rather than filling out and maintaining 11 registers. They also noted that the app reduced their workload by auto-generating various lists, action plans and growth charts etc.

While the ICDS CAS has been a watershed moment in the use of technology to improve service delivery of nutrition interventions in India, the rollout of the app and the required infrastructure has been a challenge for the MWCD. While there is a great emphasis in the Abhiyaan on the procurement of Smartphones, as, on 23rd May 2020, only around 46 per cent of AWWs across the country have been provided with Smartphones. AWWs who have received the smartphones have also highlighted the issue of Internet Connectivity in remote rural areas, which at times hinders effective monitoring.

There's also a concern around the use of the ICDS-CAS data for analysis and decision making. NITI Aayog's Progress Report on POSHAN Abhiyaan noted that "while a dashboard is available at the State Headquarters, we have not so far seen it being used for Monitoring and Evaluation purposes as well as a Decision Support Tool at the Block, District and State levels. In the absence of rigorous analytics, there is every likelihood of attrition in the quality of data collected through the ICDS-CAS. MoWCD and MoHFW currently use different applications for tracking the same beneficiaries leading to unnecessary duplication of efforts in data entry, besides lack of coordination in due-lists leading to a siloed approach to service delivery"¹⁰⁷.

Electronic Incremental Learning Approach (e-ILA)

e-ILA (<http://www.e-ila.gov.in/login/index.php>) has been adopted under the POSHAN Abhiyaan for capacity building of AWWs and Supervisors. e-ILA are online thematic modules on Nutrition, and Early Childhood Education (ECE) developed to support the worker improve their knowledge and skills in an ongoing, incremental manner. In addition to providing easily accessible and interactive online content for revision and recall, the e-ILA modules allow for self-paced learning, helping (Anganwadi Workers) AWWs develop practical job skills and a clear grasp of programmatic and thematic priorities. With a knowledge assessment built-in at the end of each module, it provides immediate feedback to the AWW motivating her to improve herself. It follows up at the end of the month to assess actions taken by the AWW based on the IL modules completed.

Tools under Child Protection Services

Under CPS also, the MWCD has launched several technology solutions such as the TrackChild Portal, POCSO e-Box, and CARINGS to help the delivery of various services under the scheme. The POCSO e-Box is an easy and direct reporting system for lodging a complaint of child sexual abuse under Protection of Children from Sexual Offences (POCSO), Act, 2012 with the National Commission for Protection of Child Rights (NCPCR). TrackChild portal provides a virtual space for all stakeholders and ICPS bodies. It acts as a coordination mechanism amongst all the stakeholders and citizens to facilitate tracking of a "Child in distress". It requires data entry and updating at various levels such as Police stations, Child Care Institutions (CCIs)/Homes, Shelters, Child Welfare Committees, and Juvenile Justice Boards etc. The Ministry also runs the CARINGS platform to improve the process of adoption for prospective parents.

Use of Technology for DBT

Government of India has started Direct Benefit Transfer (DBT) using Aadhaar as the primary identifier of beneficiaries to reform the delivery system for simpler and faster flow of benefits and services and to ensure accurate targeting of the beneficiaries, de-duplication and reduction of fraud. Use of Aadhaar ensures that benefits go to individuals' bank accounts electronically, minimising tiers involved in fund flow and thereby reducing delay in payment, ensuring accurate targeting of the beneficiary and curbing pilferage and duplication.

In pursuance of directions of the Government for implementation of DBT in its schemes, the Ministry is implementing 16 schemes/scheme components in DBT mode for transfer of benefits and services directly to the beneficiary using Aadhaar as the primary identifier. Scheme specific Web-based Common Application Software (CAS)/ Management Information Systems (MIS) have been developed for 16 schemes and rolled out pan-India for capturing beneficiary data, Aadhaar

¹⁰⁷ NITI Aayog (2019). Transforming Nutrition in India: POSHAN Abhiyaan – A Progress Report.

number, bank details and mobile number (where necessary), Aadhaar validation and fund transfer for cash schemes by States/UTs/Implementing Agencies. The web-based CAS/MIS is also used for real-time monitoring of the number of beneficiaries getting the benefits and services, the quantum of fund transferred, grievance redressal, at Ministry level. The Web-based CAS/MIS have been integrated with DBT Portal of DBT Mission, Cabinet Secretariat for automatic monthly reporting of progress of DBT schemes through web services.

PMMVY CAS

PMMVY CAS has been developed by the MWCD to facilitate DBT under PMMVY scheme as well as to aid real-time monitoring of the scheme. PMMVY provides a perfect example of a DBT scheme that *effectively uses technology for targeted benefit delivery*. PMMVY-CAS has many inbuilt mechanisms that seek to improve and enhance the efficiency of various processes such as monitoring, DBT efficiency, fund transfer and others. Some of the key features of the scheme that improve the efficiency of the scheme include:

- **Significant Reduction in Time Required for Fund Flow:**
 - **Separate Escrow Account at State/UT** for pooling of funds from Centre to State for DBT: Earlier, funds were routed through State/UT treasuries, which led to significant delays in the commencement of the scheme. Using an Escrow account has reduced the time required for funds to reach the beneficiary. This has been achieved due to reduced approvals and ensures that the funds meant for beneficiaries cannot be used for any other purpose.
 - **Fund Distribution at State/UT level** – Previously, funds used to flow from Centre to CDPO through State and District officials for disbursement. Now fund disbursement is at State level allowing for faster payments.
- **Timely DBT Disbursement:** All beneficiary records are processed at the State level (and not at the CDPO level) on First-In, First-Out (FIFO) basis ensuring timely approvals and disbursement.
- **Near Real-time Fund Utilisation:** All the information related to funding utilisation is available on a real-time basis at all functionary levels.
- **Leveraging Aadhaar for Identity Management:** Aadhaar details of beneficiaries are entered on the PMMVY platform, which helps prevent de-duplication and ensures unique beneficiaries are paid.
- **Mobility of Beneficiaries:** The platform allows beneficiaries to claim any of the three instalments from any location throughout the country. This step ensures that the scheme caters to the migrating class of citizens appropriately.
- **Robust Monitoring through Local Government Directory (LGD):** Every AWC on the platform is linked to a village that is codified under LGD. This allows tracking of beneficiaries and monitoring of the scheme's progress and reaches up to the village-level.

In addition to these inherent efficiency measures built into the PMMVY-CAS, the government has taken several steps to improve the efficiency of the PMMVY through system improvements. The mapping of field functionaries on PMMVY-CAS using Local Government Directory (LGD) Code allows implementing the scheme independent of the implementing Department in States/UTs. It also allows hierarchical monitoring of scheme from Pan-India to the village level. Further, it allows tracking the boarding status of villages where the field functionaries for implementing PMMVY are active.

Use of Technology for Improved Monitoring of Schemes

The Ministry has multiple dashboards and online MIS' for improved and enhances monitoring of schemes. While ICDS-CAS and PMMVY-CAS enable real-time monitoring, some of the other technology solutions – ICDS-RRS, SAG-RRS, Sakhi Dashboard, TrackChild, etc. – rely on manual data entry every month into the system to enable monitoring. Interviews with MWCD officials have highlighted the challenges that these monitoring systems face in terms of availability of data and accuracy of data. These systems are reliant on receipt of MPRs from all states on time, which in turn is dependent on MPRs being received by the states from all districts. In many cases such MPRs are received with much delay, thereby making monitoring and supervision of schemes for MWCD difficult.

The MWCD has also launched the MWCD Dashboard, which pulls data from all the schemes' MIS and provides one-stop access to the latest available data for all the schemes of the MWCD.

While some schemes have their own IT solutions, there are a few schemes where the use of IT is minimal. Schemes such as Swadhar Greh, Ujjawala, Working Women's Hostels, and MSK do not have an IT-based monitoring system, and these schemes have to rely on excel based MPRs submitted by the states/districts. These schemes also face the challenges posed by delays due to manual intervention for the collation of data. The monitoring challenges are particularly significant in schemes such as Swadhar Greh and Ujjawala, where NGOs are involved in scheme's delivery, and the WCD departments are not in the know of day to day operations. These schemes are also expected to provide a range of extremely important services to the beneficiaries, which need strict and continuous monitoring. In the absence of a system that can capture the real-time provision of services to the residents, the MWCD is not able to ensure that the residents in these homes can go back into society as self-reliant, empowered women.

Conclusion

While the MWCD has embraced the use of technology and has been using technology to strengthen the efficiency of scheme monitoring and scheme delivery, challenges remain. The use of technology is much more prevalent in schemes under the ICDS umbrella and underline the maturity of systems under this umbrella. The Mission for Protection and Empowerment (MPEW) has lagged in terms of technology adoption for empowerment and protection of women. While there are schemes where IT systems are used to improve monitoring, the systems are dependent on multiple human interventions at various levels. They suffer from delays in updating, and most of the times do not reflect the complete picture of the scheme as on date. Some of the other important schemes are still without an IT-based monitoring system. Much has been achieved through technology use under ICDS, and now the MWCD need to look at integrating, more deeply, the use of IT in delivery and monitoring of its schemes under MPEW as well.

Box 11: Learning from Development Partners: Drones for Delivering Results for Children

Innovation through new ideas, products and practices increasingly is seen as a force for social change. At the same time, there is growing consensus that empowering the millions of women who live in poverty is essential both for their intrinsic human rights and broad benefits for global development and economic growth.¹⁰⁸ Phills, Deiglmeier and Miller (2008) define social innovation as "a novel solution to a social problem that is more effective, efficient and sustainable, and for which the value accrues primarily to society as a whole rather than private individuals".¹⁰⁹ A cycle of change can be triggered by women's use of

¹⁰⁸ Malhotra A, Schulte J, Patel P, Petesch P, Innovation for Women's Empowerment and Gender Equality, ICRW, 2009

¹⁰⁹ Phills JA, Deiglmeier K, Miller DT, Rediscovering Social Innovation, 2008

a seemingly simple technology; a shift in social attitudes about what is possible for women; or increased access for women to employment opportunities, savings and credit.

Innovations in technology have the potential to address a broad spectrum of areas where women are disadvantaged: knowledge and information, reproductive health, infrastructure, livelihoods, mobility and communications, among others. Technologies—such as the Internet, cell phones, alternative energies, water filtration and sanitation, reproductive technologies, agricultural innovations—can empower women on multiple levels and spheres: individual, household, economic, social and political. Since 2014, UNICEF has embraced innovation as one of its key strategies to achieve results for children.

Intervention

The potential applications of drones are broad. The use of drones before 2010 was primarily associated with military operations. Governments have also recognised that the drone market represents a substantial opportunity for attracting investment. Global competition to attract private investment in the unmanned aerial vehicle (UAV) industry is high and according to one industry expert, “those countries with the most flexible rules for UAVs are expected to attract the high-value UAV businesses to conduct research and testing.

UNICEF’s principles for innovation and technology for development provide guidelines to inform the design of technology-enabled programmes – they emphasise a substantial amount of exploration with users and within the ecosystem to determine the appropriate technology solution to augment programming for local needs. They also democratise the innovation process through the application of open-source principles. At UNICEF, a country office can own the innovation process for testing and scaling the use of drones in local operations. However, there is also a formal role for identification and testing of technologies more broadly across UNICEF in the mandate of the Office of Innovation.

The first exploration of drones documented by UNICEF began in 2014, through the Malawi Country Office. Today, the use of drones continues in the recognition and exploration and development stage, with more advancements underway in Kazakhstan, Malawi and Vanuatu to understand and explore potential use cases in specific programme areas.

Malawi, Kazakhstan and Vanuatu Country Offices identified and explored direct applications of drones to address specific challenges, supported community engagement activities for the socialisation of drones in the field, and support regulators and government agencies in the development of drone regulations and use cases.

Results

- Work in the area of untested, innovative technologies is highly attractive to the public. UNICEF has received substantial media attention on drones work conducted in Malawi, and, to a lesser extent in Vanuatu. Media attention can be an incentive to pursue innovation within the organisation, with many articles highlighting individual innovators.
- Considering the scale of investment (less than US\$500,000) used for the work described in this case study, the extent by which UNICEF has mobilised government and the private sector is impressive.
- Drone activities in Kazakhstan, Malawi and Vanuatu are increasingly focused on the long-term sustainability and scalability of specific use cases. This has therefore included consideration of the broader drone support ecosystem in operating countries, such as the presence of capable service providers and drone flight operators.
- Country Offices in Malawi and Vanuatu have also focused their efforts on demonstration and refinement of specific use cases, particularly in the health sector, and further strengthening of the drone ecosystem. The forward-looking focus on demonstration (as opposed to experimentation) of drones as a viable technology for humanitarian use is positioned as enabling the scalability of the drone.

Learnings

- Tying the use of technology to specific outcomes is vital to gain the buy-in of stakeholders.

- Ability to effectively attract and collaborate with the private sector and academic institutions are necessary for the success of early-stage testing activities.
- Exploration of new technologies necessitates collaboration and requires careful consideration of the capacity and suitability of partners at different points in the innovation process.
- Providing tangible value to partners, either financial or non-financial, has been identified as a critical incentive in enabling the innovation process.
- Development of a theory of change results framework and metrics for technological outcome activities make the demonstration of outcomes easier.

Adapted from UNICEF's Innovation Case Study, Drones for Delivering Results for Children, November 2019

2.3.5. Stakeholder and Beneficiary Behaviour Change

Introduction

The Mission¹¹⁰ of the Women and Child Development Ministry is twofold:

1. Promoting social and economic empowerment of women through cross-cutting policies and programmes, **mainstreaming gender concerns, creating awareness about their rights** and facilitating institutional and legislative support for enabling them to realise their human rights and develop to their full potential.
2. Ensuring development, care and protection of children through cross-cutting policies and programmes, **spreading awareness about their rights and facilitating access to learning, nutrition**, institutional and legislative support for enabling them to grow and develop to their full potential.

Awareness generation, sensitisation, behaviour change and social norms change are the foundations upon which the MWCD's interventions are built upon, and it is an inherent part of all the schemes run by the Ministry. It is well documented that Social and Behaviour Change (SBC) Communication helps build political and society-wide awareness and commitment to nutrition improvement. It enhances individual behaviours and household practices, promotes collective actions in communities, improves the delivery of nutrition counselling services and the demand for these services and enhances the overall enabling environment for good nutrition outcomes. Some of the major challenges facing the MWCD include:

- The current female Labour Force Participation Rate is 23.7 per cent – a strong decline in rural areas, down from 49.7 per cent in 2004-05 to 26.7 per cent in 2015-16
- The Child Sex Ratio (CSR) has declined from 927 in 2001 to 918 in 2011.
- According to National Family Health Survey-4 (NFHS-4), 2015-16, over one-third of all under-five children are stunted (low height-for-age), every fifth child is wasted (low weight-for-height), and more than 50 per cent of the children are anaemic.
- According to NFHS-4, despite improvements, only 58.6 per cent of mothers had received an antenatal check-up in the first trimester, and 51.2 per cent of mothers had undergone at least four antenatal care visits.
- NFHS-4 estimates that one out of every two pregnant women is anaemic.
- NCRB data shows that the incidence of crime against women has increased by almost 15 per cent between 2015 and 2018. The secondary literature also suggests that a large proportion of crimes against women go unreported.

Social norms, inefficient behaviour, and lack of awareness are at the core of all the challenges faced by women and children in India. MWCD, through its schemes and other interventions, tried to address the underlying norms through gender sensitisation, counselling, social and behaviour change communication and creating awareness of women's rights, entitlements and the opportunities available to them.

Fund allocation and utilisation by the Ministry for Behaviour Change Communication

While behaviour change is an inherent part of most of MWCD's schemes, the Ministry also runs scheme such as POSHAN Abhiyaan and Beti Bachao Beti Padhao, specifically focused on awareness creation, social norms change and behaviour change. Different schemes have varying

¹¹⁰ <https://wcd.nic.in/about-us/vision-and-mission>

amounts allocated to IEC – Information, Education and Communication. However, due to an absence of a detailed break-up of the budget allocation across various scheme components, and the absence of budget utilisation figures across various scheme component in the public domain, the evaluation was unable to assess the overall fund allocation and fund utilisation for the Women and Child Development Sector.

Existing Mechanisms to promote and ensure Behaviour Change

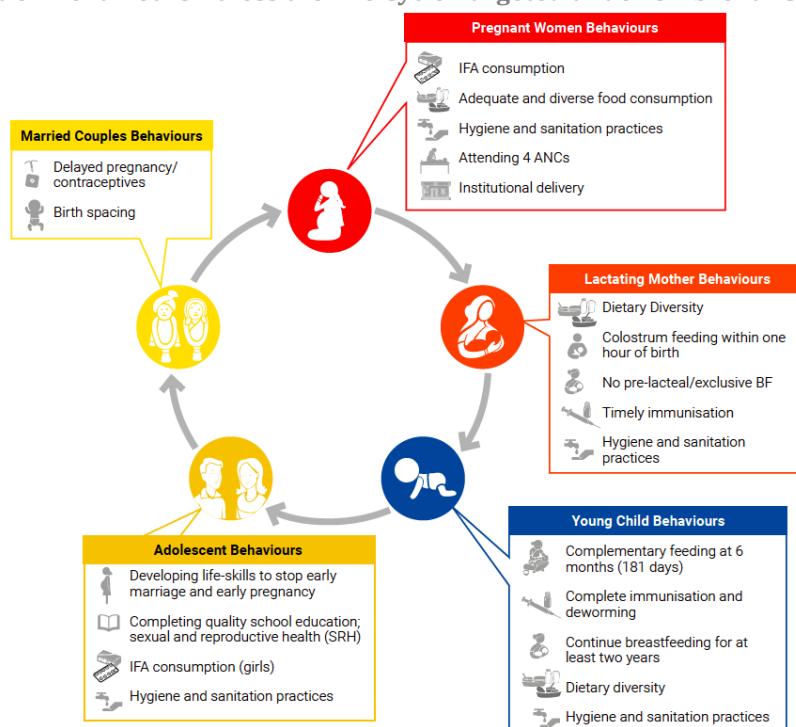
1. Nutrition Related Behaviour Change Communication

Approach/Mechanisms for behaviour change

Even though behaviour change communication through Inter-Personal Communication (IPC) has always been a part of the Anganwadi Services Scheme (erstwhile ICDS), but it was widely considered that there was a lack of focus and efforts on behaviour change communication and age-appropriate counselling. This emerged as a critical gap since nutrition is not a supply-driven area. Therefore uptake and impact of the scheme depend on the demand generated by mothers and children. This would be possible only when there are awareness and promotion of appropriate diet of the PW&LM, and good IYCF practices such as breastfeeding, complementary feeding, consumption of IFA.

Behaviour Change was brought front and centre of India's efforts to tackle under-nutrition as part of the POSHAN Abhiyaan. *Jan Andolan* is identified as one of the critical pillars of nutrition-specific behaviour change communication and is aimed at building a mass movement around the adoption of preferred behaviours. Given the multi-sectoral nature of nutrition interventions and nutrition determinants, the MWCD seeks to target nutrition-specific behaviours across the life cycle – including PW&LM, Infant and young child, adolescents, and married couples – through convergent action. The key behaviours targeted MWCD across the lifecycle are depicted in Figure 11 below:

Figure 11: Nutrition Behaviours Across the Life Cycle Targeted under Umbrella ICDS



Source: Evaluation Analysis

A critical mechanism for Behaviour Change for nutrition is the mobilisation of grassroots communities to combat misinformed or uninformed practices that lead to persistent malnutrition through generations. Some of the ways in which behaviour change is being made include Community Based Events (CBE), Information, Education and Communication (IEC), advocacy, and converting activities into a Jan Andolan (People's mission). The approaches used by the MWCD under various programmes to bring about change in the nutrition behaviours include:

- Building recognition across sectors on the impact of malnutrition and a 'call to action' to reduce malnutrition.
- Mobilising communities to create an intent to consume nutrient-rich food; and
- Generating massive awareness to build knowledge, attitudes and behavioural changes to ensure optimal breastfeeding, complementary feeding, and maternal and adolescent nutrition practices to prevent malnutrition, including severe acute malnutrition (SAM), and anaemia.

These approaches are actioned through interventions at various levels. A brief description of the type of activities undertaken at various administrative levels to bring about behaviour change include:

1. **Village/Block Level** – Inter-Personal Communication, Home Visits and Counselling, Job Aids, Visual guides, community-based events, PRI meetings, SHGs, etc.
2. **District Level** – Mass-Communication – Local TV Stations, Community Radio, Posters, Leaflets
3. **State/National Level** – Mass Communication – TV Spots, All India Radio, News Papers and Magazines, convergent provision of services to improve and enhance the environment to support the uptake of good behaviours (E.g. Convergent provision of toilets at the household level to promote hygiene and handwashing)

Activities are undertaken to address Behaviour Change

Evidence suggests that for nutrition campaigns to be truly successful, the campaign has to be owned and led by the community. To take this forward, the POSHAN Maah conducted under the POSHAN Abhiyaan focuses on engagement with elected representatives at all levels – from the Parliament to Panchayats. Material with appropriate messaging, content and media has been created to facilitate this engagement. It is also crucial to leverage SHGs and ensure that they can play a critical catalysing role in enrolling the households to desired behavioural changes.

Huge push and visibility have been given to POSHAN Maah (in September – 2018, 2019) and POSHAN Pakhwara (in March – 2019), where mobilisation through community-based events, door to door campaign and other related activities are organised with a much greater degree of enthusiasm and effectiveness. The activities in POSHAN Maah focus on Social Behavioural Change and Communication (SBCC). The broad themes include antenatal care, optimal breastfeeding (early and exclusive), complementary feeding, anaemia, growth monitoring, girls' – education, diet, right age of marriage, hygiene and sanitation, eating healthy - food fortification. Since lack of complementary feeding to children in the age group of 6-23 months has been a major factor in the rampant prevalence of malnutrition, POSHAN Maah in September 2019 focussed on this theme. Through the high volume of people reached, POSHAN Maah has given a major impetus to POSHAN Abhiyaan. As directed by the PMO on 02 February 2019, to bolster Jan Andolan and mark the first anniversary of POSHAN Abhiyaan, POSHAN Pakhwara was launched on International Women's Day. POSHAN Pakhwara was celebrated on a pattern similar to POSHAN Maah but was enhanced by POSHAN Maah's learning and knowledge for increasing its efficacy amongst its audience and the overall system.

Under the POSHAN Abhiyaan, Jan Andolan activities are logged in on the Jan Andolan Dashboard. It served as a useful tool to keep track of activities under the POSHAN Abhiyaan. As on 31st March 2020, a total of 6.24 crore activities had been undertaken under the POSHAN Abhiyaan, with a cumulative reach of 392.27 crores.

Table 9: Engagement under Jan Andolan Activities

No.	Activities	Adult Males	Adult Females	Child Male	Child Female	Total*
1	Poshan Jan Andolan (1 Oct 2019 - 28 Feb 2020)	27,36,101	2,80,71,984	4,77,62,358	2,93,29,238	3,25,10,280
2	Poshan MAAH (1 Sept 2019 - 30 Sept 2019)	3,66,55,618	51,69,02,008	77,87,07,002	43,81,06,107	47,10,28,494
3	Poshan Jan Andolan (23 March 2019 - 31 Aug 2019)	30,36,703	2,99,18,856	5,10,20,338	3,53,58,762	3,20,09,941
4	Poshan Pakhwada (8 March 2019 - 22 March 2019)	83,41,147	8,89,13,077	14,92,16,142	9,15,71,807	10,14,11,955
5	Poshan Jan Andolan (1 oct 2018 - 7 mar 2019)	93,93,905	6,75,58,075	11,87,67,917	9,15,89,866	1,90,90,26,991
6	Poshan Maah (1 sept 2018 - 30 sept 2018)	23,34,420	3,89,58,418	9,31,78,581	4,46,44,025	4,90,41,165
		6,24,97,894	77,03,22,418	1,23,86,52,338	73,05,99,805	2,59,50,28,826
						3,92,27,94,297

Source: Jan Andolan Dashboard

Community-Based Events (CBEs) are being conducted for awareness generation on issues like care during pregnancy, infant and young child feeding practices, maternal nutrition etc. During the third Meeting of National Council on India's Nutrition Challenges in November 2018, it was decided to conduct two CBEs each month. In this light, all States/UTs are organising CBEs regularly, especially Godbharaai and Annaprasan. Approximately, 2.26 crore CBEs have been conducted as on October 2019 since the launch of POSHAN Abhiyaan¹¹¹.

In addition to this, many States/UTs conduct various IEC/SBCC/mass media campaigns on issues like maternal health and nutrition, infant and young child feeding practices and menstrual hygiene, sanitation and hygiene. During 2018-19, Jharkhand developed IEC materials in the form of posters, leaflets etc. VOs participated in VHSND, SBM-G and conducted Nukkad Nataks. Short clip videos on essential health and nutrition intervention like family planning, 1000 days window, ANC check-ups, IFA consumption, institutional delivery, exclusive breastfeeding, complementary feeding etc. were developed. In the same period, Bihar reported to have distributed total 20,000 (two-pager) leaflets in 400 blocks and 500 banners, and flip charts to 35,000 SHGs and conducted a campaign on

Table 10: Activities Conducted During POSHAN Maah 2019

	Name of Activity	Number of Activities
1	Home Visits	2,17,42,194
2	Others	26,09,270
3	CBE	19,74,098
4	POSHAN Melas	13,41,679
5	School-Based Activities	10,03,989
6	POSHAN Rallies	8,65,163
7	Anaemia Camps	8,48,511
8	VHSND	7,86,748
9	DAY-NRLM SHG Meets	5,97,348
10	Cycle Rallies	5,75,219
11	POSHAN Workshops/Seminars	5,47,452
12	POSHAN Walks	4,94,291
13	Prabhat Pheri	4,09,163
14	Panchayat Meeting	3,39,842
15	Community Radio Activities	3,36,471
16	Safe Drinking Water in Anganwadi Centres	315652
17	Youth Group Meetings	2,95,564
18	Haat Bazaar Activities	2,64,271
19	Cooperative/Federation	2,62,036
20	Farmer's Club Meetings	2,27,437
21	Local Leader Meetings	1,92,790
22	Safe Drinking Water in Schools	1,85,771
23	Harvest Festival	1,44,582
24	Providing Water to the Toilets	1,23,920
25	Nukkad Natak/Folk Shows	1,22,414
26	Defeat Diarrhoea Campaign	49,535
	Total	3,66,55,410

Source: MWCD Annual Report 2019-20

¹¹¹ MWCD Annual Report 2019-20

family dietary diversity among pregnant and lactating mothers during the given period. Madhya Pradesh organised various IEC/BCC/mass media campaigns on the promotion of breastfeeding practices, tiranga thali for diet diversity, Ratri Chaupal, and radio messages etc. Uttar Pradesh reported taking Suposhan Shapath (pledge on nutrition by children, adolescents and women), disseminated messages on 'Sahi Poshan Desh Roshan', conducted rangoli designs specimens on nutrition and sanitation for SHGs and short films.¹¹²

In addition to these activities, extensive BCC activities are conducted by the AWWs/ASHA/ANMs to reinforce health and nutrition behaviours and appropriate child-caring and rearing practices in the households through extensive intra-personal communication (IPC) and counselling. The focus of counselling is on addressing the needs of children under three, through family-based interventions (Home Based New-born Care (HBNC)) instead of centre-based interventions. During the monthly VHND, the AWW is responsible for weighing all children under three years. This gives her an opportunity to interact with the child's caretaker on crucial issues of the child's diet, nutrition and recent morbidity. Identifying the need of each child and providing situation-specific BCC based on each child's need is also undertaken. This has the long-term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their health, nutrition and development needs as well as that of their children and families. Different states have used different media tools and channels for BCC; these include:

- Interpersonal communication through home visits and nutrition and health education session
- Social mobilisation through door-to-door contacts, rallies, gold art, mobile video van, Gramin Mela (rural fair), exhibitions, special campaign days etc.,
- Print/Electronic/Audio-Visual Media such as brochures, ICDS newsletter, booklets and guidelines, flipbooks, leaflets, pamphlets, calendars, hoardings & boards, audio jingles, TV spots, wall paintings, documentary films etc.

The topics covered include basic health care, nutrition, maternal care and healthy food habits; childcare, infant feeding practices, utilisation of health services; family planning and environmental sanitation; and lactation support includes support for initiation of breastfeeding through skilled counselling.

Other Activities

MWCD's bureaus – NIPCCD and Food and Nutrition Board (FNB) are engaged in sensitisation activities around nutrition. FNB is responsible for advocacy and sensitisation of policymakers, nutrition orientation training for programme managers and capacity building of field functionaries. Various activities are carried out for different target groups for disseminating nutrition-related information and nutrition education of the community. One of the prime activities of the FNB is undertaken through its 43 Community Food & Nutrition Extension Units (CFNEUs) by way of organising nutrition education and demonstration programmes in rural, urban slum and tribal areas in different States/UTs of the country. FNB Headquarter, through its four Regional Offices, provides the technical as well as logistic support for the functioning of these Units and conducts the following training programmes in the field Units.

NIPCCD supports AWS through the conduct of training on Social and Behaviour Change Communication (SBCC) for Anganwadi Services Scheme Functionaries. In 2019, NIPCCD conducted training of Southern States with the main objectives to orient the AWS Scheme

¹¹² NITI Aayog (2019). Transforming Nutrition in India: POSHAN Abhiyaan – A Progress Report. New Delhi

functionaries to the principles of SBCC and setting of communication objectives for Anganwadi Services Scheme; acquaint them with the process of SBCC; orient them on-demand generating message designing and selection of media and channels for effective communication; apprise them of monitoring and evaluation of IEC activities.¹¹³ Apart from this, several Refresher Courses for CDPOs/ACDPOs are organised by NIPCCD with the main objectives to review the implementation of restructured and strengthened Umbrella ICDS programme in the States concerning various aspects; provide a forum for sharing of experiences in implementing the Umbrella ICDS programme; apprise CDPOs/ACDPOs about the recent developments and trends in Umbrella ICDS programme; update their knowledge in the areas of early childhood care and development including nutrition and health care; and sharpen their communication, counselling and managerial skills.

2. Behaviour Change for Child Protection

Child Protection Services (CPS) and Beti Bachao Beti Padhao (BBBP) are the two MWCD schemes focusing on Child Protection and survival. CPS aims to develop effective communication and public education strategy for child rights and protection in partnership with other ministries, and national/ and international organisations working in this sector.

Approach/Mechanisms for behaviour change

The communication strategy utilises all means of mass media, including television, newspapers, periodicals, magazines, hoardings, bus panels, cinema halls, radio, street plays, discussion forums, etc. The communication strategy also includes printing and dissemination of Information, Education and Communication (IEC) materials, consultations and advocacy workshops with members of allied systems, communities and local bodies.

At State and District levels, the SCPS, SARA and DCPUs are responsible for advocacy and communication relating to all issues on child protection. The scheme provides for necessary financial allocation to SCPS, SARA and DCPUs for such purpose under their overall budgetary provisions. Under the CPS, each State Child Protection Society has a Program Manager (Training, IEC & Advocacy) who works with stakeholders to coordinating and supervising all training, capacity building, and sensitising programs for functionaries under ICPS at State level. The Program Manager coordinates all awareness generation activities on child protection issues to change social attitudes and traditional practices like child marriage, female foeticide, discrimination against the girl child, etc. at the state and district levels with the support of Program Officer (IEC & Advocacy) and the District Child Protection Units. The Program Manager (Training, IEC & Advocacy) is also responsible for assessing the IEC requirements of the State and develop appropriate advocacy plan and media strategy on child protection, with the support of Program Officer (IEC & Advocacy) to increase public understanding of rights of the child. Examples of IEC material developed under CPS across states are provided below.

¹¹³ MWCD (2020). Ministry of Women and Child Development, Annual Report 2019-20. New Delhi

Figure 12: Examples of IEC/BCC material developed under CPS



3. Behaviour Change for Women's Empowerment

BBBP Scheme tackles one of the most important issues facing Indian society – that of the declining Child Sex Ratio. As the issue of decline in Child Sex Ratio is complex and multi-dimensional, BBBP adopts a multi-sectoral strategy to generate awareness and sensitisation to fulfil the rights of girls and women, including ending of gender discrimination and violence.

One of the key strategies of the BBBP is implementing a sustained advocacy outreach campaign with a 360° media approach to *create equal value for the girl child and promote her education*. The campaign aims to create behaviour change to ensure that girls are born, nurtured and educated without discrimination to become empowered citizens of this country with equal rights. The multi-sectoral initiatives in the Districts have been targeted towards various objectives – engaging communities for change of mind-set, improvement in Sex Ratio at Birth, promoting institutional deliveries, maintaining village level record of birth and their exhibition in public places through Guddi-Gudda Boards, birth registration, encouraging the celebration of girl children, challenging son-centric rituals and reversing the social norms, re-enrolment drives for getting girls back to schools and preventing child marriage.¹¹⁴ This nation-wide media campaign includes radio spots/jingles in Hindi and regional languages, video spots, SMS campaigns, community engagement through song and drama, e-mailers, hand-outs, and brochures. The use

¹¹⁴ Ministry of Women and Child Development. (2020). Annual Report 2019-2020.

of social media is also reported.¹¹⁵ This nation-wide media campaign covers all 640 Districts within the country.

The scheme also undertakes community mobilisation and outreach to discuss gender issues through platforms like Naari ki Chaupal, Beti Janmotsav, Mann ki Baat, etc. Efforts are also made to bring about a change in the mindset of people, and an extensive focus on gender sensitisation through the integration of gender equality related concerns in curriculum across the educational institutions; integration of the girl child and gender equality related concerns in the training strategy of Administrative, police, judicial, medical colleges and other training academies, such as LBSNAA, ATIs, CTIs; strengthening capacities of the existing training institutions of the relevant Departments- including through Gender and Girl Child Units - to impart effective training on Gender Sensitisation and issues related to the CSR, the equal value of girl child; and undertaking training of Frontline workers such as AWWs/ ASHAs to enhance their understanding on Issue of declining CSR, gender-biased sex selection, other forms of discrimination against girl child and their social impact.

The MWCD Annual Report 2019-2020¹¹⁶ notes that the BBBP scheme has stirred up collective consciousness towards changing the mind-set of the Nation towards valuing the girl child. It has resulted in *increased awareness, sensitisation and conscious building around the issue of declining CSR across the country*. As a result, a *favourable trend* with concerted efforts at National, State and District levels has been seen in Sex Ratio of Birth (SRB) at State/UT level. An improving trend of 2 points is observed in Sex Ratio at Birth (SRB) at National level from 929 (2017-18) to 931 (2018- 19).¹¹⁷ Thus, BBBP has a robust behaviour change strategy spanning multiple sectors and agendas- one that has been *effective in nudging behaviours towards positive life and education outcomes for girl children*.

4. Behaviour Change for Women's Protection and Safety

Of all the sub-sectors of the MWCD, the evaluation finds the women's safety and protection to have the weakest interventions on behaviour change and gender sensitisation. Swadhar Greh, Ujjawala, OSC and MPV schemes focus on women's protection and safety. Still, the schemes do not have enough budget provisioned to be able to undertake behaviour change and IEC activities. OSCs only have a budget provision of Rs. 50,000 for training, advocacy and IEC, and Swadhar Greh, Ujjawala, and MPV schemes – even though the schemes look to undertake IEC activities to generate awareness about the scheme and to improve sensitisation on the issues of violence against women – have no budget allocations for undertaking scheme awareness and behaviour change activities to prevent violence against women.

While these schemes look to support women, who are affected by violence and are need of care and protection, they lack intervention aimed at prevention of domestic violence, violence in public spaces, intimate partner violence and trafficking of girls and women. Incidence of crime against women cannot be controlled unless the people's mindsets change.

Despite these schemes and legislations, gender-based violence and discrimination against women and girls continue in the society and women and girls are yet to gain positively from these legislations. Legislative changes take time in implementation due to social, cultural, and religious mores. The change in social norms and mindsets towards girls and women can be brought about

¹¹⁵ Press Information Bureau, Government of India. (2019). *Use of Funds under the BBBP Scheme*.

¹¹⁶ Ministry of Women and Child Development. (2020). Annual Report 2019-2020.

¹¹⁷ *Ibid.*

through institutional initiatives. This involves the family, the community, and religious and educational institutions. The state, as the largest public institution, can initiate, strengthen, and ensure implementation of its economic and social policies for gender equality.

Dhar et al. (2019)¹¹⁸, through a survey of more than 5500 adolescents in Haryana, find that “when a parent holds a more discriminatory attitude, his or her child is about 11 percentage points more likely to hold the view. We find that parents hold greater sway over students’ gender attitudes than their peers do and that mothers influence children’s gender attitudes more than fathers.” Unless the government can address the attitudes of people toward gender equality and violence against women, this problem will never go away, and we will continue to invest in more schemes focusing on care and rehabilitation.

Box 12: State Level Behaviour Change Strategy to fight Under Nutrition – Rajasthan

Social and Behaviour Change (SBC) Communication is an approach which helps in building political and society-wide awareness and commitment to nutrition improvement. It enhances individual behaviours and household practices, promotes collective actions in communities, improves the delivery of nutrition counselling services and demand for these services and enhances the overall enabling environment for good nutrition outcomes. In this regard, Department of Women and Child Development, Government of Rajasthan has developed a SBCC framework and strategy to improve mother and child nutrition outcomes in the state. The Behaviour Change strategy builds upon a life-cycle approach, synergising health, nutrition, care and maternity protection messaging across the first 1000 days, adolescence and a multi-departmental convergence to tackle the burden of under nutrition in the state.

The BCC Strategy promotes consolidation of SBCC interventions undertaken by various development partners in Rajasthan and simultaneously encourage innovation. It also proposes a roadmap for multi-sectoral responses to Behaviour Change through convergence of on- going programmes within the state steered by other departments such as Health, Rural Development, Panchayati Raj, Education and Food and Civil Supplies. The strategy document is meant to be used by policy makers across the GoR and its collaborators, including nutrition, Behaviour Change and Information, Education and Communication (IEC) experts, NHM, NRLM, state communication agencies, development partners, Non-governmental Organisations (NGOs), and media agencies.

Developed in 2017 after the launch of NFHS 4 results, the standardised BCC Strategy has helped Rajasthan in showing significant improvements on a number of nutrition indicators, as shown in the CNN survey.

Source: <https://www.nipccd.nic.in/uploads/report/bestprac-1pdf-1f95bd5a02a6085276419857fd6418d3.pdf>.

Link to the SBCC Strategy Document: <http://wcd.rajasthan.gov.in/DOCS/English.pdf>

Box 13: Kanya Ratna Utsav in Ahmednagar, Maharashtra

Kanya Ratna Utsav celebrates the value of the Girl Child by promoting Beti Bachao Beti Padhao (BBBP) through various awareness generation activities. The programme aimed to promote community participation in behavioural change. 141 Programmes were conducted across Ahmednagar District in 14 Blocks at the Gram Panchayat/Village level. One unique aspect of this activity was that the communities themselves entirely funded it. Initially, Zilla Parishad CEO of Ahmednagar motivated Lady Supervisors during a District level meeting to organize an event in their respective areas. The Lady Supervisors subsequently coordinated with their local Panchayat members, ASHAs, AWWs and Government Officials to collaboratively mobilize people for an event in favour of Kanya Ratna Utsav.

Intervention

¹¹⁸ Dhar, D., Jain, T., & Jayachandran, S. (2019). Intergenerational transmission of gender attitudes: Evidence from India. *The Journal of Development Studies*, 55(12), 2572-2592.

Activities undertaken revolved around morning rallies and street plays in addition to Poshan Aahar and cultural programmes that spread awareness about empowering the Girl Child. Moreover, rangoli, essay and drawing competitions were organized for adolescent girls alongside games, for which prizes were distributed to winners. Expert lectures on 'Save the Girl Child' and 'Educate the Girl Child' from domains like medicine, law, etc. were followed by panel discussions, reviews and guidance sessions. Furthermore, couples with one or two daughters were felicitated, and local people voluntarily contributed to a fund that was deposited for girls.

Awareness about the Kanya Ratna Utsav was pioneered and spearheaded by Panchayat Members, ICDS Supervisors, ASHAs, AWWs and Government Officials through the distribution of pamphlets, setting up of banners and displays on flex boards for all the 141 programmes of Kanya Ratna Utsav across the District.

Impact

The primary outcome of this event was changing behaviours, as it has helped in addressing the stigma associated with the birth of a girl child. This initiative enabled the community to realize the importance of girls and women and their role in the social and economic development of society. It became a people's movement in the district that challenges age-old traditions of de-valuing the Girl Child. An amount of INR 37,60,105 of voluntary contribution was collected for Kanya Ratna Utsav. This amount was deposited in banks and post offices in the District for 3882 girls. Increasing the participation of the male population in the District is, however, challenging. By increasing the frequency of this activity, it would be possible to increase awareness.

Source: Ministry of Women and Child Development, Innovations under Beti Bachao Beti Padhao, January 2019

Box 14: Learnings from BCC interventions in other countries – Alive and Thrive

Social and behaviour change communication (BCC) interventions are integral to improving dietary and care practices. The Alive and Thrive initiative examined the extent of, and factors associated with intervention exposure: interpersonal communication (IPC) alone or with other interventions (i.e., mass media, community mobilization, or nutrition-sensitive agricultural activities) in Bangladesh, Ethiopia, and Vietnam. This initiative aimed to improve infant, and young child feeding (IYCF) practices through large-scale SBCC programs, which include IPC delivered by frontline health workers. IPC during health facility or home visits was combined with mass media (MM) and community mobilisation (CM) activities, which were delivered by a NGO in Bangladesh and government health systems in Ethiopia and Vietnam.

Intervention

In Bangladesh and Vietnam, large-scale SBCC interventions were implemented in various districts or provinces throughout the country from 2010 to 2014. In Ethiopia, SBCC interventions were implemented in the northwest zones of Amhara region from 2015 to 2017. A core component of all the programs was IPC (individual or group counselling or provision of key program messages). Additional interventions included MM and CM in all countries and agriculture activities in Ethiopia¹¹⁹.

- In Bangladesh's intervention areas, BRAC¹²⁰ health workers and community volunteers conducted multiple, age-targeted, IYCF-focused counselling visits to households with PW and mothers of children ≤2 years of age (12–27 contacts, depending on frontline worker type). IYCF promoters were also recruited and trained to support them. CM included sensitization of community leaders about IYCF, and community theatre shows focused on IYCF. The MM component consisted of the national broadcast of 7 television spots with messages on various aspects of IYCF—2 spots focused on breastfeeding, 4 spots on complementary feeding, and 1 spot on hygiene.

¹¹⁹ Kim SS, Nguyen PH, Tran LM, Alayon S, Menon P, Frongillo EA, Different Combinations of Behaviour Change Interventions and Frequencies of Interpersonal Contacts Are Associated with Infant and Young Child Feeding Practices in Bangladesh, Ethiopia, and Vietnam

¹²⁰ A large nongovernmental organization

- In Ethiopia, Alive & Thrive with Save the Children worked with health workers, volunteers, and agricultural extension workers to deliver intensified IPC about IYCF and promote AG activities to benefit children. Age-appropriate IYCF messaging was provided to women from their last trimester of pregnancy to 2 years of child age. Agricultural extension workers promoted agricultural activities, such as designating a chicken whose eggs are prioritized for young children in the household and designating vegetables from homestead gardens for children. Priests and religious leaders delivered CM activities such as sermons about adequate child feeding. The MM component consisted of a regional broadcast of a radio drama, which included 12 episodes with stories that aligned with IYCF messages, associated jingles, and testimonials of model mothers.
- In Vietnam, Alive & Thrive with Save the Children worked with the government to establish a total of 781 social franchises within government health facilities at the province, district, and commune levels in 15 of the 63 provinces to deliver high-quality IYCF counselling. The IPC schedule included 9–15 counselling contacts. There was little to no CM, involving only the distribution of invitation cards to social franchises by village health workers to encourage mothers to attend counselling services. MM consisted of a national broadcast campaign that used television, print, and digital media; 2 television spots focused on breastfeeding, 1 spot on complementary feeding, and 1 spot promoted the use of franchise services. Other MM activities in intervention areas included loudspeaker announcements in community, posters promoting breastfeeding in commune health centres, and billboards.

Results

- Over a 4-year period (2010–2014), program interventions led to significant impacts on IYCF practices in both Bangladesh and Vietnam; in Ethiopia, positive impacts on complementary feeding practices and stunting were observed after a 2-year period (2015–2017).
- Across the three countries, changes in behaviour and adoption of recommended practices did not occur uniformly. A major determinant of change was the reach of the intervention, which in turn was affected by choice of the delivery platform. Reach was highest in Bangladesh, where nutrition workers delivered home-based counselling. In Vietnam, where interventions were delivered at health facilities, reach was lower because of demand-side constraints; in Ethiopia, the use of multipurpose government health workers also led to lower reach.¹²¹

Lessons for India

- The design of BCC must be flexible and responsive to shifts in societies and contexts. This may need regular local-level assessment of constraints faced by women and children in securing appropriate nutrition. Performance of adequate IYCF also requires investments to generate community demand through social mobilization, relevant media and existing support systems.¹²²
- Diffusion of IYCF information through social networks, reinforced by positive social norms for messages promoted over time, will contribute to positive changes in IYCF practices that may be achieved and sustained through large-scale social and behaviour change interventions.¹²³ It will also be worthwhile to have different delivery platforms in different areas based on the geographical spread, literacy levels and prevalence of communication mediums such as smartphones, TVs etc.

¹²¹ Menon P, Ruel MT, Nguyen PH, Kim SS, Lapping K, Frongillo EA, Alayon S, Lessons from using cluster-randomized evaluations to build evidence on large-scale nutrition behaviour change interventions, 2020

¹²² Osendarp S., Roche M., Behavioural Change Strategies for Improving Complementary Feeding and Breastfeeding, 2019

¹²³ Nguyen PH, Frongillo EA, Kim SS, Zongrone A, Jilani A, Tran L, Sanghvi T, Menon P, Information Diffusion and Social Norms are Associated with Infant and Young Child Feeding Practices in Bangladesh

2.3.6. Research & Development

MWCD considers Research and Development a key component in increasing the effectiveness of various WCD scheme's performance. Research projects under Grant-in-Aid for Research and Publication¹²⁴ are in the fields of welfare and development of women and children, including Food and Nutrition aspects. The priority within these broad areas is given to research projects of an applied nature keeping in consideration plan policies and programmes, and social problems requiring urgent public intervention. The key components and designated agencies for carrying out research activities across the WCD sector are:

Statistics Bureau of the Ministry: The need for compiling quality and credible data/ information about the various initiatives taken by the Ministry has been well recognised. The issue that the Ministry targets to address through its various schemes/programmes has a diverse impact on various social, cultural, and economic aspects. Therefore, research of ongoing programmes and certain situational analysis are also important for efficient progress and for the attainment of goals as mandated by the Ministry. The Statistics Bureau has been entrusted to collect and compile statistics and to sponsor research on welfare and development of women and children.

Grant-in-Aid for Research and Publications Scheme: The Ministry sponsors research projects on issues concerning women and children. However, priorities within these broad areas are given to research projects of applied nature, keeping in consideration plan policies and programmes, and social problems requiring urgent public intervention for bridging information gaps. The Ministry has sanctioned 22 new projects during the period January 2018 to March 2019, of which three were workshops. During this, an amount of Rs. 2.33 crore was released.

Internship Programme: MWCD also conducts an Internship program for young students under the Research Scheme. Broadly, this programme is designed to appraise the enrolled interns from various Academic Institutions about the policies and programmes of the Ministry. They are also encouraged to undertake pilot projects/ micro-studies focusing on the ongoing activities of the Ministry. During the period January 2018 to March 2019, 146 short-term and 12 long-term interns were trained an amount of Rs. 18.16 lakhs were spent against the Revised Budget Estimate of Rs. 20.00 lakhs. (MWCD, Annual Report, 2018-19).

NIPCCD: The National Institute of Public Cooperation and Child Development (NIPCCD), was instituted in 1966 as an academic institution, to deliver quality training and research in the areas of topical concerns related to women and child development.

Under Grants-in-Aid, since 2015, the majority of research has been undertaken in the area of Women's Empowerment covering areas such as economic empowerment, political participation, psychosocial well-being and family planning. Safety and Protection and has seen a fair amount of research, especially under the themes of violence against women, trafficking and domestic violence. Some research has also been conducted on IYCF and Supplementary nutrition; and on child welfare on themes of child trafficking, Treatment of out of home Juveniles; and child deprivation. The research has primarily been restricted to a few States – Kerala, Tamil Nadu, Odisha, West Bengal, Jharkhand, Manipur, Assam, Uttarakhand, UP, MP, Delhi, Rajasthan and Maharashtra, however, geographical diversity in research has been ensured and at-least one State from each region – South, North, East, West and North-East has been researched. A detailed overview is presented in the table below:

¹²⁴ Retrieved from https://wcd.nic.in/sites/default/files/amendedresearchscheme_02082013.pdf

Table 11: Overview of Research in the WCD Sector

Area	Themes ¹²⁵	Research conducted between 2015-2017 ¹²⁶	Grants-in-Aid between 2018- 2019 ¹²⁷	Agencies*
Maternal and Child Nutrition	<ul style="list-style-type: none"> • Best Practices for Nutrition education and training • Quality under supplementary nutrition programme • Effective Infant and Young Child Feeding Practices • Role of Behaviour Change Communication 	<ul style="list-style-type: none"> • Nutrition Management and Infant and Young Child Feeding Practices among Tribal Women in Kerala by <i>The Research Institute, Rajagiri College of Social Sciences, Kochi, Kerala</i> 	<ul style="list-style-type: none"> • Dietary Diversity: An Action Research Project in Assam by <i>The Coalition for Food and Nutrition Security</i> • Contribution of Supplementary Nutrition provided in Anganwadi in the physical growth of 0-6 years of children by <i>Mukti Social Service Organization, Odisha</i> • A comprehensive study of Nutritional and Health Status of Adolescent Girls belonging to BPL and Non-BPL Families by <i>Society for Economic Development and Environmental Management (SEDEM), New Delhi</i> 	NGOs and Philanthropies <ul style="list-style-type: none"> • BMGF • CIFF • APPI • Tata Trust • Nutrition International • Reliance Foundation • The India Nutrition Initiative (TINI) • Food Fortification Initiative Network • PATH • World Vision • CARE India • Alive and Thrive • OXFAM • GAIN Research and Academia <ul style="list-style-type: none"> • IFPRI • IRRI
Child Welfare	<ul style="list-style-type: none"> • The social and emotional wellbeing of children in Crèches • Treatment of Children in Conflict with Law • Role of Anganwadi in the physical, social and psychological development of children 	<ul style="list-style-type: none"> • Child Trafficking in the Indo-Myanmar Region: A Case Study in Manipur by <i>Manipur Commission for Protection of Child Rights (MPCR)</i> 	<ul style="list-style-type: none"> • Community-Based Treatment and Rehabilitation of Juveniles Running Away/Thrown Away from Home and Coming in Conflict with Law by <i>Haryali Centre for Rural Development</i> • Study project on "Child deprivation in Bundelkhand region of Madhya Pradesh and Uttar Pradesh by <i>Sri Shyam Sundar 'SHYAM' Institute of Public Cooperation and Community Development</i> 	
Women's Empowerment	<ul style="list-style-type: none"> • Skilling of adolescent girls • Participation of women in governance 	<ul style="list-style-type: none"> • Economic Empowerment of Women: Promoting Skills Development in Slum Areas by <i>TISS Mumbai</i> • A Situational Analysis of Muslim Widows in Delhi, Bhopal, Lucknow, Hyderabad and Mewat by <i>Mewat Development Society</i> 	<ul style="list-style-type: none"> • Women's contribution to Farm based economies and their access to land rights in the North Eastern States of India by <i>R. G. Foundation, New Delhi</i> • Assess the Status of Women's Political Participation in India by <i>Santek Consultant Pvt Ltd, New Delhi</i> 	

¹²⁵ Ministry of Women and Child Development, Grant-in-Aid for Research, Publications and Monitoring Scheme Indicative areas of Research 2019-20¹²⁶ Ministry of Women and Child Development, Compendium of Research Studies 2015-2017¹²⁷ Ministry of Women and Child Development, Annual Report 2018-19

*Not Exhaustive

	<ul style="list-style-type: none"> • Women's participation in the economy • Women's contribution to domestic workplaces/ unpaid work at home • Wage differentials of males and females • Need for reservation for women and girls • Role of women in Family Planning • Gender Sensitivity in organizations • Ownership and control of women on economic resources • Access of women to digital technologies, gadgets, ICT 	<ul style="list-style-type: none"> • An Evaluation of Working Women's Hostels that Received Grant-In Aid under the scheme to Provide Safe and Affordable Accommodation to Working Women by <i>Haryali Center for Rural Development</i> • Working Condition and Privileges for Women in Unorganized Sector in India by <i>R.G. Foundation, New Delhi</i> • An Oral History Project on Stories behind a Hot Cup of Assam Tea: Listening to Voices of Women Laborers in the tea gardens" by <i>Dibrugarh University, Assam</i> • Assessing Gender Sensitivity in Media Organization and Content: Evaluation of Selected Print Media Houses in Four Metro Cities by <i>Administrative Staff College of India, Hyderabad</i> • Problems Faced by Women Workers in Unorganized Sector by <i>Himalayan Region Study and Research Institute, Delhi</i> 	<ul style="list-style-type: none"> • Study on "Implementation of Forest Right Act, 2006 in the context of Rights, Empowerment and Impact on Socio-economic status of Women in the State of Odisha and Maharashtra by <i>Amity University, Noida</i> • Study project on "Bamboo: A Potential Tool for Empowerment of Tribal Women by <i>Amity University, Noida</i> • An Analysis of Women's Wage Discrimination in Uttar Pradesh by <i>Gramin Jan Kalyan Sansthan, UP</i> • Situational analysis of the psychosocial wellbeing of the middle-age (45 – 65 year of age) women in Delhi NCR by <i>Jamia Millia Islamia University, New Delhi</i> • Gender-based wage inequalities in the formal and informal sector by <i>R.G. Foundation, New Delhi</i> • Opportunities and Challenges in Digital Literacy: Assessing the impact of digital training for empowering urban poor women by <i>Institute of Home Economics, New Delhi</i> • Study project on 'An evaluation of Beti Bachao Beti Padhao scheme' by <i>National Council of Applied Economic Research, (NCAER)</i> • Study project on "Understanding women's access to the inherited property in North India" by <i>Jamia Millia Islamia University, New Delhi</i> • 6th Report of the convention on the elimination of all forms of discrimination against women (CEDAW) by <i>National Law University, New Delhi</i> • Factors responsible for the unequal burden of Family Planning methods on Women: An 	<ul style="list-style-type: none"> • AIIMS • M. S. Swaminathan Research Foundation (MSSRF), • Results for Development Institute (R4D), • Centre for Health Research & Development, • Institute of Home Economics, • Institute of Economic Growth, Delhi, • JIPMER, Puducherry • Indian Institute of Health Management Research, Jaipur • Health Research Management (IIHMR) Delhi <p><u>Bilateral and Multilateral organisations</u></p> <ul style="list-style-type: none"> • UNICEF • WHO • WORLD BANK • USAID • WFP
--	---	---	---	--

			<p>evaluation study in selected states of India by <i>Bharathiar University, Tamil Nadu</i></p> <ul style="list-style-type: none"> ● Women Contribution to Farm based Economies and their Access to Land Rights – A study in Tamil Nadu by <i>GRABS Educational Charitable Trust, Tamil Nadu</i> ● Study project on “Study nature of incidence and impact of Sexual Harassment of Women at Organized and Unorganized Sector Workplace in the State of Rajasthan by <i>Shrushti Seva Samiti</i> 	
Safety and Protection	<ul style="list-style-type: none"> ● Protection of Women from Domestic Violence ● Cybercrimes against women and children ● Incidence of violence faced by women in public transport ● Susceptibilities and needs of women and girls/ children in disaster-prone areas/ during disasters and calamities ● Crime against women and children ● Sexual violence against women 	<ul style="list-style-type: none"> ● Violence against Girls in Secondary Schools of Mizoram by <i>Mizoram University</i> ● Women Safety from Sexual Assault at Public Spaces in the National Capital Region by <i>Indian Institute for Integrated Women & Child Development, Noida</i> ● Trafficking in Women and Girl Children for Commercial Sexual Exploitation: Interstate Study in Jharkhand, Odisha and West Bengal by <i>Social Awareness Institution (SAI), Odisha</i> ● Violence against Women – (Post “Nirbhaya” Case- A Comparative Study of Impact of New Laws, Crime Rate and Reporting Rate, Change in Awareness Level) by <i>Bharatiya Stree Shakti (BSS), New Delhi and TISS, Mumbai</i> 	<ul style="list-style-type: none"> ● Violence Against Girls in Degree Colleges of Mizoram and Its effects on Higher Education of Girls by <i>Mizoram University</i> ● Study on ‘Behavioural and environmental attributes in sexual atrocities towards women and children in Kerala by <i>Centre for Advanced Research in Health and Human Behaviour, Trivandrum</i> ● Incidence and impact of domestic violence against women in Uttarakhand by <i>Sawuthan, New Delhi</i> ● An Assessment of Domestic Violence and Impact of Domestic Violence Act. 2005 among Women in Manipur by <i>Manipur Educational Development and Research Association</i> 	

Across the globe and for decades now, nutrition has been a key focus of research. Several private-sector agencies and bi/multi-lateral agencies have focussed on child and maternal nutrition. Initiatives such as Alive and Thrive, The Lancet series on Maternal and Child Undernutrition etc. have also provided extensive literature on tackling the issues of under-nutrition. It is therefore positive to see MWCD focussing research on Women's Empowerment, Safety and Protection. These issues are usually very context-specific and were not given much focus in the past decades. It would, however, be prudent to extend the focus to issues of Child Welfare to include research on the social and emotional wellbeing of children and cognitive development of children. It is also positive to note that recent and new-age issues such as cybercrimes against women and children are also being taken up as areas of research even though any research on this theme is yet to be commissioned.

MWCD currently only provides broad research areas, which are in focus for the financial year and then agencies are free to send in proposals for grants. This has meant that research projects are often undertaken in the same geographies and for similar thematic areas. It would be useful if each State provides areas of assessment and research required in each financial year and if those are prioritised. It should also be ensured that every State gets research funds allocated annually. Moreover, State DWCD and MWCD should come up with action points based on research findings and proper implementation and follow up plan should be developed.

Challenges in undertaking R&D efforts

One main challenge, which is faced in scaling up R&D efforts is limited financial resources and competing priorities. The Indian Journal of Medical Research in its 2017 Paper on Research priorities in Maternal, new-born, & Child Health & Nutrition for India provided a guiding plan for prioritization of research options. The study noted that an inclusive and transparent method should be adopted to decide the national research agenda, which should also identify areas for innovation and strategies to improve deliverability, efficiency, scalability and sustainability of existing interventions.¹²⁸ Some key criteria on which the method should be based include purpose/objective; geography, target population, major areas of research focus, time-frame, methodology and stakeholder constituencies, and replicability. MWCD should also develop a methodology to prioritise research studies objectively.

While MWCD is making progress in increasing R&D, challenges are present, particularly when the research involves children or victims of violence. It must be ensured that agencies undertaking primary research are sensitive towards the participants and take required consent before conducting and publishing data, images, videos etc. India also has limited specialised agencies to research areas such as child trafficking, juvenile reforms, sexual violence against women etc. Proper training and guidelines need to be developed for high quality and ethical research.

Research on issues related to women and children often have overlapped with other Ministries such as health, education, social justice etc. This too presents a challenge and highlights the need for convergence and knowledge sharing. Inter-department research activities should be encouraged, and an action plan for the same should be developed. Moreover, the issues of

¹²⁸ Arora NK, Swaminathan S, Mohapatra A, Gopalan HS, Katoch VM, Bhan MK, Rasaily R, Shekhar C, Thavaraj V, Roy M, Das MK, Wazny K, Kumar R, Khera A, Bhatla N, Jain V, Laxmaiah A, Nair MKC, Paul VK, Ramachandran P, Ramji S, Vaidya U, Verma IC, Shah D, Bahl R, Qazi S, Rudan I, Black RE, Research priorities in Maternal, New-born, & Child Health & Nutrition for India: An Indian Council of Medical Research-INCLEN Initiative, 2017

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

secondary data availability can also be somewhat addressed through convergence with State and local governments and other Ministries. Nodal government agencies should have oversight of all research activities being undertaken to ensure proper access of resources to researchers.

One final challenge that is seen in undertaking R&D activities is not only undertaking the research but proper utilisation of the research and knowledge sharing. It is important to take State governments in the loop before commissioning any research study and have an action plan ready for not only the dissemination of findings but also for implementing the recommendations. Annual reviews on the utilisation of research findings in the design and implementation of WCD programmes should be undertaken to encourage active use of R&D as a tool.

Box 15: Learning from the World: Effectiveness of research and innovation management at policy and institutional levels in Malaysia

As a nation with relatively limited resources, Malaysia has to ensure that every investment it makes in research and innovation (R&I) achieves the desired results and earns a high rate of return. The allocation of resources is therefore closely aligned to its national priorities of transforming the country into a knowledge-driven economy to maximise economic and social returns. R&I is a key activity in enhancing the generation of new products, processes, services, or solutions. Despite making progress, Malaysia has a long way to go to catch up with its competitors. The Ministry of Science, Technology and Innovation identified the following challenges to be addressed systematically and urgently:

- Public sector orientation and national focus
- Sound institutional framework but weak management
- Limited linkages and collaboration
- Weak dissemination and weak attention to absorptive capacities
- Lack of focus
- Concern over the effectiveness of educational investment and brain drain.

Intervention

Following identification of challenges, national policies, strategies and mechanisms were put in place to address them. These included the following:

- **Setting research priorities** – Research priorities to focus on those areas where the nation is already strong and where opportunities for growth and leadership are highest.
- **Striking a balance in funding support** – The emphasis of R&I funding in Malaysia has been on applied research. There should be a balance in funding all aspects of the research spectrum.
- **Improving funding mechanisms** – Over the years, Malaysia has introduced a wide range of research funding schemes for both the public and private sectors resulting in inefficiencies such as difficulty in identifying suitable funds, long bureaucratic delays in approval and disbursement of funds, and lack of rigour and transparency in fund approval. To address some of these concerns, the government plans to set up a central mechanism to manage all major R&I funding schemes.
- **The government is encouraging the private sector to play a more active part in research and innovation:** Initiatives include tax incentives to encourage the private sector to carry out R&I as well as loans and venture capital.
- **Utilise public universities, which have research management units within their administrative structure:** Staff members from these units should meet annually to share experiences and co-ordinate matters pertaining to research procedures in each of their universities. These feed into general guidelines and uniform administrative policies that apply to all researchers in public universities.
- **Malaysia's national innovation strategy has three thrusts:** a) to strengthen the building blocks of innovation, b) to switch on the enablers, and c) to shoot for the stars. The building blocks include school

leavers, graduates, a workforce with the right attitude and skills, intellectual capital for wealth creation, and a seamless funding pipeline. The enablers include the use of ICT technologies, lifelong learning, interaction and collaboration between industry, academia, society and government, and the creation of entrepreneurs. “Shoot for the stars” involves developing world-class centres of excellence (COE)

Results

Malaysia has made impressive strides in developing the management of R&I; however, funding continues to remain low compared with amounts invested in developed economies. Most research funding currently comes from the public sector. The private sector is, however, encouraged to play a more active role. Much of the research funding is allocated to applied research, focused on developing new products, processes, services and solutions.

Government granting agencies are being expected to fund projects in areas of high national priority, in which commercialisation is possible. These projects are also expected to encourage collaborative effort across research institutes and enhance R&D linkages between the public and private sectors.

Most public research funds are allocated as block grants, such as the research funds transferred to research universities. A more competitive grant scheme would instil transparency and accountability in fund allocation, as well as ensure quality research aligned with national research priorities.

Policymakers should continue to review the national priorities for R&D, to restructure organisational and governance arrangements for R&D considering national priorities, to refine their research-funding mechanisms, and to appreciate both the opportunities and the threats to nationally significant R&I activity. Institutional leaders should ensure that they are properly acquainted with research trends, policy settings and funding settings to be better able to plan strategically and develop the necessary executive and other institutional support mechanisms to progress valuable R&I activities.

Learning for India

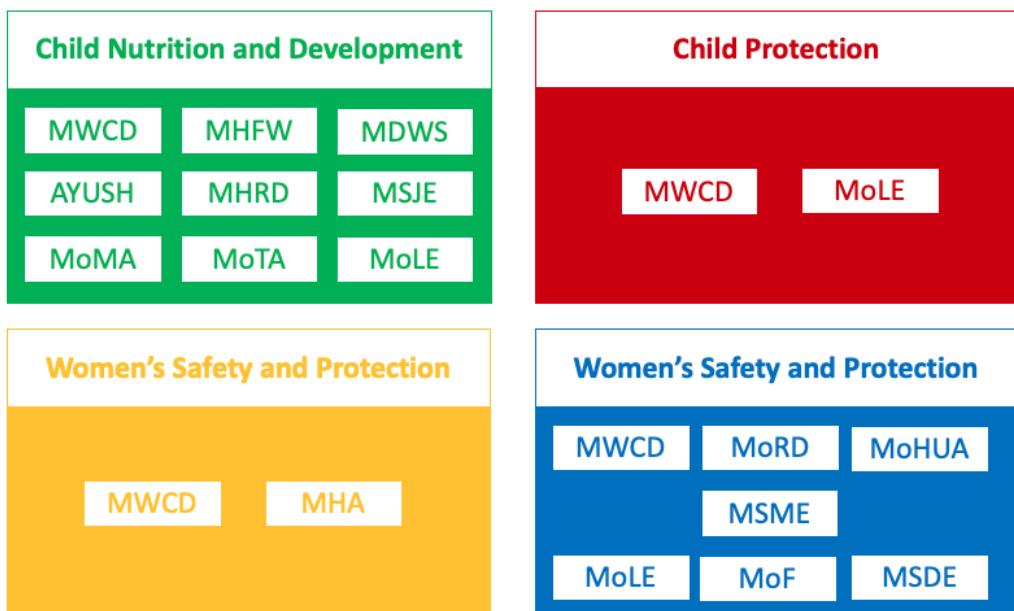
- A stronger focus on innovation in service delivery is required.
- Competitive grant schemes can increase transparency and accountability.
- Research needs to be aligned with national priorities.
- Active collaboration between research institutes, government bodies and incentivising research for the private sector can reap benefits.
- A strategy to effectively collaborate with public universities and institutions should be developed.

Adapted from OECD's Effectiveness of Research and Innovation Management at Policy and Institutional Levels in Cambodia, Malaysia, Thailand and Vietnam.

2.3.7. Unlocking Synergies with Other Government Programmes

By its nature, Women and Child Development is a cross-cutting issue and is dependent on multi-sectoral convergent response to the challenges of women empowerment and protection as well as child development and protection. Convergence with other ministries and programmes to push forward the agenda of women empowerment, protection, and improved nutrition is key to the MWCD's activities. MWCD came into existence as a separate Ministry with effect from 30th January 2006; with the prime intention to address gaps in State action for women and children and for promoting inter-ministerial and inter-sectoral convergence to create gender equitable and child-centred legislation, policies and programmes.

MWCD schemes leverage other schemes and services provided by 14 ministries as highlighted below, as well as internal convergence with various schemes run by the MWCD.



The scheme-wise convergence with other ministries is provided in Table 12 below:

Table 12: Scheme-wise Convergence

S. No.	Scheme	Convergent Ministries
1.	Anganwadi Services and POSHAN Abhiyaan	MoHFW: National Health Mission, MAA, Indradhanush, HBNC MoRD: DAY-NRLM, MGNREGS MHRD: Mid-Day Meal Scheme MDWS: Swachh Bharat Mission, National Rural Drinking Water Programme MoPR: PRIs MCAFDP: NFSA, TPDS MI&B: IEC and Media Campaigns MoTA/MoMA/MSJE: Focussed Interventions for vulnerable community groups (Scheduled Tribes, Scheduled Castes)
2.	Scheme for Adolescent Girls (SAG)	MoHFW: IFA Supplementation, Health check-up and referral, Nutrition & Health Education MSD: Provide opportunities for skill development MWCD: Anganwadi Services MHRD: Entry/re-entry into formal schools MYAS: Life skill education

3.	Pradhan Mantri Matru Vandana Yojana	MoHFW: JSY
4.	National Creche Scheme	N.A.
6.	Beti Bachao Beti Padhao (BBBP) Scheme	MoHFW: Execution of the Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act, promoting early pregnancy registration and institutional deliveries MHRD: Making schools girl-friendly
7.	Mahila Shakti Kendra (MSK) Scheme	All MWCD Schemes, as well as all ministries running women-centric programmes (Guidelines do not go into detail)
8.	Swadhar Greh Scheme	MHA/Police: Referral of residents to Swadhar Greh and Ujjawala Homes MoHFW: Provision of health check-ups for residents DLSA: Provision of legal counselling to residents MSD: Provision of vocational training and skills
9.	Ujjawala Scheme	MHA/Police: Referral of residents to Swadhar Greh and Ujjawala Homes MoHFW: Provision of health check-ups for residents DLSA: Provision of legal counselling to residents MSD: Provision of vocational training and skills
10.	One-Stop Centre (OSC) Scheme	MHA/Police: Emergency Response and Rescue Services; Assistance in lodging FIR/ NCR/DIR MoHFW: Medical assistance MLJ/DLSA: Legal counselling; ensuring expeditious disposal of cases.
11.	Women's Helpline	MHA/Police: Emergency Response and Rescue Services; Assistance in lodging FIR/ NCR/DIR MWCD: OSC
12.	Mahila Police Volunteers	MHA/Police: Reporting of cases of VAW MWCD: Anganwadi Services to reach out to women for sensitisation, awareness generation

As is visible from the table above, the convergence mechanisms and scope are well documented and prescribed for most of the schemes.

Convergence in Child Development and Nutrition

Given the need for convergence in the actions of a multiplicity of agencies, MWCD has developed a robust convergence platform for the Child Development and Nutrition sector through the National Nutrition Strategy and the launch of POSHAN Abhiyaan. The articulated goal of convergence is to ensure that all nutrition-related programmes converge on households with mothers and children in the first 1,000 days, the core target population for POSHAN Abhiyaan (MWCD 2018). The tools identified by POSHAN Abhiyaan to achieve programmatic convergence at the field level, include:

- Fixed Monthly Village Health, Sanitation, and Nutrition Days to constitute the effective platform for the convergence of services to the mother and child and a forum for growth promotion and behavioural change counselling.
- Joint Community Monitoring of nutrition status of children under three years at panchayat, village /AWC and health sub-centres and in urban models and the IT-enabled monitoring proposed by NNM.
- Joint Community Communication and Village Contact Drive-by mapping and weighing of children, in front of the community- making undernutrition visible.

- Linking the concept of “Kuposhan Mukt panchayats” to the convergent gram panchayat plans prepared through an intensive participatory planning exercise (IPPE) initiated by MRD in 2532 backward blocks (of which 967 are intensive blocks) for rural development. Trained panchayat members (especially women) and Women’s SHGs mobilised under NRLM play a vital role in this.
- Strengthening of the Village Health Sanitation and Nutrition Committees (6.4 lakhs as per RHS 2014), recognised as sub-committees of panchayats.
- Local gap filling and tapping of other resources in the district to strengthen ICDS, Health and Swachh Bharat infrastructure and services- as proposed in NNM.
- Joint planning for training and capacity development.

POSHAN Abhiyaan laid out a comprehensive convergence mechanism for the nutrition sector, covering the Anganwadi Services Scheme and the Scheme for Adolescent Girls. As part of the mechanism, convergence committees are set up at the National, State and District level. At the National Level, Convergence is addressed through the National Council under the Chairmanship of Vice-Chairman, NITI Aayog and Executive Committee under the Chairmanship of Secretary, MWCD. Both Committees have representation from all aligned Line Ministries, Partners, selected States and Districts.¹²⁹

A key mechanism of ensuring convergence of activities at the field level was the “Convergence Action Plans”. POSHAN Abhiyaan sought to initiate Convergent Action Plans at State, District & Block levels and through VHSND at Village Level, to achieve synergy and desired results. The convergence action plan committees, which are set up at national, state, district, block, and village levels are expected to operationalise this framework.

Table 13: Components to Be Included in the Convergence Action Plan

S. No.	Areas of Convergence	Name of the Component	Name of the Concerned Department
1.	Strengthening of AWC Infrastructure (including identification of structural gaps)	Construction of AWC buildings under MGNREGS including identification of gaps	Rural Development & Panchayati Raj
		Provision of safe drinking water at AWC including identification of gaps	Drinking-Water & Sanitation and Panchayati Raj
		Provision of sanitation at the AWCs including identification of gaps	Drinking-Water & Sanitation and Panchayati Raj
		Community mobilisation on Swachh Bharat Mission & ODF	Drinking-Water & Sanitation
2.	Ensuring quality of SN	Supply of food grains	Food & Public Distribution
		Testing of quality of SN	State Food laboratories/FNB laboratories
3.	Effective delivery of Health Services	Fixed VHSND, ANC/PNC, Health check-up of children, immunisation, referral services, health education, joint training of AWW & ASHA, etc.	Health & Family Welfare
		Medical check-up, Treatment of SAM and other children referred by AWC	State Hospitals – PHC/ CHC/NRC/District Hospitals
4.	Strengthening ECCE & IEC	Early Childhood Care & Education (ECCE)	MHRD & MWCD
		Mobilisation and sensitisation of villagers, coordination, providing water & sanitation, maintenance of AWCs, preparing CAP	Panchayati Raj Institutions/Urban Local Bodies

¹²⁹ MWCD (2017). Operational Guidelines for Convergent Action Plan. New Delhi. Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

		Information & Education Campaign (IEC)	Information & Broadcasting/DIPR
--	--	--	---------------------------------

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

Together with various departments implementing programmes, the CAP committees are expected to: (i) develop CAPs; (ii) conduct periodic reviews; (iii) monitor and track the progress of the actions in the plan; and (iv) facilitate efforts to achieve the targets. Although the overarching intent of convergence is clear, the operational guidance does not make explicit how stakeholders could ensure that multiple programmes reach the same mother-child dyad in the first 1,000-day period¹³⁰.

While this evaluation found that the convergence action plan committees were constituted at all levels across the states sampled, and convergence action plans were drawn up for all levels, including the village, block, district and State. The district and state officials confirmed that they were monitoring the activities under different schemes in line with the convergence action plan. However, the evaluation could not ascertain the effectiveness of the convergence mechanism on the ground. In many cases, it was observed that the block-level convergence action plans were the same for all blocks in the district and were similar in design. Given this, the effectiveness in developing the CAPs and in their delivery seems difficult to assess.

Convergence can be seen at two levels: (a) Governance level which creates an institutional mechanism to ensure a coherent response from multiple departments; and (b) Impact level where "effective convergence" implies successful reach of programs from relevant sectors that address the critical determinants of undernutrition for the same household, same woman and same child¹³¹. Menon et al. (2019) assessed the effectiveness of convergent actions on the ground as envisaged in the POSHAN Abhiyaan, with the 'effective convergence' defined as "successful reach of programmes from relevant sectors that address the key determinants of undernutrition for the same household, same woman, and same child in the first 1,000 days". The study looked at a data of 1,417 households from Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, and West Bengal. The study created indicators of coverage of a total of 19 nutrition-specific and nutrition-sensitive interventions relevant to women and children in the first 1,000 days, to be delivered through various government agencies identified under the POSHAN Abhiyaan guidelines as highlighted below:

Table 14: Services to be delivered to beneficiaries during the first 1,000 days period

Nutrition Specific Interventions		Nutrition-Sensitive Interventions	
Mother	Child	Households	Individuals
Enrolment in Janani Suraksha Yojana	Weight measurement by Anganwadi worker	Provision of ration card	Awareness of Swachh Bharat Abhiyan
Provision of Mother and Child Protection Card	THR provision since child turned six months old	Possess MGNREGA job card	SHG membership
Four or more antenatal care check-ups	Provision of vitamin A supplements	Access to an improved toilet facility	

¹³⁰ Menon, P.; Avula, R.; Pandey, S.; Scott, S, and Kumar, A. (2019). Rethinking effective nutrition convergence: An analysis of intervention co-coverage data. Economic and Political Weekly 54 (24): 18-21.

<https://www.epw.in/journal/2019/24/commentary/rethinking-effective-nutrition-convergence.html>

¹³¹ NITI Aayog (2019). Transforming Nutrition in India: POSHAN Abhiyaan – A Progress Report. Retrieved from: https://niti.gov.in/sites/default/files/2020-02/POSHAN_Abhiyaan_2nd_Report.pdf

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Iron supplementation during pregnancy	Provision of iron supplements	Access to a clean drinking water source	
THR provision during pregnancy	Provision of deworming medicine		
THR provision during breastfeeding			
Institutional delivery			
Health worker visit within two days of delivery			

The study found that on average, households received eight out of 13 nutrition-specific and four out of six nutrition-sensitive interventions. However, only 23 of 1,417 households (1.6 per cent) had received all 13 nutrition-specific interventions, and only 5.6 per cent received all six nutrition-specific interventions. The study further finds that the provision of THR (at all stages), iron-folic acid (IFA) (during pregnancy) and Mother and Child Protection Cards had high reach and less variability across states than other interventions. For these interventions, even the worst-performing states reached at least 75 per cent of the households. Health worker visits within two days of delivery, IFA, and deworming during childhood reached fewer than 40 per cent of the households. State variability was high for IFA (24 per cent to 66 per cent for individual states) and deworming (11 per cent to 62 per cent).

MWCD officials stated that convergence with different Ministries/Departments at National level and Department levels in States is inbuilt into the convergence framework. Also, Guidelines for preparing Convergence Action Plan (CAP) have been shared with States/UTs, which mention the convergence structure at State, District, Block and Village levels. 30 States/UTs prepared CAPs in 2019-2020. There is a significant increase from 2018-19, where only 9 States/UTs had prepared CAPs. However, it is still not clear what actions usually result from the monitoring and review of the CAPs, and whether these have only become a tool to ensure that the numbers are being met. Thus, there is a need to undertake outcome-oriented convergence activities on the ground and training for the field level staff on sharing data and information, and to conduct joint convergence trainings/activities.

Convergence for Child Protection

Child Protection Services

The issue of child protection is a complex subject and needs a comprehensive and multi-pronged approach. Children have diverse needs starting from health, nutrition, care, protection, development, education, love, affection and recreation. Apart from these children either in conflict or contact with the law have additional needs that require interventions from the police, judiciary, Panchayati Raj Institutions, urban local bodies and local administration. ICPS aims to identify the needs of children in need of care and protection and children in conflict/ contact with the law and address their needs by providing lateral linkages with other line departments for timely and appropriate interventions from them. The District Child Protection Unit operationalises such convergence at the District Level through the creation of linkages with the health department, department of skill development, education, Juvenile Justice Board, CWC, National Child Labour Project.

While the ICPS scheme Guidelines¹³² highlight the importance of convergence with other departments, agencies, organisations and all stakeholders for enabling a protective environment for children, the scheme does not provide for a convergence framework or specifies the mechanisms to achieve convergence. In most of the states, while informal interactions between CWCs, DCPUs, Police, JJB and others are common, there is a lack of formal recorded meetings where specific convergence agendas or concerns are discussed. Government stakeholders such as Dept of Labour, Dept of Police, sometimes do not cooperate or comply with the orders of CWCs, which is a direct result of limited networking efforts. Majority of the CWCs are often noted to focus more on networking with the local NGOs for provision of services such as education, skill development, internships/apprenticeships, etc. possibly due to easier access and supports from them.

Beti Bachao Beti Padhao (BBBP)

BBBP is being implemented through an *inter-disciplinary approach*. The scheme is a convergent effort of three Ministries, namely, *Women & Child Development (MWCD)*, *Health & Family Welfare (MoHFW)* and *Human Resource Development (MHRD)*, with the MWCD at the helm. The MWCD focuses on awareness generation, advocacy, community mobilisation, training stakeholders, identifying local champions and rewarding institutions and frontline workers. Convergence with the MoHFW involves strengthening the execution of the Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act and promoting early pregnancy registration and institutional deliveries. Convergence with the MHRD includes making schools girl-friendly by ensuring the enrolment, retention, transition and completion of secondary school education and providing a separate functional toilet for girls in schools.

The BBBP guidelines¹³³ provide a detailed description of the *linkages for convergent action* with concerned Ministries for policy and programmatic interventions, training, capacity building and communication. The responsibilities of stakeholders across Departments, at the National, State and District levels are clearly defined, thereby *removing the scope for an overlay of duties, and any ambiguities in convergence efforts*. Also, the guidelines¹³⁴ recommend strengthening linkages with partner Ministries and line Departments such as Panchayati Raj, Urban Local Bodies, Youth Affairs and Sports, Skill Development Mission, Registrar General of India (RGI). The BBBP scheme sets out the creation of State, District and Block Level task forces and committees responsible for implementing the convergent activities:

- At the State level, a State Task Force (STF) is formed with the representation of concerned Departments including State Level Services Authority and Department of Disability Affairs for Beti Bachao, Beti Padhao to coordinate the multi-sectoral implementation of the scheme. The Chief Secretary in States heads the Task Force. Principal Secretary, WCD/Social Welfare is the responsibility of coordinating all the activities related to the implementation of the scheme in the State/UTs through the Directorate of ICDS/ MSK (Mahila Shakti Kendra). State Resource Centre for Women (SRCWs), institutions under the MSK scheme function as PMU to provide technical and coordination support for implementation and monitoring of the State action

¹³² Ministry of Women and Child Development, Government of India, Child Protection Services Scheme Guidelines.

¹³³ Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.

¹³⁴ Ibid.

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

plan. The STF meets at least twice in a year to review and assess the progress on intermediary targets achieved by the districts.

- At the District level, a District Task Force (DTF) led by the District Collector/Deputy Commissioner with the representation of Departments like Health, Education, and other concerned departments such as District Legal Services Authority and Police. The DTF is responsible for effective implementation, monitoring and supervision of the District Action Plan (DAP). Technical support and guidance for the formulation and implementation of Action Plan in the district are provided by District Programme Officer (DPO) in the District ICDS Office using the Block level Action Plans. They also undertake a monthly review of the progress on the activities listed in the Department Plans of action at the district level. MSK/District Level Centres for Women (DLCW), wherever functional, act as PMU to provide technical and coordination support to DC/DM on implementation of BBBP.
- At the Block level, a Block level Committee is set up under the chairpersonship of the Sub Divisional Magistrate/Sub Divisional Officer/Block Development Officer to provide support ineffective implementation, monitoring and supervision of the Block Action Plan. The College Student Volunteers under MSK (in 115 selected backward districts) work with BBBP to sensitise and create awareness in the community on BBBP.
- At the Gram Panchayat/Ward level, the respective Panchayat Samiti/Ward Samiti having jurisdiction over the concerned Gram Panchayat/Ward are responsible for the overall coordination and supervision for effectively carrying out activities under the Plan with technical support of DLCW-Coordinator.

Thus, convergence forms a core strategy for BBBP implementation with a tri-Ministerial effort being ensured at all levels from the National through to the village level. The scheme has been able to show strong convergence on the ground, with the Ministry reporting¹³⁵ that during the FY. 2018-2019, 1803 convergence meetings were held with the line departments and various stakeholders, 2212 Media/ Awareness campaigns were conducted for spreading awareness; 1308 training programmes at District level with various stakeholders were organised, and 1,42,638 participants were oriented and sensitised; 23,622 training programmes for front line workers viz. ASHA, Anganwadi workers were also organised to build the capacities of 3,81,336 workers; 2,76,037 awareness activities organised through various mode such as Nukkad Nataks, puppet shows, magic shows, street plays, community meetings etc.

As a result, the scheme has stirred up collective consciousness towards changing the mindset of the public to acknowledge the rights of the girl child. The scheme has resulted in increased awareness and sensitisation of the masses. It has raised concerns around the issue of declining CSR in India. The collective consciousness of the people supporting the campaign BBBP has found its place in public discourse.

Convergence for Women Empowerment

Mahila Shakti Kendra scheme was designed to facilitate coordination and convergence of various women-specific schemes and programmes across central ministries and state departments. The scheme aims to facilitate through convergent action the processes that contribute to economic empowerment of women, eliminate violence against women, social

¹³⁵ MWCD Annual Report 2018-19

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

empowerment of women with an emphasis on health and education, gender mainstreaming of policies, programmes and institutional arrangements and awareness generation and advocacy for bridging information and service gaps for holistic empowerment of women.

The MSK scheme has multiple components at various levels to support the convergence of women-centric schemes at all levels. The scheme provides for:

- National level structure to support MWCD towards achieving inter-sectoral convergence and facilitate implementation/monitoring of women-centric schemes of the Ministry.
- State Resource Centre for Women (SRCW) to support the respective State Govt./UT Adm. towards implementing programmes, laws, and schemes meant for women through effective coordination at the State/UT level. Further, funds are allocated to strengthen BBBP activities as SRCWs also function as PMU BBBP at the State/UT level.
- District Level Centre for Women (DLCW) to serve as a link between the village, block and state level in facilitating women centric schemes and also give a foothold for BBBP scheme at the district level.

While the mandate of the MSK scheme to enhance convergence between the MWCD schemes is clear, the mechanism it uses to strengthen this convergence is unclear. There is no specified framework available for achieving convergence among women-centric schemes through MSK. Discussions with the MWCD consultants engaged in the delivery of MSK highlighted that a number of the SRCW staff members facilitate the implementation of other schemes where there was a shortage of staff and that the State government representatives decide how to utilise the SRCW staff best to improve implementation of the Women empowerment schemes. This points to a severe lack of clarity in the purpose of the scheme and the role of the SRCW. It also points to the use of the MSK staff as more of a stop-gap arrangement and to plug in the staffing hole in other schemes rather than a systematic and strategic use of the resource centre to improve convergence across government schemes to empower women. The SRCW staff also supports the State WCD departments in strengthening BBBP activities, as they also act as the BBBP PMU at the state level. While the evaluation was able to confirm that the MSK staff provide implementation support across schemes, the type of support being provided was more operational rather than strategic. The study finds that while the scheme plays a role in supporting the State's capacity to manage MPEW schemes, the convergent aspect of the SRCWs services is not clear. A similar lack of clarity on convergence emerges at the district level for MSK, where the three-member DLCW being funded by the scheme. The DLCW staff, similar to SRCW staff, provide operational support to various programmes as needed, but their role in enhancing convergence between the schemes is unclear.

Convergence for Women's Safety and Protection

Three of the MPEW schemes – One Stop Centre scheme, the Women's Helpline, and Mahila Police Volunteers schemes are designed in a manner so that the three schemes converge and provide services to the women in distress and need of care and protection. One-Stop Centre provides the institutional platform for the convergence of all the services needed by a woman in distress, including police facilitation, legal services, medical services, and psycho-social counselling. Women's helpline provides a platform for information dissemination to women on all schemes and services available to the women – either under the empowerment vertical or safety and

protection vertical. The helpline services also converge with the police and one-stop centres to rescue and protect women in distress and difficult circumstances. At the same time, the evaluation finds that these two schemes – OSC and Women's Help Line facilitate convergent delivery of services to women affected by violence. In need for protection, the other schemes of the MPEW umbrella leave a lot to be desired to achieve the intended levels of convergence.

Mahila Police Volunteers are expected to work closely with the field level workers of the ICDS and other WCD schemes and undertake activities such as creating awareness of services available for women and children such as One-Stop Centres (OSC), Short Stay Homes, Shelters, Police Helpline 100, Women's Helpline 181, Childline 1098, Mobile Application for Emergency. They are expected to visit AWCs weekly and be in constant touch with the stakeholders on women's and children's issues such as ANMs, ASHA workers, women, home guards, NSS, NCC, Mahila Mandal workers, women's collectives, SHGs, Mahila Samkhya (wherever available), etc. She is also expected to participate in meetings on Village Health Nutrition Day (VHND), Village Health Sanitation Nutrition Committee (VHSNC), Gram Sabhas, Special Gram Sabha, Mahila Gram Sabha regularly for better convergence and coordination on issues affecting women in these forums. However, the evaluation did not find any evidence of field level convergence being undertaken in the districts where MPVs were in place. The evaluation found that even though the MPVs are expected to work closely with the ANMs, ASHA and AWWs, this was not happening on the ground. The AWWs interviewed as part of the evaluation were not even aware of the Mahila Police Volunteers in their areas and had not been reached out to by the MPVs for coordination. Given the focus on reporting and intelligence gathering, the MPVs' activities around awareness generation and conducting community meetings to build confidence among women, families and peer groups have taken a backseat. One other key component of the MPV scheme, which was the mobilisation of Mahila aur Shishu Rakshak Dal (MASRD) has remained dormant since the scheme was launched almost 4 years back. To date, no MASRD has been mobilised through the MPVs, which further puts a question mark on the effectiveness of MPVs in engaging with the public to facilitate community-based protection and safety measures for women, as well as in their ability to create awareness among women of their rights and safeguards available to them.

Ujjawala and Swadhar Greh schemes show effective convergence with the police, health department, and the DLSA, mainly due to a strong legal mandate ensuring the convergence happens. However, even under these schemes, as discussed in the previous sections, the convergence needed to enable the residents to rehabilitate and become self-reliant through skill development effectively, and vocational trainings remain weak. The schemes themselves have minimal budgetary provision for skill training of the residents, and the residents suffer due to this. The evaluation did not find any evidence of Swadhar Grehs or Ujjawala homes having tie-ups with other government agencies or were utilising the provisions of any other government scheme for providing skill development and vocational training to the residents. It is important for the state governments as well as implementing organisations to establish necessary linkages with other programmes relating to non-formal education, skill development and other programmes of the State as well as of the GoI. Ways should be devised to connect these homes and the training with existing schemes of the government, such as the Skill India programme, Pradhan Mantri Kaushal Vikas Yojna (PMKVY), training conducted under the National Skill Development Corporation.

These shelter homes are intended to be interim solutions, among a network of other simultaneous responses that together help rebuild a woman's life. Ideally, it is supposed to provide for and/or link itself with the residents' entitlements such as food, education, healthcare, housing, social security such as a pension, legal aid, childcare, admission to government schools and public hospitals. It is the responsibility of the shelter to actively connect women and girls with educational opportunities or provide assistance to those who can enter mainstream schooling. Women with children need enrolment in nearest ICDS (Integrated Child Development Scheme) centres as well as childcare services. However, shelter homes often fall short of these objectives and therefore linkages with local NGOs and women's organisations are not created effectively.

Box 16: Learning from the States: Gujarat – Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children - CHETNA's Experience

Banaskantha district, Gujarat is one among the backward districts in terms of its performance on health and nutrition indicators and vital rates. Malnutrition level is high; about 70 per cent of young children below six years of age, particularly girls are undernourished. The community health workers cannot reach the community residing in the interior and on the farms is not receiving the health facilities. CHETNA undertook an action-research project to improve access to nutrition and health services through community awareness and prevent malnutrition among pregnant women, nursing mothers and children (0-3 years) through a partnership between Government, Non-Government Organisations. Interventions included:

- **Community awareness:** To strengthen the ICDS and health service delivery, linkages were facilitated with the Dairy Cooperatives to encourage to donate milk for children. Matru mandals (MM) (mothers' group) and Sakhi Mandals (SM) (women friends' group) were enabled to provide support in organising awareness activities at the Anganwadi, during Mamta Divas (Window approach for dissemination of nutrition and health services for Pregnant and Nursing mothers and children below 6 years). CDPOs, Supervisors were trained and mentored to provide support in joint planning and organising activities as well as monitoring.
- **Linkages at the district, block and village level:** To forge linkages among ICDS and Health and to generate evidence for the corrective measure, MIS and formats/charts were developed jointly by ICDS, Health and CHETNA. Further, a list of undernourished children, non-enrolled children/pregnant women at AWC's, challenges and observation of the area were shared with CDPOs, Supervisors, BHO and MO functionaries. Joint training, planning and review of activities were also facilitated. Quarterly meetings and interaction with District collector and District Development Officer were useful in organising joint activities.

Results

- **Enrolment of Children and pregnant women:** Through village visits, 85 children and nine pregnant women were identified who were not enrolled in any Anganwadi centre. It was observed that eligible children and pregnant and nursing women were deprived of the ICDS services because there is not enough AWCs to cater to the entire population.
- **Undernourished children:** 132 undernourished children of Grade 3 and Grade 4 from 42 villages were identified, and the intervention led to improvements in the current situation of these 132 children.
- **Coordination:** ICDS and Health coordination meetings are now regularly organised

Learnings

- There is a need to form linkages with community-based organizations-VHSNC, MM, SM for effective monitoring of the Anganwadi services.
- There is a need for convergence between ICDS and Health Departments for effective coordination of activities at the village level
- Case studies of undernourished children and good practices, field visit reports, challenges and learning's should be regularly developed and disseminated.

Source: Shukla M, Kapoor I, *Intersectoral Convergence for Improving Access to Nutrition and Health Entitlements of Women and Children -CHETNA's Experience*, 2014

2.3.8. Reforms and Regulations

The National Statutes, Acts, rules, regulations enacted at the State and National level for women and child protection and safety provide for national legal guiding mechanisms for operationalisation of various women protection/empowerment schemes and child protection/development schemes. The list of Acts/Rules/Regulations governing the Women and Children of India are provided in table 15 below:

Table 15: Acts/Rules/Regulations related to Women and Children in India

S.No	Constitutional Provisions for Women and Children	Type (Economic/Social)	Supported by Legislation or Act of Parliament or any other
	<p>Article 15 – The State shall not discriminate against any citizen Nothing in this article prevents the State from making any special provision for women and children.</p> <p>Article 15(1) – Prohibits discrimination against any citizen on the grounds of religion, race, caste, sex etc.</p> <p>Article 15(3) – Special provision enabling the State to make affirmative discriminations in favour of women.</p>	Social	<p>The Protection of Women from Domestic Violence Act, 2005</p> <p>The Prohibition of Child Marriage Act, 2006</p> <p>The Criminal Law (Amendment) Act, 2013</p> <p>The Commission of Sati (Prevention) Act, 1987</p> <p>Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act, 2013</p> <p>The Pre-Conception and Pre- Natal Diagnostic Techniques (Prohibition of sex selection) Act, 1994</p>
	Article 16 – Guarantees equality of opportunity in matters of public employment and that no citizen shall be discriminated against in matters of public employment on the grounds only of sex, religion, race, caste, sex, descent, place of birth, place of residence or any of them.	Economic	Legal Practitioners (Women) Act, 1923
	Article 21A – The State shall provide free and compulsory education to all children of the age 6-14 years in such manner as the State may, by law, determine.	Social	The Right of Children to Free and Compulsory Education (RTE) Act, 2009
	Article 24 – No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.	Social	<p>The Factories Act, 1948 (Amended in 1986)</p> <p>The Immoral Traffic (Prevention) Act, 1956</p> <p>The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986</p>
	<p>Article 39(a) – The State shall direct its policy towards securing all citizens men and women, equally, the right to means of livelihood.</p> <p>Article 39(d) – Equal pay for equal work for both men and women.</p> <p>Article 39(e) – Enjoins the State to ensure that the health and strength of workers, men and women</p>	Economic	<p>The Equal Remuneration Act, 1976</p> <p>The Factories Act, 1948 (Amended in 1986)</p> <p>The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986</p>

	<p>and the tender age of children are not abused and that the citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.</p> <p>Article 39(f) Enjoins the State to ensure that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that the childhood and youth are protected against exploitation and against moral and material abandonment.</p>		<p>The Commissions For Protection of Child Rights Act, 2005 The Protection of Children from Sexual Offences (POCSO) Act, 2012 The Juvenile Justice (Care and Protection of Children) Act, 2015</p>
	Article 42 – The State to make provision for ensuring just and humane conditions of work and maternity relief.	Social	<p>The Factories Act, 1948 (Amended in 1986) The Maternity Benefit Act, 1961</p>
	Article 45 – The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.	Social	<p>The Right of Children to Free and Compulsory Education (RTE) Act, 2009</p>
	Article 47 – Directs the State to raise the level of nutrition and the standard of living of its people	Social	<p>The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and its amendment Act in 2003. The Maternity Benefit Act, 1961</p>
	Article 51 (A) (e) – To renounce the practices derogatory to the dignity of women.	Social	<p>The Indecent Representation of Women (Prohibition) Act, 1986 The Dowry Prohibition Act, 1961</p>
	Article 243 G – Read with Schedule 11- provides for the institutionalisation of child care by seeking to entrust programmes of women and child development to Panchayat (item 25 of Schedule 11), apart from education (item 17), family welfare (item 25), health and sanitation (item 23) and other items with a bearing on the welfare of children.	Social	<p>The Constitution (Seventy-Third Amendment) Act, 1992</p>
	<p>Article 243 (D) (3) & (T) (3) – Guarantees reservation of not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat/Municipality for women and such seats to be allotted by rotation to different constituencies in a Panchayat/Municipality.</p> <p>Article 243 (D) (4) – Guarantees reservation of not less than one-third of the total number of offices of Chairpersons in the Panchayats at each level for women.</p> <p>Article 243 (T) (4) – Guarantees reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and</p>		

	women in such manner as the legislature of a State may by law provide.		
--	--	--	--

A review of all such laws and legislations on women and child protection is undertaken in the subsequent sections.

Acts/rules/regulations Adopted for Women Protection and Empowerment in India

It is a known phenomenon that women continue to face systemic oppression, subordination, discrimination and violence across the globe. This is also true for the case of India where there is a history of increasing violence against women, their rights being discriminated against and a dire need to suppress their voices stemming from hetero-normative patriarchy. Violence against women is partly a result of gender relations that assumes men to be superior to women. Saravanan (2000) asserts that given the subordinate status of women, much of gender violence is considered normal and enjoys social sanction. Saravanan quotes Adriana (1996) in her paper which states that violence against women is manifested in various form and includes physical aggression, sexual abuse and rape, psychological violence through insults, humiliation, coercion, blackmail, economic or emotional threats, and control over speech and actions. In extreme cases, it may also lead to the woman's death (Saravanan, 2000¹³⁶). It is therefore required that additional safeguards of women's rights are protected under the Indian legal framework.

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The Constitution not only grants equality to women but also empowers the State to adopt measures of positive discrimination in favour of women. Empowerment would be achieved only when advancement in the conditions of women is accompanied by their ability to influence the direction of social change gained through equal opportunities in economic, social and political spheres of life. Notwithstanding the Constitutional mandate, the discourse on women's empowerment has been gradually evolving over the last few decades, wherein paradigm shifts have occurred – from seeing women as mere recipients of welfare benefits to mainstreaming gender concerns and engaging them in the development of the country¹³⁷.

MWCD has prepared the Draft National Policy for Women after considering suggestions/ comments received from stakeholders. The Draft envisions a society in which, women attain their full potential and can participate as equal partners in all spheres of life and influence the process of social change. The Draft was prepared by MWCD in consultation with various key stakeholders back in 2016, however, is yet to be formalised as a national policy. If operationalised, it can provide for a guiding framework for all women laws, schemes and policies focusing on women's protection and empowerment.

The Constitution of India conveys a robust mandate for equality and rights of women in its Preamble, Fundamental Rights, and Duties and also provides for specific provisions for affirmative actions. India is also a signatory to several UN Conventions, primarily Convention on Elimination of all Forms of Discrimination against Women (CEDAW), Beijing Platform for Action

¹³⁶ Saravanan, S. (2010). *Violence against women in India: A literature review*.

¹³⁷ MWCD (2016) Draft National Policy for Women 2016

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

and Convention on Rights of the Child where the commitment of the nation to protect and empower its women and girls is quite pronounced¹³⁸.

There are various women-specific laws and rights enshrined by the Constitution of India which intend to empower women along with ensuring safe spaces and a life of dignity and equality. *Article 21*, which deals with the right to life, has been expanded to include the Right to Life with Dignity. This provision has been invoked to safeguard the rights of women such as the right to divorce, to live a life free from violence and the right to safe abortions. *Article 51A* of the Constitution lays down the fundamental duties of all citizens. It stipulates that all citizens have an obligation to promote harmony and to renounce practices which are derogatory to the dignity of women. *Article 14* guarantees equality before the law and equal protection of law to all its citizens. *Articles 15 (1) and 16 (2)* expand this principle further and prohibit discrimination based on religion, race, caste, sex or place of birth.

Most important of all within the scheme of equality are *Articles 15(3) (4) and 16 (3) (4)* which help to further strengthen the concept of equality by permitting the State to make special provisions for securing the rights of the marginalised sections (women, children, scheduled castes and scheduled tribes) to help them to overcome the discrimination they have suffered for many centuries and to aid them in uplifting their selves.¹³⁹ This concept is known as positive discrimination. This has helped the State to enact special laws for women and children such as the provisions for maintenance of women and children, protection against domestic and sexual violence, the Maternity Benefits Act, special protection for women under all labour laws, a special law to prevent sexual harassment at workplace, or reservations for women, scheduled castes or scheduled tribes for jobs and in elected bodies. These provisions mandated by the Constitution do not intend to violate the provision of equality as it is meant to give additional protection to certain backward sections. These are all beneficial legislation intended to improve the status of marginalised sections like that of women. A few critical acts for women protection, safety and empowerment are briefly discussed in this section. It must also be noted that many of the rules, regulations and reforms enacted for women protection also intersect and are valid in the case of child protection and vice-versa.

The Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act, 2013 was enacted to ensure safe working spaces for women and to build an enabling environment that respects women's right of equality of status and opportunity. The Act covers all women, irrespective of their age or employment status and protects them against sexual harassment at all workplaces, whether organised or unorganised. Students, apprentices, labourers, domestic workers and even women visiting an office, or a workplace are included in the Act.

With regard to violence occurring within the private space of the home, the principal legislation is the Protection of Women from Domestic Violence Act (PWDVA), 2005.¹⁴⁰ The objective of the law is to prevent violence and provide immediate and emergency relief in case of such situations irrespective of the status of a woman's relationship with the respondent. The Act recognises women's right to live free from violence within the private space of their home.

¹³⁸ MWCD (2016) Draft National Policy for Women 2016

¹³⁹ Majlis Legal Centre/Indian Institute of Technology Kanpur (2018). A Comprehensive Guide to Women's Legal Rights

¹⁴⁰ Retrieved from http://chdlsa.gov.in/right_menu/act/pdf/domviolence.pdf

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Recognising the need to address the social evil of dowry, the Dowry Prohibition Act¹⁴¹ was enacted in 1961. By encouraging the implementation of this Act, the Ministry is working hard to bring an end to the practice of dowry. The Act defines dowry and penalises the giving, taking or abetting the giving and taking of dowry. It also lays down a built-in implementation mechanism in the form of Dowry Prohibition Officers to ensure effective enforcement of the law. Multi-sectoral advocacy has been carried out to positively influence the mindsets of people and discourage them from giving and taking dowry. A radio, print, television and social media campaign Annual Report 2019 in this regard was also rolled out during the year 2018.

The Indecent Representation of Women Act, 1986¹⁴² was enacted with the specific objective of prohibiting the indecent representation of women through advertisements, publications, writings, paintings, figures or in any other manner. It also prohibits selling, distribution, circulation of any books, pamphlets, and such other material containing indecent representation of women.

In addition to the laws mentioned above and legislations, there are provisions for the protection of women and minor girls from situations of trafficking. The Immoral Traffic (Prevention) Act, (ITPA)¹⁴³ 1956, earlier known as the Suppression of Immoral Traffic in Women and Girls Act (SITA), was enacted in consonance of Article 23 of the Indian Constitution which prohibits trafficking human beings and beggars and other similar forms of forced labour. ITPA deals exclusively with the area of trafficking, the primary objective being, the abolition of trafficking of women and young girls for sexual exploitation or prostitution. Offences specified under this Act includes procuring, including or taking persons for prostitution, detaining a person in premises where prostitution is carried on, prostitution carried out or is visible in public places, seducing or soliciting for prostitution, living on the earnings of prostitution, the seduction of a person in custody, and keeping or maintaining of a brothel or allowing premises to be used as a brothel.

Apart from these nation-wide applicable laws, there are also state-specific laws that deal with the crime of trafficking especially with respect to the commercial sexual exploitation of women and children, such as the Karnataka Devadasi (Prohibition of Dedication) Act, 1982, Andhra Pradesh Devadasi (Prohibiting Dedication) Act, 1989 and Goa Children's Act, 2003.

Acts/Rules/Regulations Adopted for Child Protection and Development in India

Children constitute over 40 percent of India's population. The Government of India recognises all children as young citizens with a defining role in India's growth and development. It is committed to the protection of the rights, wellbeing and empowerment of all children can fully realise their full potential. The Government of India reiterates its commitment to safeguard, inform, include, support and empower all children within its territory and jurisdiction, both in their individual situation and as a national asset. It is committed towards the realisation of the fundamental rights enshrined in the Constitution of India for all children, in pursuit of protecting the rights, safety and wellbeing. The State is committed to taking affirmative measures – legislative, policy, institutional or otherwise – to promote and safeguard the right of all children to live and grow with equity, dignity, security and freedom, especially those marginalised or disadvantaged; to ensure that all children have equal opportunities; and that no custom, tradition,

¹⁴¹ Retrieved from https://indiocode.nic.in/bitstream/123456789/5556/1/dowry_prohibition.pdf

¹⁴² Retrieved from http://legislative.gov.in/sites/default/files/A1986-60_0.pdf

¹⁴³ Retrieved from http://ncw.nic.in/sites/default/files/THEIMMORALTRAFFIC%28PREVENTION%29ACT1956_2.pdf

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

cultural or religious practice is allowed to violate or restrict or prevent children from enjoying their rights. The State, in return, upholds its absolute responsibility to extend and ensure access to these rights to all children (Draft National Plan of Action, 2016).

The Child Protection Services and Policies should, therefore, create the guiding framework for all governments, institutions, and individuals towards the protection of all children. It must inform all laws, policies, rules and regulations of the Government of India, in such a manner that all such laws, policies, and programmes recognise, promote and prioritise the protection of children. In this respect, various laws have been enacted for the protection and development of children from the welfare-driven approach. For instance, the National Plan of Action for Children, 2005¹⁴⁴, focuses on protecting the rights of children (those under 18 years). It explicitly acknowledges the need to protect children, both girls and boys, from all forms of sexual abuse and exploitation. The Government also adopted a new National Policy for Children, 2013¹⁴⁵. The Policy provides for guiding framework for all the child protection rules/regulations/litigations and recognises every person below the age of eighteen years as a child and covers all children within the territory and jurisdiction of the country.

The Constitutional Guarantees that are explicitly meant for children include:

Article 21A that mandates that the State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine.

Article 24 provides that no child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment. *Article 39(e)* provides that the State shall, in particular, direct its policy towards securing that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength. *Article 39(f)* provides that the State shall direct its policy towards securing that children are given opportunities and facilities to develop in a healthy manner and conditions of freedom and dignity and that childhood and youth are protected against exploitation and moral and material abandonment. *Article 45* provides that the State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.

The Criminal Law (Amendment) Act, 2013's introduction of several new sexual offences under the Indian Penal Act, such as Section 376(2)(i), IPC, which punishes rape of a female under 16 years is considered an aggravated form of rape punishable with a fine and a minimum term of rigorous imprisonment for ten years, which can be extended to life imprisonment.

As per the constitutional mandate and obligations of the legislative framework created for protecting child-rights, include Acts like the Child Labour (Prohibition and Regulation) Act (1986/2016), Juvenile Justice Act (Care and Protection of Children) (2015), Protection of Children from Sexual Offences (POCSO) Act, 2012 and the Prohibition of Child Marriage Act (2006). The ICPS is an integrated approach of all the legal instruments for the protection and rehabilitation of children.

The child protection mechanisms adopted by the Indian State are geared towards protecting children who are identified as vulnerable, with the idea of protection defined as the state

¹⁴⁴ <https://wcd.nic.in/sites/default/files/National%20Plan%20of%20Action%202016.pdf>

¹⁴⁵ https://wcd.nic.in/sites/default/files/npcenglish08072013_0.pdf

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

machinery providing for basic safety and care for children. Two such critical child protection laws are the Juvenile Justice (Care and Protection) Act, 2015 (JJ Act) and the Protection of Children from Sexual Offences (POCSO) Act, 2012. The Juvenile Justice (Care and Protection) Act is the core guiding Act for the Integrated Child Protection Scheme. It covers two categories of children—Children in Conflict with Law (CCL) and Children in Need of Care and Protection (CNCP). The definition of CNCP includes a wide range of children, including “orphans, abandoned children, destitute children, working and street children or the girl child” (Vesvikar and Sharma, 2016, p.189). Within the juvenile justice system, the State undertakes the care, protection, development and rehabilitation of both CICL and CNCP through the institutionalisation of these children, which, Kumari (2004) notes, serves to fulfil a ‘protective’ function.

To deal with child sexual abuse cases, the Government has brought in the Protection of Children from Sexual Offences (POCSO) Act, 2012. The Act came into force with effect from 14th November 2012 along with the Rules framed thereunder. The POCSO Act, 2012 is a comprehensive law to provide for the protection of children from the offences of sexual assault, sexual harassment and pornography while safeguarding the interests of the child at every stage of the judicial process by incorporating child-friendly mechanisms for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts¹⁴⁶.

The legislative framework created for protecting child rights also includes Acts like the Child Labour (Prohibition and Regulation) Act (2016), Immoral Trafficking Prevention Act, 1956 and the Prohibition of Child Marriage Act (2006). The Child Labour (Prohibition and Regulation) Act, 1986 defines a ‘child’ who is under 14 years of age. It prohibits the employment of children in certain specified occupations and also lays down conditions of work, including safety measures and other requirements when children are employed. The Bonded Labour (Abolition) Act, 1976 prohibits anyone from making any advance or compelling any person to render bonded labour. The Prohibition of Child Marriage Act, 2006, has been enacted to punish those who promote, perform and abet child marriages. The States/UTs from time to time are regularly requested to oversee the effective implementation of the Prohibition of Child Marriage Act, 2006. The prevention of child marriage and protection of the girl child is a prominent subject of the National Plan of Action for Children, 2016.

Legislations have also been undertaken to address the crime of trafficking of children for various purpose, including for commercial sexual exploitation. The Indian Penal Code, 1860 has 25 provisions relevant to trafficking. The ones particularly relevant to child trafficking are Section 366A, 366B and 374. *Section 366A* deals with the procurement or transfer of minor girls from one part of the country to another for illegal purposes and is a punishable offence. *Section 366B* deals with importation of girls below 21 years of age. Section 374 punishes a person for compelling any person to perform labour against his/her own will. As mentioned in the above section, the ITPA act is also used in addressing the crime of child trafficking, especially that of child trafficking for commercial sexual exploitation. The Information Technology Act, 2000 penalises publication or transmission of any electronic form of material which is lascivious or appeals to a prurient interest or if its effect is such as to tend to deprive and corrupt persons to read, see or hear the matter contained or embodied therein. The law has relevance to addressing the problem of trafficking for child pornography or commercial sexual exploitation of children.

¹⁴⁶ <https://wcd.nic.in/sites/default/files/POCSO-ModelGuidelines.pdf>

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Many other initiatives are undertaken by the Indian Government to improve the protection of children and to prevent child trafficking. For example, ChildLine is a 24-hour phone service which can be accessed by any child who is in distress or also an adult on behalf of the child by dialling the number 1098. It provides emergency assistance to a child and is based upon the child's needs. Furthermore, *Track Child* is a National Tracking system initiated by MWCD to track missing and vulnerable children (MWCD, n.d.). It keeps track of children in every childcare institute (observation homes, short-stay homes, shelter homes, etc.) in the country. It collates information about children declared as missing. It also provides information relevant to missing children, such as emergency helpline numbers, lists of childcare institutes, government-run homes and observation homes, and information on laws and policies.

International Laws and Conventions

International laws lay down standards that are agreed upon by all or most countries. By ratifying an international law or Convention or a covenant, a country agrees to implement the same. An overview of some of the key international conventions concerning women and child protection, development and empowerment are presented below.

Table 16: Key International Conventions related to Women and Children

Name of the Convention/Protocol	About the Convention	Relevance to India's Context
UN Convention on the Rights of the Child, 1989	<ul style="list-style-type: none"> • Provides rights to protect children from neglect, exploitation and abuse • The UNCRC consists of 54 articles that set out children's rights and how governments should work together to make them available to all children. • Under the terms of the Convention, governments are required to meet children's basic needs and help them reach their full potential. Central to this is the acknowledgement that every child has basic fundamental rights. These include the right to: <ul style="list-style-type: none"> ◦ Life, survival and development ◦ Protection from violence, abuse or neglect ◦ An education that enables children to fulfil their potential ◦ Be raised by, or have a relationship with, their parents ◦ Express their opinions and be listened to. • In 2000, two optional protocols were added to the UNCRC. One asks governments to ensure children under the age of 18 are not forcibly recruited into their armed forces. The second calls on states to prohibit child prostitution, child pornography and the sale of children into slavery. More than 120 countries have now ratified these. A third optional protocol was added in 2011. This enables children whose rights have been violated to complain directly to the UN Committee on the Rights of the Child. 	India, a country with about one-fifth of the world's children, ratified the UNCRC, in 1992. UNCRC is a holistic guiding framework for all Indian child policies, laws and legislation which borrow from the core principles of UNCRC.
Convention on Elimination of all Forms of Discrimination against	<p>The various rights of women mentioned under CEDAW include:</p> <ul style="list-style-type: none"> • taking all appropriate measures to eliminate discrimination against women by any person, organisation or enterprise (Art. 2). 	CEDAW has become the guiding framework for many women empowerment

Women (CEDAW), 1979	<ul style="list-style-type: none"> taking in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, to guarantee them the exercise and enjoyment of human rights and fundamental freedoms based on equality with men; taking all appropriate measures to eliminate discrimination against women in rural areas to ensure, based on equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right: to participate in the elaboration and implementation of development planning at all levels; to benefit directly from social security programmes and to participate in all community activities. 	schemes such as OSC, MSK, Swadhar Greh, Ujjawala, MPV, etc. and other Indian laws for women empowerment and safety such as ITPA, PWDVA, and the like.
SDGs targets	<ul style="list-style-type: none"> SDGs targets which include ending all forms of discrimination against all women and girls everywhere (SDG 5.1), Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation (SDG 5.2), Eliminate all harmful practices, such as child, early and forced marriage (SDG 5.3), Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life (SDG 5.5) 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 (SDG 5.c). 	The UN defines Sustainable Development Goals as the blueprint to achieve a better and more sustainable future for women and children in India. The global target year for reaching the goals is 2030.
UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo), 2000	<ul style="list-style-type: none"> To prevent and combat trafficking in persons, paying particular attention to women and children. To protect and assist the victims of such trafficking, with full respect for their human rights. To promote cooperation among States Parties to meet those objectives. Implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons, including, in appropriate cases, in cooperation with non-governmental organisations, other relevant organisations and other elements of civil society. 	The Schemes and laws on combatting trafficking in India heavily borrow from the PALERMO Protocol such as ITPA, Ujjawala Scheme and the like. The Ujjawala Scheme operates with the same premise, and the components of the Scheme comprise of preventive and rehabilitative measures.
Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and	Criminalises specific acts relating to the sale of children, child prostitution and pornography, including the attempt of complicity.	Provides for a guiding framework for Indian laws and schemes which deals with prevention of

Child Pornography, 2000		crimes such as child prostitution and attempts to rehabilitate the victims such as Ujjawala, ITPA, POCSO act and the like.
The South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, 2002	Aims to bring an end to the illegal smuggling of women and children for commercial sexual exploitation by promoting cooperation among member states to deal with various aspects of prevention, interdiction and suppression of trafficking in women and children.	Laws and schemes aiming at prevention of commercial sexual exploitation and trafficking of women and children refer to the SAARC Convention.

Gaps and Challenges in Women and Child Laws and Regulations

Lack of a comprehensive legal definition of a child and determination of a child's age: One of the primary gaps in the child protection laws is the lack of a comprehensive definition of what constitutes a "child". The term 'Child' is not defined in the Indian Constitution. According to Article 1 of the United Nations Convention on the Rights of the Child 1989, 'a child means every human being below the age of eighteen years unless, under the law applicable to the child, the majority is attained earlier.

The legal definition of the child in India is quite ambiguous with different laws defining the child's age differently. There are a number of legislations in India which defines the term 'Child' depending upon the purpose. Under the Indian Majority Act, 1875 the age of majority is eighteen years & in case of a minor for whose person & property a guardian is appointed or whose property is under the supervision of the Court of Wards the age of majority twenty-one years. Under the Child Labour (Prohibition and Regulations) Act, 1986, a child means a person who has not completed his fourteenth year of age. Under the Child Marriage Restraint Act, 1926, a child means a person who, if a male, has not completed twenty-one years of age and, if a female, has not completed eighteen years of age. Under the Juvenile Justice (Care and Protection) Act, 2000, 'Juvenile' or 'Child' means a person who has not completed the eighteenth year of age. The ambiguity concerning the child's age has led to the inefficient implementation of child protection laws and schemes in the country.

Deconstructing the Idea of "Protection" and "Agency" in Child Protection Laws: One area of concern which particularly needs to be highlighted is how the State defines terms like "agency", "best interest of the child" etc. when it comes to active participation by the child in decision making, especially when deciding about consensual relationships. While the Indian legal system punishes all consensual expressions of sexuality, it nevertheless privileges marriage as the acceptable site for such expression. What is critical to note here is also that the increased age of consent in POCSO is in direct conflict with the Prohibition of Child Marriage Act (PCMA), 2006 and the exception to the rape provision in the Indian Penal Code pertaining to minor wives. (Gupta, 2015). The only legal recourse for children below the age of 18 who enter into consensual

sexual relations, to evade a minimum term of 10 years' rigorous imprisonment under the POCSO, is to marry (Raha and Giliyal 2012). The use of power indiscriminately to allow sexual activity within the conjugal bond and not allow it between unmarried adolescents exploring their sexuality, manifests itself in the larger patriarchal interest of the State to curb agency. Therefore, these synergies need to be built between that of different existing child protection laws and policy mechanisms to delve into the concept of agency and adequate role of children in decision making. In a national level KII, a leading child rights academic, Chairperson, Centre of Equity and Justice for Children and Families, Tata Institute of Social Sciences (TISS), Mumbai stated that—

“Agency will get defined if we first understand what gender is. Children are a product of their socialisation; they come into the homes with certain conditioning. Unless and until we bring in gender into mainstream language that how those in very simple terms, patriarchy operate both in the lives of a boy child, girl child and child of any gender in different ways...in our children's home, the staff for managing those homes many a time because they have not had opportunities the way we have had, you know, of exposure to different thoughts, of exposure of looking at reality differently. Probably they have a young child at home or girl who's of marriageable age; they will always tend to protect children. And in the process to protect children sometimes even suppress the desires of these children in this desire to nurturing...”

In addition to the instrument of POCSO punishing consensual relationships, the functioning of the Juvenile Justice system also punishes girls for an assertion of their mobility, even in the absence of sexual relations. Therefore, the Indian legal framework for the protection of children, including that of minor adolescent girls must revisit these sensitive areas of gender intersectionality, child participation and their agency. The concept of agency must be incorporated in the legal framework to keep up with the global best practices with regards to the protection of children.

Gaps in the POCSO Act, 2012: Child sexual abuse is a multi-dimensional problem having legal, social, medical and psychological implications. Though the POCSO Act, 2012 is an all-encompassing piece of legislation, and it recognises almost every known form of sexual abuse against children as a punishable offence, a few challenges remain to be answered. A multi-dimensional, multi-agency team and multi-tier approach including access to psychosocial support are to be made available to deliver holistic, comprehensive care under one roof for victims of child sexual abuse (S Moirangthem et al., 2015). There are certain drawbacks in the POCSO Act, 2012, which intends to protect children from the situation of sexual abuse and violence. These have been collated based on several research studies on the challenges and gaps pertaining to the POCSO Act (S Moirangthem et. Al, 2015¹⁴⁷; Math et. Al, 2015¹⁴⁸; Radhika .et Al, 2018¹⁴⁹)

Firstly, there is a gap pertaining to “consent” under the Act. If the child/adolescent refuses to undergo a medical examination, but the family member or investigating officer is insisting for the medical examination, the POCSO Act is silent and does not give clear direction. There is an urgent need to clarify the issue of consent in such cases. However, emergency treatment needs to be initiated without getting into this consent issues or legality to protect the life of the child.

¹⁴⁷ Moirangthem, S., Kumar, N. C., & Math, S. B. (2015). Child sexual abuse: Issues & concerns. *The Indian journal of medical research*, 142(1), 1.

¹⁴⁸ Math, S. B., Kumar, N. C., & Moirangthem, S. (2015). *Child Sexual Abuse: Issues & Concerns* (No. id: 7420).

¹⁴⁹ Radhika, K., Manjula, M., & Jaisoorya, T. S. (2018). Ethical gaps in conducting research among adult survivors of child sexual abuse: a review. *Indian J Med Ethics*, 8, 1-7.

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Secondly, The POCSO Act, Section 27(2) mandates that in case of a female child/adolescent victim, the medical examination should be done by a female doctor. However, the law mandates the available medical officer to provide emergency medical care. On the other hand, the Criminal Law Amendment Act, Section 166A of Indian Penal Code mandates the Government medical officer on duty to examine the rape victim without fail. This conflicting legal position arises when a female doctor is not available.

Thirdly, the law has cast a legal obligation on the medical fraternity and establishment to provide free medical care to the survivors. However, if there are no proper facilities or costly procedure is required, the State should take responsibility of reimbursing the cost; otherwise, a hospital may provide substandard treatment or deprive the survivor of comprehensive treatment.

Lastly, sexual contact between two adolescents or between an adolescent and an adult is considered illegal under the POCSO Act 2012, because no exception has been granted in the Act under which an act of sexual encounter with a person under 18 is an offence irrespective of consent or the gender or marriage or age of the victim/the accused. However, it is proposed that any consensual sexual act that may constitute penetrative sexual assault should not be an offence when it is between two consenting adolescents; otherwise, both the adolescents are charged under the POCSO Act, 2012. On the other hand, the latest amendment of the Indian Penal Code concerning rape laws in 2013 reports that the age of consent for sex has been fixed to 18 years. Hence, anyone who has consensual sex with a child below 18 years can be charged with rape, which may increase the number of rape cases.¹⁵⁰

Gaps in the Juvenile Justice (Care and Protection of Children) Act, 2000: The Juvenile Justice (Care and Protection of Children) Act, 2000 enacted in consonance with the Convention on the Rights of the Child (CRC); consolidates and amends the laws relating to juveniles in conflict with the law and the children who are in need of care and protection. The law gives special attention to children who are in extremely vulnerable situations and are therefore likely to be inducted into trafficking. The JJ Act is a crucial step by the Government to establish a framework for both children in need of care and protection and children in contact with the law. However, further harmonisation is needed with other existing laws, such as the Prohibition of Child Marriage Act 2006, the Child Labour Prohibition and Regulation Act 1986 or the Right to Education Act 2009 (TM Oration, 2013). Although the JJ Act and its corresponding rules are comprehensive, the field assessment and results from KIIs show that on-ground effective implementation of the Act is lacking. Aspects of rigorous monitoring, training, capacity-building, vulnerability mapping and the like, do not factor-in effectively in the implementation process.

Challenges w.r.t Legal Mechanisms Addressing the Crime of Trafficking of Women and Children in the Country: Immoral Traffic Prevention Act, 1956 (ITPA) is the only law in India which specifically addresses sex-trafficking as an issue. It penalises the trafficking of women and children for commercial sexual exploitation and provides for the rehabilitation of the victims.

Despite some of the advantages, the law has various shortcomings. There's no uniform definition of child or minors throughout different statutes, both criminal and civil laws. Cooperation mechanisms relating to cross-border trafficking are almost non-existent, especially the one

¹⁵⁰ <https://www.newindianexpress.com/cities/bengaluru/2015/sep/01/A-Child-is-Abused-Every-Second-Says-Study-808004.html>
Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

concerns legal assistance; information provided; transfer of a sentenced person and investigations. There's no relevant distinction between the trafficker and the victims.

Some sections of the Act, like section 4 and 8, are used against the victim herself. *Section 4 of the Act states that "any person over 18 years who knowingly lives [wholly / partly] on the earnings of prostitution of another can lead to imprisonment for a term up to 2 years and fine up to Rs.1,000/- but where such prostitution relates to a child/minor, the imprisonment will be for a term between 7- 10 years."* Likewise, *Section 8 of the ITPA Act States that "Seducing or soliciting for the purpose of prostitution punishes the person in prostitution -who (a) endeavours to attract the attention of any person; or (b) causes obstruction/annoyance to persons or the public; for the purpose of prostitution."* These sections can be used against the sex workers themselves and lead to further victimisation of the already vulnerable and the marginalised population of women and children. The adult women sex-workers may be harassed by the police and jailed for soliciting or earning by involving in sex-work, and the minors may be placed in the juvenile justice system and put in a JJ home. Therefore, such challenges make the current legal mechanism to address the crime of CSE such as ITPA, archaic.

The current response mechanisms while focusing on the prosecution of some forms of trafficking, does not provide for a comprehensive framework of law that not only protects victims by prohibiting all forms of trafficking but also provides for an institutional framework for prevention, protection and rehabilitation. The Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill was introduced in the Lok Sabha in 2018 and aimed to target the organised nature of human trafficking by creating an equally organised and holistic response to prevent trafficking, protection of victim and witnesses, rehabilitation and repatriation of victims. However, the Bill had lapsed, as the 17th Lok Sabha was formed in 2019 and bill was presented in earlier Lok Sabha.

Inadequacy of Legal Mechanisms to Address the Indecent Portrayal Of Women on Web Portals: Cyber victimisation through false, derogatory, and indecent portrayal of women; in web platforms like Facebook, Instagram, etc.; has become a malicious trend worldwide to which India is no exception. There are no focused laws to address the issue. Even though the Information Technology Act of 2000, (amended in 2008), aids somewhat through provisions meant for punishment for publishing obscene and sexually explicit materials and sending offensive information through communication devices, these are not gender-specific laws. Therefore, one needs to rely upon Section 509 IPC, (which prescribes punishment for word, gesture, or act harming the modesty of women); or Section 292 IPC, (which defines obscenity). But neither of these can address the issue adequately. The recent Union Cabinet decision to extend the scope of the Indecent Representation of Women (Prohibition) Act of 1986 (IRWA) to cover the indecent portrayal of women through audio-visual digital media including SMSs, MMSs, etc., is a step in the right direction, as it is a law-focused towards preventing indecent portrayal of women in particular. Further, the present study suggests that a gender-specific provision/law is needed to deal with the victimisation of women through indecent portrayal on web portals. The paper by Halder suggests that the broadened scope of the IRWA alone cannot bring justice to the victims

and focused efforts need to be undertaken to address the issues of the cyber victimisation of women in India (Halder, 2013¹⁵¹).

Conclusion

MWCD has enacted several key reforms and regulations with the vision of empowered women living with dignity and contributing as equal partners in development in an environment free from violence and discrimination, and well-nurtured children with opportunities for growth and development in a safe and protective environment. Although significant efforts have been undertaken in the past few decades for mainstreaming the most marginalised and vulnerable categories of women and children and initiatives taken for their protection and empowerment, gaps in these rules and regulations remain.

Some of the critical challenges and gaps in child and women laws and policies include (i) lack of a comprehensive legal definition of a child and determination of a child's age, (ii) the absence of the child's agency and role in the decision making process in child protection laws, (iii) gaps in the POCSO Act and JJ Act, (iv) lacunae in the legal mechanisms addressing the crime of trafficking of women and children in the country, (v) the inadequacy of legal mechanisms to address the indecent portrayal of women on web portals. Addressing these vital systemic issues and concerns can lead to the attainment of the vision of the Ministry in the facilitation of a safe environment for the country's women and children which is conducive to their growth and development. Keeping this in mind, a few means through which the current gaps in the legal mechanisms can be addressed are:

- Universalisation of the comprehensive definition of what constitutes a "child" and the child age to be fixed at that of "until the attainment of 18 years of age" across all child protection laws and schemes in India.
- The Indian legal framework for the protection of children, including that of minor adolescent girls must revisit the sensitive areas of gender intersectionality, child participation and their agency. "Consensual" relationships amongst young adults under the various child protection laws must not be viewed as an offence.
- Clarify the issue of consent from child victim/parent in cases of child sexual abuse to undergo a medical examination under the POCSO Act, 2012. Also, clarify the need for a female medical officer to undertake the medical examination for a child victim of sexual abuse.
- The State should take responsibility for reimbursing the medical cost for emergency treatment of victims of CSA; otherwise, the hospital may provide substandard medical treatment procedure or may deprive the survivor of comprehensive treatment.
- Strengthening of the implementation of the provisions guaranteed under the Juvenile Justice Act, 2000.
- Reintroduce and pass the Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill.
- Focused efforts to be undertaken to address the issues of cyber victimisation and indecent portrayal of women in cyber-spaces in India.

¹⁵¹ Halder, Debarati (2013) Examining the Scope of Indecent Representation of Women (Prevention) Act, 1986 in the Light of Cyber Victimisation of Women in India
Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

2.3.9. Impact and role of the Private Sector, Collectives, Cooperatives and NGOs

The private sector is often referred to as the "*silver bullet*" to work towards the SDG Agendas 2030 (Global Health Advocates Report, 2018). However, the private sector is a very heterogeneous category of actors that ranges from multinational companies to individual farmers, therefore, the role, contribution and impact of different private players in the community, greatly varies. "*The OECD defines the private sector in development cooperation as organisations that engage in profit-seeking activities and have a majority of private ownership. This definition includes financial intermediaries, multinational companies, micro, small and medium enterprises (MSMEs), cooperatives, individual entrepreneurs and farmers who operate in the formal and informal sectors*" states the Global Health Advocates Report (2018).

The Public-Private Partnerships (PPP) involve at least one private for-profit organisation with at least one not-for-profit organisation, who provide a mutual sharing of efforts and benefits and are committed to the creation of social value, especially for disadvantaged populations (Sun Private sector engagement toolkit, 2018). In this section, a cross-sectional analysis of the role and impact of the private sector, collectives and cooperatives and NGOs in the Women and Child Development (WCD) sector is attempted. The analysis ranges across four thematic areas - Women Empowerment, Women Protection and Safety, Child Protection, and Child Development and Nutrition. This is undertaken to identify sustainable ways and practices in which local and international business community can be better engaged to scale-up efforts across all the critical components of the WCD sector in the country.

Percentage of private investment in the clusters/programs run by MWCD

Even though many schemes run by the MWCD have engagements from the Private Sector, NGOs, and women's collectives, the MWCD schemes have not systematically captured the exact amount of private sector investments and contributions in the running of the schemes – schemes such as Anganwadi Services, Child Protection Scheme, and BBBP benefit from private sector contributions under the Corporate Social Responsibility (CSR), support from private foundations, NGOs, civil society organisations, etc. In schemes such as the Swadhar Greh, Ujjawala and Working Women's Hostels, and OSCs and Women's Helpline, NGOs are extensively involved in running and managing the infrastructure and services, wherein they may contribute funds over and above the grant-in-aid received by them. However, these contributions are not systematically mapped and captured at either the district level, the State Level, or the National Level. Given this, the evaluation is not able to assess the percentage of private investments in MWCD schemes.

Mechanisms to incentivise private sector investments in MWCD Schemes

As of June 2020, there is no clearly articulated policy of the MWCD to incentivise private sector investments in WCD sector. Even though there are private investments in WCD sector, these have been made as part of the CSR – directly or contribution to NGOs, and through private philanthropies – such as Bill and Melinda Gates Foundation, Tata Trusts, Children's Investment Fund Foundation, Piramal Foundation, etc. – their contributions to the sector are more in the nature of philanthropy rather than a part of government's push to attract more private sector financing in the WCD Sector.

Involvement of private sector/community/collectives/cooperatives in WCD Sector

Child Development and Nutrition

The acknowledgement of complex and multi-causal problems of malnutrition requires all players to collaborate and to invest in the same objective. It has led to increased private sector engagement as exemplified through the Scaling Up Nutrition Business Network and mechanisms for blended financing and matched funding, such as the Global Nutrition for Growth Compact. (Liere et al. 2017)¹⁵². In India also, the private sector has long been engaged in initiatives aimed at treating malnutrition, producing products to treat severely malnourished children and manufacturing nutrient-rich and fortified food. The role of the private sector in tackling the causes of malnutrition has been through various techniques and strategies such as incorporating in their model food fortification, biofortification, Ready-to-use therapeutic foods, promotion of exclusive breastfeeding and the like. In addition to the private sector, philanthropies, development partners, women's collectives and communities play a significant role in the delivery and management of nutrition interventions. Some examples of engagements by the private sector, development partners, collectives, and NGOs in child development and nutrition are highlighted below:

Key Engagements with the Private Sector, Community/ Collectives/ Cooperatives:

- Vedanta has signed a Memorandum of Understanding (MoU) with the Ministry of Women and Child Development, Government of India to construct 4,000 new age Anganwadis called Nand Ghars primarily in the States of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Telangana and Uttar Pradesh. The Company is contributing to this landmark initiative by funding to Vedanta Foundation for setting up Nand Ghars. This model reimagines existing Anganwadis into Nand Ghars equipped with state-of-the-art infrastructure including access to nutritious food, e-learning, clean water, skill development, sanitation and perennial solar power supply. M/s. Vedanta has already started construction of AWC buildings in Rajasthan, Uttar Pradesh, Madhya Pradesh, Odisha and Jharkhand. As per monthly progress report submitted by Vedanta, construction of 1184 AWC buildings (7 AWC buildings in Chhattisgarh, 5 AWC buildings in Madhya Pradesh; 909 AWC buildings in Rajasthan; 126 AWC buildings in Uttar Pradesh; 89 AWC Building in Odisha and 48 AWC building in Jharkhand) has been completed by 31st December 2019. Vedanta has already constructed 900 AWCs in Rajasthan¹⁵³.
- To increase the community participation in Anganwadi Services under Umbrella ICDS scheme, Government of Rajasthan has initiated Nanda Ghar Yojana to bring innovation and create model AWCs. The provisions of Nanda Ghar Yojana include Participation – It is the adoption of an AWC by the Donors, Social workers, NGOs, Corporate sector etc. It is encouraged to adopt one or more AWCs for five years. They would provide additional funding for the effective functioning of AWC. Lupin Human Welfare & Research Foundation adopted 100 Anganwadi Centres situated in five districts across Rajasthan and develop them to achieve the objectives of providing nutritious food to children and reducing maternal and child mortality ratio. The Foundation had installed growth monitoring machines at the centres operating under the

¹⁵² van Liere, M. J., Tarlton, D., Menon, R., Yellamanda, M., & Reerink, I. (2017). Harnessing private sector expertise to improve complementary feeding within a regulatory framework: Where is the evidence? *Maternal & child nutrition*, 13, e12429.

¹⁵³ Ministry of Women and Child Development (2020). MWCD Annual Report 2019-20. New Delhi
Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Child Development Project to measure the growth rate of children, which are connected online and provide instant information. It is understood that the public-private partnership and better management of Anganwadi Centres would help to achieve significantly better results for resolving the problem of malnutrition of children and women. The Nandghar Yojana has been launched in the State precisely with this objective, and the Nandghar Yojana has started getting positive support of industrial houses, non-government organisations, voluntary bodies and other groups.

- **Global Alliance for Improved Nutrition (GAIN)** worked with ICDS Andhra Pradesh Foods – a government-owned company which produces fortified supplementary food for children 6–36 months and pregnant and lactating women in the ICDS. Between 2010 and 2014, AP Foods worked with GAIN to improve the nutritional quality of their supplementary food. The partnership acted as a catalyst for substantial financial investment by the state government in a new production facility, enabling AP Foods to increase reach from 60% to 100% of the community centres, reaching 3 million people with nutritious food take-home rations. Though government-owned, the business-centred approach of AP foods has led to improved quality of product and packaging, increased efficiencies, and increased reach (Global Alliance for Improved Nutrition, 2014).
- **Pratham** has developed training modules for AWWs in ECCE in Delhi.
- In Uttarakhand, **TATA, Mahindra and Ambuja Cement Foundations** have significantly helped in the construction of AWCs; Hans Foundation has constructed 250 AWCs; TERI and THDC Ltd. have adopted AWCs and provided chairs, tables and other amenities.
- 63 AWCs in the Alirajpur and Burhanpur districts of Madhya Pradesh have been transformed into Smart AWCs through Solar Installation by **UN Women** in collaboration with Urja Vikas Nigam Limited, Madhya Pradesh.

Key Formal Engagements with Development Partners:

- **Memorandum of Co-operation (MoC) with the Bill & Melinda Gates Foundation (BMGF):** MWCD signed an MoC with BMGF to provide technical support at the National and State level for strengthening the delivery of nutritional goals. The MoC has been extended till May 2021.
- **MoU with TATA Trusts:** A MoU has been signed with Tata Trusts to deploy Swasth Bharat Preraks (SBP) across all districts, as well as provide technical support for roll-out and implementation. The MoU is in place till December 2022.
- **MoU with NASSCOM Foundation:** MoU for technical as well as administrative support for implementation and roll-out at State/UT level has been signed with NASSCOM Foundation (MWCD, Annual Report 2018-19).
- **United Nations Children's Fund (UNICEF):** Government of India and UNICEF have jointly signed the Country Programme 2018-2022 in January 2018. The Country Programme's target is to contribute to national flagship programmes and thrust areas and strategies taking into account India's VISION 2030, GOI's priorities and global priorities (SDGs). The budget provision for CPAP 2018-2022 is US\$ 651 million.

Key Engagements with NGOs:

MWCD recognises the role of NGOs in enhancing the coverage of the various interventions of the Ministry to the most marginalised and vulnerable as well as help in effective implementation at the grassroots level. In line with the same, "Conference of Partner NGOs: Implementation of

Policies, Schemes, Programmes for Women and Children: Challenges and Way Forward"¹⁵⁴ was organised by MWCD in October 2017 (MWCD, 2017). Around 250 partner NGOs from across the country were invited to participate in this day-long conference. The Ministry has also developed the NGO eSamvad¹⁵⁵ portal to provide a platform to interact with NGOs, civil society and concerned citizens. This is a way for the Ministry to receive input on its schemes and programmes.

To promote the involvement of NGOs/voluntary organisations in the planning, implementation, monitoring and supervision of ICDS, the Ministry of WCD has made provisions for handing over the implementation of ICDS Projects/AWCs to them. Various state-specific assessments/studies on the NGO run AWCs/ICDS Projects have found the overall performance of NGO managed AWCs to be better in terms of service delivery and outreach, ECE activities, supplementary feeding activities, governance in terms of AWCs maintenance, child attendance, community involvement, record maintenance, continued capacity development, monitoring etc. Despite the provision for the engagement of NGOs/voluntary organisations in the implementation of the ICDS by the Ministry of WCD, the total number of ICDS projects run by NGOs have remained at 67 between 1992 and 2010. Reasons behind this could be either NGOs are not coming forward in large numbers in taking up the programme, or there has been a lack of initiative from the State Governments to involve NGOs in implementation of ICDS (MWCD, ND).

Box 17: Role of Community/NGO/CSO/Private Sector in Construction of AWCs

Mizoram: 2215 out of 2244 AWCs in Mizoram have their own building. Recently, significant AWCs have been constructed through MGNREGS fund. Prior to MGNREGS, the community came forward in big numbers to construct AWCs, particularly in southern and western Mizoram.

Uttarakhand: TATA, Mahindra and Ambuja Cement Foundations have helped in construction of AWCs. Hans Foundation constructed 250 AWCs in the state.

TERI and THDC Ltd. have adopted AWCs and provide chairs, tables and other amenities.

Rajasthan: Vedanta constructed 900 AWCs.

¹⁵⁴ https://wcd.nic.in/sites/default/files/Conference%20of%20partner%20NGOs_WCD%20Book.pdf

¹⁵⁵ <https://www.esamvad.nic.in/>

Box 18: Khushi Anganwadi Initiative – Pursuing Happiness and Wellbeing

‘KHUSHI’ is a partnership between Government of Rajasthan and Hindustan Zinc, aimed at improving the functioning and outcome of Anganwadis in Rajasthan. The program began in the year 2016 and covered 3117 Anganwadi Centres (AWCs) across 5 Districts of Rajasthan [Udaipur – 1345 AWCs, Rajsamand – 504 AWCs, Chittorgarh – 574 AWCs, Bhilwara – 504 AWCs & Ajmer – 190 AWCs]. The program directly impacted lives of more than 1,00,000 children in the foundational developmental age of 0-6 years. Hindustan Zinc’s Implementing Partners for KHUSHI were – Gramin Avam Samajik Vikas Sanstha (Ajmer District), CARE India (Bhilwara & Chittorgarh Districts), Jatan Sansthan (Rajsamand District) and Seva Mandir (Udaipur District).

The 5 major components of ‘KHUSHI’ intervention were – Supplementary nutrition, Preschool education, Health & hygiene, Community engagement and Infrastructure improvement. Khushi Program has relied heavily on rapid learning, innovation, collaboration and agility of response as the design principles behind the implementation model.

Key Interventions:

	FOCUS AREA	BEST PRACTICE
1	Health	<ul style="list-style-type: none"> Intensive and regular screening of SAM children Organising CMAM camps (community management of acute malnourishment)
2	Nutrition	<ul style="list-style-type: none"> Organised more than 14,000 recipe trials with mothers using THR as the main ingredient, to teach mothers how THR could be converted into a delicious meal while taking care of protein and fat deficiency in their diets. These recipes gained popularity and saw steady rise in the consumption of THR across households and improvement in the health status of women and children Training of AW helpers and workers in preparation of nutritious meals
3	Learning	<ul style="list-style-type: none"> Over 5000 AW staff trained every year ‘kabad se jugaad’ initiatives to help AWWs prepare their own learning material. Use of Constructivism as a technique. Introduction of preschool assessment mechanisms at AWCs Recognition of AWWs in the monthly newsletters
4	Community involvement	<ul style="list-style-type: none"> Project was very successful in generating community participation due to regular meetings, nukkad nataks, etc. Simple and attractive 4-page magazine distributed to every AWC every month – with regular columns on education, health, nutrition and featuring one Anganwadi-of-the-month at the District level.

Impact of ‘Khushi Programme’ over 5 years:

	PROGRAM COMPONENT	IMPACT
1	Children’s attendance	Attendance at AWCs increased from 43% in 2016 to 65% in 2020
2	Health	Out of 2000 severely malnourished children identified in 2019, over 78% had moved out of SAM within last one year.
3	Nutrition	More than 1800 kitchen gardens developed and sustained through which local seasonal vegetables were grown and used to add nutritive value of hot meals at AWCs & food at home
4	Children’s learning levels	Improved learning outcomes in 57% of assessed children in physical, social, language, creative and cognitive skills.
5	Community involvement	Over Rs 2.5 crores (in cash & kind) of funds raised at AWCs through community contributions; nearly 97,000 community meetings held in 5 years.
6	Infrastructure improvement	314 AWCs converted into Nand Ghars, state-of-the-art infrastructure. The Nand Ghars provide a child safe and friendly learning environment with amenities like safe drinking water, uninterrupted supply of solar power, digital learning facilities, etc.
7	Policy impact	Inclusion of SAM as a medical condition for which free ambulance service could be availed for treatment purpose; Regular engagement with district & state ICDS for

	updates, deliberation & dissemination of best practices which can be scaled up at other Anganwadis.
--	---

Source: <https://csrrajasthan.gov.in/project/khushi+anganwadi+program.html>

Box 19: Nand Ghar – MoU with Vedanta

Nand Ghars are a transformative leap dedicated to benefiting rural children and women in India. A measure undertaken by Vedanta together with MWCD, the project aims to ensure rural India is not left behind in India's march towards progress. The case for state-of-the-art Anganwadis in the form of Nand Ghars all over India has not merely arrived - it is now imperative.

Equipping Nand Ghars with televisions for e-learning, solar panels for reliable power, safe drinking water and clean toilets. Nand Ghars have shown a marked improvement in attendance, learning abilities and school readiness by deploying e-learning modules and playful learning for education, in collaboration with world-class partners. To make the model integrated, Nand Ghars are ensuring that women undergo entrepreneurship training, including skill enhancement to start their micro-enterprise with extensive skill training and credit linkages, thereby increasing their contribution towards the Indian economy. The state-of-the-art technology and infrastructure make Nand Ghar a model resource centre for the community.

- Constructed using the latest Schnell technology, which is earthquake resistant and fireproof.
- Solar Panels: 24 x 7 electricity for essential facilities
- Toilets: For healthy sanitation and inculcating behavioural changes
- Smart TV: E-Learning through 40 weeks of scientific curriculum for children
- Water Purifiers: Access to safe drinking water

The infrastructure is being utilized in the morning for children's education and nutrition and in the afternoon for skill development of women. The Nand Ghar centre daily provides Pre-school education to children (3-6 years) through e-learning, BaLA designs and smart kits; Nutritious hot cooked meals to children, pregnant and lactating women; Healthcare through Mobile Health Van and conducting health camps; and women empowerment through skill training, credit linkage and entrepreneurship.

Impact

Today more than 1250 Nand Ghars are running across Rajasthan, Uttar Pradesh, Madhya Pradesh, Karnataka, Chhattisgarh, Jharkhand and Odisha. The Impact is paving the way for the model Anganwadi movement across the country.

- Aiming to provide around 50,000 children with pre-school learning through advanced teaching-learning methodologies, including television.
- Aiming to provide hot cooked wholesome nutritional meals to about 50,000 children.
- Around 20,000 OPDs are being conducted per month for the community by Nand Ghar Health Vans
- More than 37,500 women trained to achieve financial and social empowerment through employment

The Nand Ghar Project aims to touch lives of around 4 Million community members while directly impacting around 2,00,000 children and around 1,80,000 women on an annual basis.

Impact Indicators	Estimated Number
Total Nand Ghars	4,000
Children - 0-3 years	80,000
Children - 3-6 years	120,000
Maternal Health	60,000
Community Health	4,000,000
Women Empowerment	120,000

Sanitation (total toilets)	8,000
Safe drinking water(total water purifiers)	4,000
Environment (Renewable energy (kW) through solar power)	3,000

Source: <https://www.vedantaresources.com/Pages/NandGhar.aspx>

Private sector engagement has been vital for programmatic interventions under umbrella ICDS in terms of adoption of AWCs, technological and process delivery and the like. Examples include Project Nand Ghar with Vedanta Foundation and Kitchen gardens at AWC in partnership with the Reliance Foundation. However, most of these partnerships and the role of the private sector has been State-specific, leading to significant differences across the States regarding modalities of delivery, convergence, community and NGO participation, in-service hours, available infrastructure and facilities, incentives to honorary workers, selection processes etc. Private organisations and non-profits have also stepped in supplying goods, resources and training. In States such as Tamil Nadu, Public-Private Partnership (PPP) models are used for the production of the premix. The PPP model is of two kinds – a tripartite partnership with state-promoted cooperatives of women from low-income households and a private sector manufacturer; and partnership only with a private sector manufacturer.¹⁵⁶

While many states have tested different models for SNP delivery and trying to eliminate the high percentage of leakages and inefficiencies in delivering the food to the beneficiaries through improved governance, public accountability and community-based monitoring, while increasing the participation of local communities, women's SHGs and mothers' committees in the delivery of SNP. However, none of the models has yet been able to demonstrate a return on investment regarding maternal and nutritional outcomes, especially stunting, wasting, and low-birthweight. The government needs to test different models of SNP delivery including decentralisation of SNP procurement and distribution, constituting community monitoring of SNP, or testing DBT/Cash Transfers for delivering SNP provisions.

Studies have found that supply of SNP is sometimes interrupted due to shortage of supply of SN material/food from the authority followed by unavailability of a separate kitchen, inadequate storage space, inadequate supply, and fuel supply (Chudasama et al., 2013, Chudasama et al., 2016, Kular, 2014). One of the most important and a persistent challenge facing Umbrella ICDS is the inefficiencies in procurement and delivery of SNP including leakages and pilferage. Given that the SNP forms almost 50% of the AWS budget, the government needs to test different models of SNP delivery, including decentralisation of SNP procurement and distribution, and increased participation of private sector players.

Private sector and community engagement have also been a key pillar in the operationalisation of **POSHAN Abhiyan**. POSHAN Abhiyaan has witnessed partnerships with institutions, the private sector, women collectives and youth collectives. These includes:

- Partnerships with Institutions such as National Institute of Nutrition (NIN), Hyderabad for developing an online course on nutrition; with National Centre of Excellence and Advanced Research on Anaemia (NCEAR-A) to organise Anaemia Test, Treat, Talk and Track camps, popularly known as T4 camps; with National Centre of Excellence and Advanced Research on Diet (NCEARD) to organise a recipe competition for college students and displayed healthy

¹⁵⁶ Bhavani R.V., Parasar R., Food Distribution Value Chains under the Integrated Child Development Services, 2018 Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

- food items at the Anaemia Mukt Bharat National Dissemination workshop and in all anaemia T4 camps have been undertaken.
- Partnerships with Private Sector, for instance, MoU with National Association of Software and Service Companies Foundation is being signed to initiate technology partnerships with the private sector. Telecom operators have been engaged with, to spread the POSHAN Abhiyaan ringtones and caller tunes across the country.
 - Engagement of Women Collectives: Anganwadi Workers, ASHA, ANM and Self-Help Groups (SHGs) contributed significantly to the POSHAN Maah with the women groups spearheading many innovative activities throughout the month. To build knowledge related to nutrition, a particular focus was laid on communicating messages around dietary diversification, micronutrients, anaemia, water, sanitation and hygiene, breastfeeding and complementary feeding. These messages were explained and discussed during the SHG meetings and Village Organisations' meetings. The SHG members played a critical role in mobilising women and families in participating in community events such as God bharai, Anna-Prashan, Rangoli art, Poshan rallies and VHSNDs.
 - **Engagement of Youth Collectives:** POSHAN Maah recognised the potential of young minds in comprehending and practising nutrition behaviours. Hence, through many school-based activities, cycle rallies, haat bazaar activities, Nukkad Nataks, Melas, Prabhat Pheris, youth were engaged and sensitised on good nutrition practices.

Women Empowerment

Schemes wherein specific engagement of the private sector/community/collectives/cooperatives has been observed in working towards the empowerment of women are Beti Bachao Beti Padhao (BBBP), Working Women Hostel (WWH) and Mahila Shakti Kendra Scheme.

BBBP's scheme design offers many pathways for the involvement of communities and community organisations. The scheme focuses on ensuring gender equality through local governance and community engagement. One of the core strategies of the scheme is developing the capacity of PRI/ULB – In particular, enhancing the capacity of women Panchayat/ULB. At another level, BBBP forges community networks – between front line workers, volunteers and existing women's groups – to create an empowering environment for the girl child. The scheme's guidelines¹⁵⁷ mandate that front-line workers be mobilised and empowered, in partnership with local community/women's/youth groups, as catalysts for social change, known as Ahimsa messengers.

The need to involve the community in scheme activities is recognised in the scheme guidelines¹⁵⁸ since BBBP focusses on transforming community behaviours. Community participation is reinforced through various interventions such as display of birth statistics on digital boards, local champions spreading awareness at the community level and school enrolment drives.

The private sector has been involved in many ways in the scheme: by providing ground-level implementation support, and by enhancing the branding of the scheme. NGOs and CSOs have been noted to provide support for grassroots implementation and improve community-led advocacy.¹⁵⁹ Furthermore, many private companies have aligned their Corporate Social Responsibility (CSR) strategy with the scheme's objectives- by setting up schools for girls,

¹⁵⁷ Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.

¹⁵⁸ *Ibid.*

¹⁵⁹ Ministry of Women and Child Development. (2019). Innovations under Beti Bachao Beti Padhao. Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

providing financial assistance to underprivileged girls, and prioritising female nutrition in their activities.¹⁶⁰ Besides, linkages have been strengthened with private hospitals and private health practitioners to publicise BBBP and its components. Various private hospitals have publicised the BBBP logo through displays on hospital bulletin boards, calendars and pamphlets.¹⁶¹

Women Protection and Safety

CSOs and NGOs play a major role in the Ujjawala scheme, and many cases are the implementing agencies for running of the scheme/centre. The Ujjawala scheme guidelines state that the implementing agencies can be Women's Development Corporations, Women's Development Centres, Urban Local Bodies, reputed Public/Private Trust or Voluntary Organisations. The organisation to be eligible must have adequate experience in the field of trafficking, social defence, dealing with women and children in need of care and protection, children in conflict with the law, etc. The protection of trafficked women and children is primarily the State's responsibility. In instances where an NGO is undertaking the protective/ rehabilitative aspect under the scheme, the State government is mandated to continuously monitor and oversee the implementation of the scheme by the registered NGO. Therefore, it is not possible to handover the ownership or agency in terms of implementation of the scheme in its entirety to a private sector cooperative.

Similarly, The Civil Society Organisation and NGOs are major implementing agencies of Swadhar Greh. The scheme guidelines state that the Public Trusts or Civil Society Organisations such as NGOs having proven track record of working in the fields of women's welfare/social welfare/women's education subject to the condition that such organisation is registered under the Indian Societies Registration Act, 1860 or any relevant State Act can be the implementation agency under the scheme. There are certain criteria which they need to fulfil to get registered as an implementing agency such as recognition by State/UT administration, the experience of working in the field for three years, and the like.

Thus, their role is quite crucial in scheme implementation. Apart from this National Commission for Women undertake periodic evaluation of Swadhar-Greh by forming expert committees. The members of such expert committees are usually people from renowned institutions and people who are expert on the subject matter of women rights and child rights. The engagement of Civil Society Organisations and NGOs at both implementation and evaluation level ensures their fair role within the scheme. However, there have been doubts regarding the implementing agencies and their process of selection. The secondary literature has provided evidence on incorrect address and contact details of NGOs, thus raising concerns around the credibility of these NGOs in the implementation of the scheme. The guidelines of the scheme perhaps need a fairer mechanism for establishing an implementing agency as this will contribute to improvement in scheme's implementation. The KIIs at the national and state level have also confirmed that the Swadhar Greh and Ujjawala homes run by NGOs are not able to perform to their best of ability due to delay in the release of funds and operational support from the government.

¹⁶⁰ Company CSR. (2018). *150 Children to get Free Education under Beti Bachao Beti Padhao Scheme*. Retrieved from <https://www.companycsr.com/150-girl-children-to-get-free-education-under-beti-bachao-beti-padhao/>. Accessed on 12 May 2020.

¹⁶¹ W Pratiksha Hospital. (2020). Calendar Launch- Beti Bachao Beti Padhao. Retrieved from <http://w-hospital.in/calendar-launch-beti-bachao-beti-padhao/>. Accessed on 12 May 2020.

However, the private sector can play a major role in increasing both the Ujjawala and Swadhar Greh scheme's performance and value-chain creation in various ways. This may include ensuring financial aid, running the Ujjawala homes and Swadhar Grehs, providing material requisites to centres/homes, providing them with various subsidies, providing minor girls residing in these homes with educational advancement and with employment opportunities or once they turn 18, providing women beneficiaries vocational training and skill-building classes and absorbing them in the job market after their stay, for their long term rehabilitation and mainstreaming into the society, and the like. A part of the CSR funding can also be reserved for the effective long-term rehabilitation of women victims. However, the percentage of private investment in the Scheme and the challenges faced in attracting private sector participation could not be assessed.

The One Stop-Centre scheme is another scheme working towards women safety and protection wherein the private sector and civil society play an imperative role. As per the Criminal Amendment Act, 2013, it is mandatory for every hospital whether public or private to provide free of cost first aid or medical treatment to any women affected by the acid attack or against whom an offence of rape has been committed. For providing medical treatment to women afflicted with violence other than acid attack or rape, the Monitoring Committee under the scheme has the authority to empanel any private hospital/ medical practitioner willing to provide emergency response or psychosocial counselling services to the OSC. In this respect, private hospitals may play a major role in providing the women victims of violence with immediate medical treatment and psychological care and attention.

The scheme also calls upon CSOs with relevant experience in dealing with issues related to gender issues, women survivors of violence, sexual assault and violence against women to undertake Social Audits. The scheme also envisages engagement with stakeholders such as CBOs, civil society groups, women's organisation working on gender-based violence, Gender Cells, Special Cells of reputed institutions such as TISS for providing training, capacity building and technical support. It is envisaged that OSC will provide a platform for leveraging these support systems to enhance the effectiveness of the services provided by it.

The private sector can increase the scheme's performance and value-chain creation in various ways such as providing psychosocial counselling services to the OSC beneficiaries, aiding in the rehabilitation of victims, providing monetary support and the like. Private hospitals and medical practitioners can herein play a major role in improving the scheme's performance. However, the percentage of private investment in the scheme and the challenges faced in attracting private sector participation could not be assessed.

Child Protection

The involvement of the private sector in the child protection sector is manifested in the operationalisation of the Integrated Child Protection Scheme (ICPS). The ICPS guidelines state the following concerning the role of the private sector, civil society organisations and individuals:

- Voluntary sector: to provide vibrant, responsive and child-friendly services for detection, counselling, care and rehabilitation for all children in need; to awareness-raising, capacity development, innovations and monitoring. The State shall financially support these.
- Research and training institutions: To research the situation of children in India and capacity building of existing human resource as well as support creation of a team of professionals.

- Media and advocacy groups: To promote the rights of the child and child protection issues with sensitivity and sustain a media discourse on protection issues.
- Corporate sector: To partner with government and civil society initiatives under the Scheme; financially support child protection initiatives; and contribute to Government efforts to improve the situation of children of India by adhering to the laws on child protection.
- Community groups and local leaders, volunteers, youth groups, families and children: To provide a protective and conducive environment for children, to act as a watchdog and monitor child protection services by inter-alia participating in the village and block-level child protection committees.

'ChildLine' is one example of innovative solutions of the private, public partnership model in the child protection sector, which is the emergency outreach service through a 'Mother NGO'. This is a 24/7 emergency phone outreach service for children in crisis which links them to emergency and long-term care and rehabilitation services. The service can be accessed by any child in crisis or an adult on their behalf by dialling a four-digit toll-free number (1098). Established by the Government of India in 1999, this service has been extended in 280 cities across the country. To create a protective environment for children in all parts of the country, ICPS envisages the expansion of this service to all districts/cities. Besides, facilitating such expansion, the 'Mother NGO' is also responsible for undertaking process documentation, research, awareness campaigns and advocacy on issues related to strengthening Childline service in the country. At present Childline India Foundation (CIF) is the 'MOTHER NGO' managing this service as Childline. The Ministry may also select any other NGO of repute as 'Mother NGO' for various regions of the country to facilitate implementation.

ChildLine follows a unique Public-Private Partnership (PPP) model between the Government of India, Department of Telecommunications, Voluntary agencies, Academic institutes, the corporate sector, children and the community. An initiative of the Ministry for Women and Child Development supported under the Child Protection Services scheme (CPS) and also a Social Franchising model wherein over 900 local NGO units to reach a child in need within 60 minutes. A net grant of 8.7 Crores is fixed for the operationalisation of Childline service- a private, public partnership model under ICPS. However, the percentage of private investment in the clusters/programs under the scheme could not be assessed.

The major challenges w.r.t efficient functioning of this PPP model as stated by the ChildLine officials owe to the difficulties in expansion and programme management due to inadequate resources, inadequate support & awareness among allied systems regarding Childline, the ineffectiveness of the ChildLine model across all geographies, growing demand for professionally trained human resources and lack of funding for HR along with inadequate salaries and the like.

The protection of children is primarily the State's responsibility as each child, and his/her well-being is the responsibility of the State. Given the sensitive nature of the scheme, key activities cannot be outsourced to private models for undertaking the key task of ensuring the protection of children. However, in the private sector can increase the scheme's performance as well as in the child protection sector as a whole in various ways such as ensuring financial aid, providing material requisites to child care homes, providing them with various subsidies, providing children residing in these homes with employment opportunities or educational advancement once they turn 18, and the like.

A specific recommendation was made during various national level KIIs that CSRs should now start pitching in money for various child protection issue in India and there should be a separate head for that under every CSR budget. That may ensure greater efficiency. One of the ChildLine officials stated that—

"The ICPS budget must be increased significantly, and the ChildLine salaries need to be more competent otherwise how will you get quality staff to work for you? The CSRs should start putting money on issues related to that of the protection of children."

This may result in greater engagement in the child protection sector by Corporates and NGOs alike and will lead to an increased role of the Private sector in improving the value chain creation.

Challenges in Private Sector Engagement in the WCD Sector

The importance of the role played by the private sector is unquestionable. However, a few challenges remain concerning the involvement of the private sector, community/ collectives/ cooperatives in the women and child development sector. The challenges are as follows:

- National Policy for Women (2001) states that "efforts will be made to channelise private sector investments, to support programmes and projects for the advancement of women". Different WCD schemes including the National Policy for Women envisages the engagement of private sector. However, their role and degree of engagement remain unclear. The engagement of private players is mostly on a case-to-case basis with no systematic guidelines. Additionally, there are no provisions for incentives for encouraging increased efforts by the private sector. All these factors contribute to lesser impact than otherwise possible if provisions and systematic guidelines are in place.
- Gaps pertain to the involvement of the private sector in the rehabilitation of women beneficiaries of Swadhar Greh, Ujjawala, and Child Protection Schemes. The schemes have a significant responsibility to provide economic rehabilitation to the scheme beneficiaries, and partnerships with the private sector can help in improving the skilling opportunities under the Scheme and providing avenues for long term economic engagement for the beneficiaries of these schemes.
- Gaps are witnessed in the role and impact of the private sector in the child protection sector. The major challenges for the efficient functioning of this PPP model as stated by the ChildLine officials owe to the difficulties in expansion and programme management due to inadequate resources, inadequate support & awareness among allied systems regarding Childline, the ineffectiveness of the ChildLine model across all geographies, growing demand for professionally trained human resources and lack of funding for HR along with inadequate salaries and the like.
- Despite the key role played by the private sector in the sector of child nutrition and development, major gaps and challenges remain. The steps made over the past 5 to 10 years have, however, not taken away or reduced the hesitation and scepticism of the public sector actors towards commercial or even social businesses. Evidence of impact or even a positive contribution of a private-sector approach to inter-mediate nutrition outcomes is still lacking. (Liere et al. 2017)¹⁶²

¹⁶² van Liere, M. J., Tarlton, D., Menon, R., Yellamanda, M., & Reerink, I. (2017). Harnessing private sector expertise to improve complementary feeding within a regulatory framework: Where is the evidence? *Maternal & child nutrition*, 13, e12429. Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

- Extremely low-cost norms under the MWCD schemes for construction and rental of infrastructure and provision for services act as a barrier for purely private – non-philanthropy driven investments in the WCD sector. The evaluation has made recommendations across schemes on ways to engage and incentivise the private sector – but one of the key steps in making investments in the WCD sector attractive for the private sector will be to improve the cost norms of schemes that MWCD prioritises for private sector engagement.

Way Forward

The importance of the role played by the private sector, and their impact is indisputable in scaling up of efforts across the WCD sector. However, the gaps and challenges on the involvement of the private sector, community/ collectives/ cooperatives in the WCD sector across child protection and development and women protection and empowerment have been discussed in detail. These are owing to a multitude of gaps such as lack of clarity on their role, absence of systematic guidelines, incentives, adequate funding and the like. There is a need to identify sustainable ways and practices in which local and international business community can be better engaged in the effort to scale up women and child development efforts in the country. The evaluation suggests ways in which some of these gaps can be addressed, and the role and impact of the private sector can be maximised:

- MWCD should formulate clear guidelines and provision for the engagement of the private sector across all the WCD schemes. Support in terms of regular and adequate funding or incentivisation for increased private sector participation must be stated clearly in the guidelines.
- Greater engagement with the private sector should be undertaken for supporting rehabilitation efforts of women in distress, children from CCIs, and trafficked girls. The private sector can play a significant role in skilling these beneficiaries as well as potentially providing them with long-term economic rehabilitation opportunities.
- Maximise community/private sector engagement and ownership under ICDS testing different models of SNP delivery including decentralisation of SNP procurement and delivery, constituting community monitoring of SNP, or testing DBT/Cash Transfers for delivering SNP provisions.
- Under the NCS, lessons can be drawn from private sector agencies running efficient facilities such as the Mobile Crèches based in Gurugram, Haryana. Such models can be replicated nationwide for smooth implementation of National Creche Scheme and providing support to working mothers.

2.4. Issues and Challenges

2.4.1. Financial and Funding Related Challenges

1. Lack of flexibility in funding

A number of senior state officials, as well as officials in MWCD, suggested provision of increased flexibility for states to utilise the budgets in areas that they feel need prioritising. There are cases where certain provisions of any CSS may not be relevant for the needs of any particular state – for example, under CPS, Delhi government representatives suggested that the CPS budget for Open Shelters has remained unutilised as the state has not felt the need to run these shelters owing to very low demand. In the past, it was found that a number of these shelters have only had an operational presence, with few beneficiaries availing its benefits in Delhi. Key informant interviews with senior officials revealed that it would have been useful, if they would have been able to utilise the funds for open shelters to improve the other aspects of the scheme, such as the quality of CCI service, better provisions for technical and vocational training to residents, or to attract and retain better staff to manage such an important scheme, particularly psycho-social counselling. A number of states also mentioned that across schemes, the staff remuneration is low, which made it difficult for them to find and retain good quality staff for service provisioning. According to them, if there was in-built flexibility within the design of the schemes, the states would be able to utilise the scheme funds in a much better way keeping in mind the local contexts and would be able to improve the effectiveness of the schemes, through directing scheme funds to the areas that require them the most. This is also in line with the recommendations of the Report of the Sub-Group of Chief Ministers on Rationalisation of Centrally Sponsored Schemes, which noted that:

“States need to be given flexibility in implementing the Schemes; the ‘One-Size-Fits All’ approach of CSS was adversely affecting outcomes. There was near unanimous consensus that CSS should be designed with in-built flexibility, so that implementation in the State is customized to State-specific requirements.”

“there is an overwhelming emphasis on a process-centric approach and lack of flexibility in designing and implementing the CSS that has diffused the focus on their outcomes.”

Report of the Sub-Group of Chief Ministers on Rationalisation of Centrally Sponsored Schemes

Among other issues, the states also highlighted that the cost norms identified in the CSS' need to be state-driven and not decided nationally. In order to enable states to achieve the scheme outcomes, either cost norms should be inflation-indexed and take into account the different prevailing costs in different States or flexibility be given to a State to adjust cost norms within a Scheme across its various components, subject to an overall allocation and mutually agreed on outcomes. In many cases, such as the construction of assets or hiring of scheme personnel, there are vast differences in costs and wages in urban and rural areas, as well as across states.

In addition to this, the MWCD also faces challenge of fund crunch to address key gap areas due to the budgetary allocations tied to the schemes. Even though the Flexi Fund component of a majority of the schemes remains unutilised, the MWCD is unable to use these funds to address underfunded or under resources areas such as women protection and women empowerment.

Given the current COVID-19 pandemic and its small to medium term affects, the funding allocation for the ministry is bound to see a drop in the coming years. It is thus, critical to bring flexibility in the way the funds are allocated, utilised, and raised – so that the Taxpayer funds can be used optimally, in a way that provides maximum value for money to the tax-payer, government, and the beneficiaries.

Recommendation

- **In schemes such as AWS, POSHAN Abhiyaan and CPS, states should be afforded greater flexibility in utilisation of funds**, in order to identify and focus on the key barriers to malnutrition in each state. An example of this is the Samagra Shiksha Abhiyan, which allows states to prioritise interventions and sectors as per their need.
- **MWCD may look into opportunities and mechanisms to maintain a pool of untied funds to enable strategic activities, plug interventions gaps and enable stronger convergence**. These untied funds could be in the shape of a pool of flexi funds (currently 10%) from all MWCD schemes, or a separate untied fund at the MWCD level.

2. Too many small value CSS unable to access State funds

The MPEW Umbrella constitutes of multiple small schemes and a mixture of Central Sector and Centrally Sponsored Schemes. The evaluation notes that in the small value schemes where states are involved, getting state funds for these smaller schemes becomes a challenge. In recent years, a number of schemes have been changed from Central Sector to Centrally Sponsored – such as Swadhar Greh, Ujjawala and Working Women's Hostel Scheme, and all of these schemes' performance and quality of services has deteriorated in the absence of regular funding caused due to delays by State governments in contributing their share.

Almost all MPEW Schemes have consistently shown under-utilisation, with average scheme utilisation under the MPEW schemes only being around 48% over the three FYs 2016-17, 2017-18 and 2018-19. Nirbhaya fund continues to struggle with fund utilisation. Over the three years, Nirbhaya Fund could only utilise 27% of the funds allocated to it, with 2018-19 being the lowest utilisation of just 0.5%. The low utilisation of funds under the schemes contributes directly to the underperformance of many schemes, and the MWCD needs to identify ways to improve fund utilisation and fund efficiency. These state share challenges also offer a perverse incentive for the governments of some of the poorer States to not expand the schemes in their states, as an expanded scheme would mean more resource requirement from the State. This has been visible from the fact that even though under Swadhar and Ujjawala Schemes, annual needs assessments are to be undertaken to assess the need for more Ujjawala and Swadhar homes, but there have been no such assessments happening. Under the WWH scheme also, there have only been around 20 new hostels constructed in the last decade, even with the push for increasing the female labour force participation in at least the last half a decade. Similar challenges have been reported under the MSK scheme, where some state government are delaying the hiring of staff under the scheme, due to resource crunch being faced by the state.

Recommendation

- Keeping the increased funds available to the States since the 14th finance commission, **it is recommended that the MWCD encourage State Governments to increase their budgetary allocation towards women and child development, protection and welfare schemes** to ensure improved fund availability and utilisation of schemes.

- **Alternately, the MWCD can consider converting smaller schemes, specifically those related to women protection and women empowerment, to Central Sector Schemes,** and adequate provision of staff and IT-based MIS be made at the National level to improve the monitoring and management of these schemes.

2.4.2. MWCD Capacity to manage and implement WCD schemes

1. Unstructured scheme distribution

The 15 MWCD CSS Schemes have been bunched into two broad categories – Umbrella ICDS, incorporating all child focused schemes and MPEW, incorporating all Women centric schemes. However, the two umbrellas, and the schemes under these umbrellas are not all convergent or leveraging each other's resources. For example, the Child Protection Scheme has been made a part of the ICDS Umbrella, even though the mandate, the delivery structures and institutional mechanism for the CPS is completely different from the ICDS Structures. Similarly, under MPEW, the Women Protection and Women Empowerment schemes have been clubbed together, even though the mandate and delivery mechanisms for these two sets of schemes is completely different.

Due to this inefficient structuring and division of the schemes, the important schemes and interventions, get lost, end up being under funded, or suffer from weak monitoring due to the focus and priority on some of the larger schemes.

A key example of this is the Child Protection Scheme. Though the Child Protection scheme has also been made a part of the Umbrella ICDS, it receives a mere 5.4% of the budget allocations of the ICDS Umbrella, with nutrition and early childhood development related schemes such as AWS, POSHAN Abhiyaan, PMMVY and SAG taking up almost 95% of the umbrella budget.

In India, there are over 12 million orphaned and abandoned children and around 90 million child labourers (age group 5-14) (NSSO). The number of juvenile delinquents has increased from 17,203 to over 30,000, and more than one-third of the country's population (440 million) is below 18 years. A huge number of children in the country need care and protection for uncontrolled families, extreme poverty and illiteracy result during the early formative years. There are child labourers, employed in menial work, and these children are specifically subject to all forms of abuse, including substance abuse & exploited as child labourers. Children are also vulnerable to crimes such as commercial and sexual trafficking and natural calamities.

The number of children needing care and protection in India is huge and increasing. This makes the Child Protection Scheme one of the most important schemes run by the MWCD to provide support and care to these children in need. However, given that the ICDS Umbrella has mostly focused on nutrition agenda, the focus on ICPS has not been as much as needed. The ICPS has a strong legal mandate of child protection and rehabilitation, but with most of the focus under the Umbrella ICDS going towards the issue of malnutrition, ICPS' monitoring, resourcing, funding, have all been compromised. It is also noted that the CPS does not compliment any other scheme implemented under the Umbrella ICDS and does not use any of the AWS institutional platform and the delivery mechanisms.

Similarly, under the MPEW, the schemes suffer from poor reach and awareness, inefficient delivery, lack of coordination between schemes with similar focus and target groups, and

generally poor performance. Both the areas of women's empowerment and women's protection have been key challenges facing our country for a long time, but the Ministry has not been able to adequately and comprehensively respond to the challenges in both areas due to the fragmented nature of the interventions, lack of coordination and convergence at the top level, and siloed decision-making. Even though the Nirbhaya fund is available with the GoI, it has remained underutilised every year since it was set up, even though the rates of crimes against women have continued to grow. One of the reasons for this has been an absence of a convergent approach to women's protection at the top, and even though interventions have been designed and proposed to utilise the Nirbhaya fund, they continue to follow an isolated, interventionist approach, rather than a holistic, concerted effort to improve safety of women.

Given the importance of these issues, the limited staff, and the need to enhance efficiency-gains of the schemes through convergence and leveraging of similar schemes', there is a strong need to rationalise the scheme distribution and structure. It is important that the ministry streamline the way the CSS schemes are distributed among the umbrellas and to ensure that the distribution enables convergence and resource sharing among schemes with similar broad target areas. It is also the need of the hour to look at Women's Empowerment, Women's Safety and Protection, and Child Protection services from a holistic lens covering all aspects, rather than a collection of interventions designed to address specific areas.

Recommendation

- In order to be able to achieve enhanced convergence and improved management of WCD schemes, it is recommended that the 15 schemes be restructured into four overarching Umbrella Schemes – (i) Integrated Child Development Scheme incorporating AWS, POSHAN Abhiyaan, PMMVY, SAG and NCS; (ii) Integrated Child Protection Umbrella – incorporating CPS and BBBP; (iii) Women Protection Umbrella incorporating OSC, WHL, Swadhar Greh and Ujjawala Scheme; and (iv) Women Empowerment incorporating MSK, WWH, and Gender Budgeting, and also including other WCD activities such as RMK and Mahila e-haat.**

2. Need for De-bureaucratisation, professionalisation and corporatisation of the MWCD

In order to improve the capacities of the MWCD to be at the cutting edge of technical expertise and to be a hub for technical knowhow and research, a comprehensive reform is required in the way MWCD is staffed, structured, and supported.

While the high levels of vacancies at the operational and ground levels have been well documented in literature, the MWCD suffers from a relatively high rate of vacancy at the national level as well, with many of the managerial positions vacant. This acute shortage of leaders and senior managers in the ministry leads to an agenda overload for its leaders. Given that most of the MWCD staff is administrative, burdened with agenda overload, and responsibility of multiple schemes, the ability of the National staff to effectively monitor the schemes to innovate, and to look at the sector issues as a continuum get affected.

Additionally, the MWCD, at the national level, has limited technical depth to address the challenges effectively and to design new, effective interventions to consistently plug the intervention and policy gaps due to limited staff and inadequate use of external, contractual sector experts. This, coupled with sporadic evaluations and sub-optimal research partnerships, leads to slow, incremental reforms instead of the transformative changes and ideas needed by the

county to tackle the issues of under-nutrition, women empowerment, safety and child protection. Given the varied human resource and capacity challenges facing the MWCD, it is important for the ministry to look for ways to ensure availability of high quality, experienced professionals in the areas of its operation, which will provide it the ability to undertake transformative decisions and bring innovative ideas to the table, to ensure that the efforts of the GoI to improve the lives of women and children yield accelerated results. One of the ways to achieve this is to adopt a model similar to the NITI Aayog, whereby a team of high-quality professionals and researchers is hired by the Ministry on a contractual basis to enhance its capacity to effectively manage its schemes, ensure efficient use of resources, and bring innovation and global knowledge into its fold. The Ministry has tried to adopt similar models through PMUs for POSHAN Abhiyaan and PMMVY, but these have yet to be scaled-up for other schemes and umbrellas, and the full value of this model has not been realised by the MWCD.

In addition to the professionalisation of the MWCD, it is also important to ensure that highest levels of professional and governance mechanisms are being put in place and adopted by the three autonomous bodies under the MWCD – the Central Social Welfare Board (CSWB), the Rashtriya Mahila Kosh (RMK) and the National Institute for Public Cooperation and Child Development (NIPCCD). NIPCCD, in particular, is key to the MWCD's research and innovation agenda, having been set-up as a premier organisation devoted to promotion of voluntary action research, training and documentation in the overall domain of women and child development, as well as a resource agency for building capacities of functionaries on issues of child development and protection. It is recommended that in order to bring about much needed transparency and enhanced accountability, the NIPCCD and RMK also be registered under Section 8 of the Companies act, which will enhance the transparency in the functioning of these organisation. In addition, having a corporate structure will also allow these organisations – particularly the NIPCCD to further develop its research capabilities, by hiring experienced researchers and managers to implement research activities, provide for improved management and professionalisation. There are many examples of GoI's autonomous bodies being registered as Section 8 companies – most famous of them being the National Highway Authority of India (NHAI) and the National Skill Development Corporation (NSDC), both of which has strong, professional corporate governance structure in place, with a high level of accountability and transparency in its functioning and finances. Similar steps can be taken by the MWCD to improve transparency, accountability and professionalisation of its own autonomous bodies.

Recommendation

- A strong focus on professionalising and de-bureaucratisation of the MWCD through hiring of senior, well paid technical experts and advisors to manage the schemes and to provide technical and though leadership to the ministry on the issues of women and child development.
- A model similar to NITI Aayog, with a team of young, middle level and senior technical advisors for each of the four proposed Umbrellas – hired on a contractual basis may be adopted by the Ministry.
- In order to improve the governance of MWCD's autonomous bodies and to enhance transparency of these bodies, it is recommended that NIPCCD and RMK be registered as Section 8 companies.

3. Absence of Disaggregated Data

Even though India has a data system in place, it remains largely gender-neutral and scattered. As multiple evaluations and consultations have highlighted, "There is an absence of disaggregated

data across gender, age, disability, caste, class, tribe, marital status, occupation and location. There are also concerns related to which agency collects the data, at what levels it is collected, how it is tabled, and how it is further used. Key agencies such as NCRB do not record certain kinds of violence such as that against transgender persons, sex workers and other marginalised women. The data on sexual harassment also is not segregated based on rural or urban indicators, or the kind of workers who complain about it (NCRB, 2017-18). The data on the number of people with disabilities in India in the Census is limited as it does not recognise categories beyond physical disability. Certain categories of women are completely ignored by the data collection processes.¹⁶³ Given our national priorities on gender equality as well as the SDGs, the data system needs to be gender-disaggregated for better planning and policy formulation¹⁶⁴ at the National and State level.

Recommendation

- A **Gender Budgeting Act** to mainstream gender-based budgeting across all ministries and States/UTs and **legally mandate all data collecting institution to analyse and publish gender-disaggregated statistics**. (learning from Israel, South Korea, Philippines)
- Generating gender-disaggregated data around women's earnings from self-employment, ownership of business and management, women's migration, ownership of assets, utilisation of basic amenities, among others and create a portal for all type of data related to women and children.
- A data hub and data portal can be created by MWCD where collated gender-disaggregated data is made available on a single unified portal.
- NSSO should focus on gendered patterns of access and use of digital technologies, including the internet.
- Follow the set of questions formulated by Washington Group of Disability Statistics while collecting data on women with disabilities

2.4.3. Greater Scope for MWCD in Achieving Multi-sectoral Action for the Welfare of Women and Children

1. Limited Private Sector Engagement

The private sector is often referred to as the "*silver bullet*" to work towards the SDG Agendas 2030 (Global Health Advocates Report, 2018). The Government of India as well, in a number of forums, has touted the role of the private sector and their potential contribution to the country's development and in improving people's lives.

The women and child development schemes provide a significant opportunity for the MWCD to leverage private sector funding and engage with the private sector to improve the lives of vulnerable women and children, improve women's labour force participation, and to empower women with varied opportunities and better pay. Different WCD schemes including the National Policy for Women envisages the engagement of private sector. However, their role and degree of engagement remain unclear. Due to this, the engagement of the private sector in WCD sector has remained low and confined to some of the larger, high-visibility programmes such as the AWS (erstwhile ICDS). There are examples of private sector engagement in improving ICDS

¹⁶³ United Nations India and NITI Aayog. (2020). National Consultation Gender & SDGs. New Delhi

¹⁶⁴ https://wcd.nic.in/sites/default/files/draft%20national%20policy%20for%20women%202016_0.pdf

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

infrastructure, with the Nand Ghar initiative of Vedanta being one of the key (and possibly the largest) private sector engagements for improved effectiveness and efficiency of WCD scheme.

In addition, while private sector has been engaged under other schemes the CPS, BBBP, POSHAN Abhiyaan, etc., the engagement has been sporadic and uneven across the States. There is an absence of a clearly articulated policy of the MWCD to incentivise private sector investments in WCD sector. Even though there are private investments in WCD sector, these have been made as part of the CSR – directly or contribution to NGOs, and through private philanthropies – such as Bill and Melinda Gates Foundation, Tata Trusts, Children's Investment Fund Foundation, Piramal Foundation, etc. – their contributions to the sector are more in the nature of philanthropy rather than a part of government's push to attract more private sector financing in the WCD Sector.

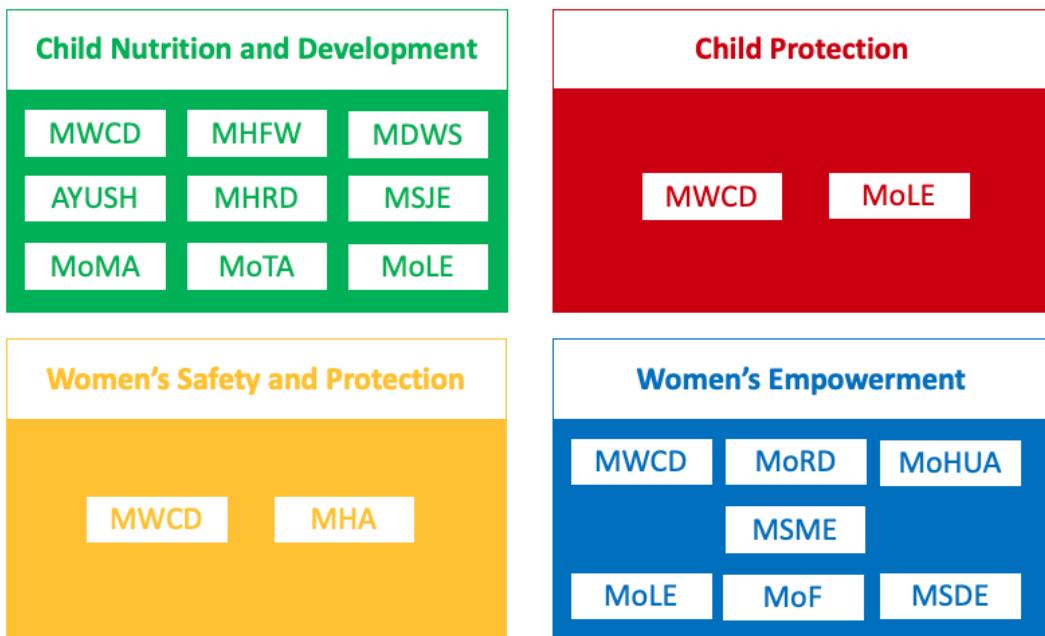
In addition to attracting private sector funding in absence of incentives for the private sector, the MWCD schemes have also been unable to engage with the private sector to provide critical rehabilitation and economic opportunities to the vulnerable women (under Swadhar and Ujjawala Scheme), and residents of the Child Care Institutions to enable them a life of dignity upon getting out of the WCD institutions.

Recommendation

- Currently, the MWCD sector's engagement is limited primarily to the Anganwadi Services Scheme. There is no policy guidance in the MWCD to improve private sector linkages among other MWCD schemes, even though these is significant scope for engagement for women empowerment and women protection schemes, as highlighted in the individual scheme analyses. In this regard, **it is recommended that the MWCD develop specific guidance notes for all its schemes on how States can engage private sector under each MWCD scheme – including for rehabilitation and reintegration of at-risk women and children.**
- It is also recommended that **steps be undertaken to incentivise private sector to invest in services and infrastructure provision for WCD sector** – this may include competitive rents and long term agreements for homes/hostels under schemes such as Swadhar Greh, Ujjawala, WWH and OSCs; value chain engagement for Swadhar and Ujjawala Scheme beneficiaries; etc.

2. Need to develop new partnerships and focus on convergence

The analysis presented in this chapter underscores that 14 ministries other than MWCD implement social protection programmes for the well-being of women and children in the identified sub-sectors.



It is noted that the sectoral determinants identified are covered by interventions of various ministries. Interactions with National and State level officials during this evaluation study highlighted the isolated nature of scheme/programmatic implementation and lack of synergy between MWCD and other ministries having specific provisions for the development of women and children. KIIs with National level stakeholders of the government and development partners emphasised the role of MWCD as a nodal agency for ensuring the well-being of women and children in the country through adopting a convergent approach at the policy and program level.

“The level of convergence and coordination among various ministries/departments implementing women centric schemes is at present quite low. In this context, the MWCD can play an important role. The various ministries can come together for the implementation of sector-specific programs and MWCD can ensure regular review and monitoring for building a synergistic approach. The Ministry can also set up a Gender Coordination Centre to overlook the broad areas of convergence. The GRB initiative already underway mandates ministries/departments to report their initiatives towards promoting gender equality. Further, Gender Budgeting Cells to broaden their scope of work by including inter-ministerial coordination at program implementation level.”

Programme Specialist, EVAW, UN Women

“A number of interventions by different ministries are underway to address the issue of MHM. For instance, MHRD and MDWS is working towards providing incinerators in school and encouraging good hygiene practices among school going girls. One of the components of RKS, implemented by MHFW, also offers sanitary napkins to all girls in school as well as OOS. Though distribution of sanitary napkins has been effectively undertaken, all other components including awareness about MHM, availability of clean toilets in schools with running water and provisions for waste disposal as well as accessibility, continue to be weak. An inter-ministerial unified approach with clear distinction of roles and effective monitoring is required to achieve intended results under MHM.”

Commissioner (MCH), MHFW

In addition to stronger convergence with various ministries at the National level, stronger partnerships are required to be set-up with the private sector organisations, start-ups and technology companies to utilise and mainstream the innovations and enhancing the effectiveness and efficiency of scheme delivery.

Recommendation

- **Greater emphasis to be given to the role of MWCD as a nodal agency for ensuring the well-being of women and children in the country through adopting a convergent approach at the policy and programmatic level.**
- **Finalising the National Policy for Women after making the necessary amendments in the 2016 draft policy.**
- Forging new partnership and driving convergence to mobilize resources, capacities, innovations, knowledge, etc. This will include partnership and convergence efforts with:
 - **Social enterprises and start-ups** to drive innovation in policy design and service delivery through challenge funds, innovation funds, hackathons, etc.
 - **Public private partnerships** to leverage CSR and private sector investments in employment opportunities and infrastructure development to expand the support services coverage of WCD schemes.
 - **Convergence at district level through enhanced role of district administration** – convergence of health, rural development schemes, etc. to improve nutrition delivery and to derive operational efficiencies by providing convergent services to households.
 - **Promoting active role of Panchayati Raj** in women's empowerment and women's protection, through setting up of safe spaces managed by PRI institutions in rural areas, institutionalising a "Women's Empowerment Month" on the lines of "POSHAN Maah" and "POSHAN Pakhwada", led and managed by the Panchayati Raj officials and functionaries – and focused on generating awareness of women's schemes, her rights and entitlements, and changing behaviours and social norms around women's participation in household decision-making, education, and labour force.
 - **Promotion of food and nutrition forestry and plantations** in convergence with Forest and Environment, Rural development, Panchayati Raj, Agriculture, Animal Husbandry, etc., in line with the Odisha Millets Mission.
 - **Partnership with national and international research institutes and think-tanks** for innovation research and knowledge economy.

2.4.4. Intra-sectoral Gaps

1. A lack of Safe Spaces for Women in Rural Areas

Most of the MWCD schemes around the provision of safety and care to women in need have been centred around urban areas. In most districts, there is only one OSC or Swadhar Greh or other safe spaces, which are situated close to the district centre. This leaves the villages and rural areas without any safe spaces and places of immediate relief and protection for women affected by violence. Given the prevalence of gender violence in rural areas, there is an urgent need to constitute safe spaces for women in rural areas.

Recommendation

- Designating specific buildings and spots in the rural areas as safe spaces for women and provide relevant supportive infrastructure and institutional mechanisms to operationalise them.

- Some of the examples of these safe spaces could be Anganwadi Centers, PHC/SHC, PWD office, PRI office, etc.
- Setting up Mini-OSCs at Tehsil level as satellites to the main district OSC.
- Safe spaces to be linked with the MPVs or with the women's helpline to provide immediate support and redressal to women in need of care and protection.

2. Limited Reach of Interventions for Adolescent Well-being

In order to ensure holistic development of the adolescent population, the MoHFW launched Rashtriya Kishor Swasthya Karyakram (RKS) in January 2014 to reach out to 253 million adolescents. The programme expands the scope of adolescent health from sexual and reproductive health to including nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. It is a paradigm shift from the existing clinic-based services to community-based interventions. Under this, a core package of services includes preventive, promotive, curative and counselling services, routine check-ups at primary, secondary and tertiary levels of care provided regularly to adolescents, married and unmarried, girls and boys during the clinic sessions¹⁶⁵. Though RKS is a comprehensively designed flagship programme of the GoI, its implementation in a phased manner in only 231 districts, does not allow adolescent boys and girls across the country to reap the benefits of the scheme.

“Adolescent health and well-being continue to be an area of concern. Though there have been declining trends in both adolescent pregnancies and early marriage, there is a long way to go in terms of increasing use of contraceptives, talking about stigmatized topics related to SRHR and MHM as well as addressing mental health issues including suicide and depression. Greater attention needs to be paid to adolescents needs. At present, the interventions including SAG and RKS reflect only sporadic efforts of the government. RKS does place an emphasis on physical and mental health as well as SRH needs of adolescents, however revamping and strengthening of the programmes is essential.”

National Level Official, MoHFW

3. Declining Enrolment and Increasing Dropouts

Despite initiatives such as the Samagra Shiksha Abhiyaan (SmSA) and the RTE Act being implemented to attain universal enrolments across schooling cycles, data for primary, upper primary and secondary levels indicates declining enrolment rates and drop out after Grade 5 and especially after Grade 8. In absolute numbers, an estimated 6.2 crore children of school age (between 6 and 18 years) were out of school in 2015.

The key reasons for drop out include: Many students **falling increasingly behind** due to non-attainment of foundational literacy and numeracy by Grade 5 or even by Grade 8.

Though the majority of children in 2016-17 had a primary and upper primary school within close proximity, **access to secondary schools and upper secondary schools** remains a serious issue. In 2016-17, for every 100 primary schools/sections in India, there were about 50 upper primary schools/ sections, 20 secondary schools/sections, and only about 9 higher secondary schools/ sections. For many children, the closest secondary and higher secondary schools are at

¹⁶⁵ <https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=818&lid=221>

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

prohibitively long distances - too far to walk, with no safe and practical conveyance available to reach school.

Besides, socio-cultural and economic issues also play a significant role in dropout rates. Children not being allowed to attend secondary school due to prevailing practices of early or child marriage, perceived roles of gender or caste, child labour and pressure on children/adolescents to work and earn. Often the need to care for siblings also prevents older children from attending school. In regions with poor hygienic conditions, lack of good sanitation and unhealthy food habits make children prone to chronic illnesses, thereby preventing them from attending classes consistently.

Inadequate infrastructure and lack of safety continue to remain serious issues. Many children, especially girls, drop out due to lack of working toilet facilities; others - particularly girls and children from various other Underrepresented Groups (URGs) - drop out due to problems related to harassment and safety.

4. The limited reach of Technical/Vocational Education and Training

The 12th Five-Year Plan (2012-2017) estimated that less than 5 per cent of the Indian workforce in the age group of 19-24 years received formal vocational education¹⁶⁶. These numbers underline the need to hasten the spread of vocational education.

This evaluation study highlights that despite interventions like Scheme for Adolescent Girls (SAG) aiming to provide vocational training, the scheme's target beneficiary group includes only OOS girls in the age group of 11-14 years. Thus, the need for a universal intervention to offer formal technical and vocational education and training for OOS adolescent boys and girls in the age group of 11-18 years emerges critical.

5. The Rising Rate of Crimes Against Children

According to NCRB data, 109 children were sexually abused every day in India in 2018. There is a 22 per cent increase in such cases compared to the previous year. POCSO Act, 2012 is a comprehensive law to provide for the protection of children from offences of sexual assault, sexual harassment and pornography. The data reveals an increase in cases reported under POCSO Act to 39,827 in 2018 as compared to 32,608 in 2017.

As many as 21,605 child rapes were recorded in 2018 which included 21,401 rapes of girls and 204 of boys. The highest number of child rapes were recorded in Maharashtra at 2,832 followed by Uttar Pradesh at 2023 and Tamil Nadu at 1457. Overall crimes against children have increased over six times in the decade over 2008-2018, from 22,500 cases recorded in 2008 to 1,41,764 cases in 2018. Data also reveals that cases of sexual harassment in shelter homes against women and children increased by 30 per cent, from 544 cases recorded in 2017 to 707 cases in 2018.

As many as 501 incidences were also recorded under the Prohibition of Child Marriage Act, a 26 per cent increase from 2017, where 395 cases were recorded. In percentage terms, a major crime against children during 2018 were related to kidnapping and abduction, which accounted for 44.2 per cent, followed by cases under POCSO, which accounted for 34.7 per cent. A total of 67,134 children (19,784 male, 47,191 female and 159 transgender) were reported missing in 2018.

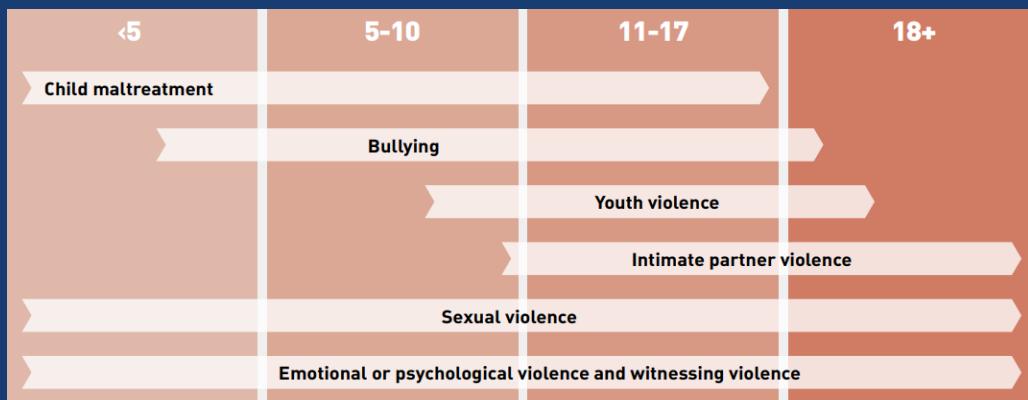
¹⁶⁶ https://mhrd.gov.in/sites/upload_files/mhrd/files/Draft_NEP_2019_EN_Revised.pdf

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

The state-wise segregation of crimes against children reveals Uttar Pradesh, Madhya Pradesh, Maharashtra, Delhi and Bihar accounted for 51 per cent of all crimes in the country. While Uttar Pradesh ranks at the top of the list with 19,936 recorded crimes against children (14 per cent of total crimes), Madhya Pradesh and Maharashtra are the close second and third with 18,992 and 18,892 crimes registered respectively.

Box 20: WHO's Inspire: Seven Strategies for Ending Violence Against Children¹⁶⁷

The inspire package, an evidence-based resource containing seven strategies for preventing and responding to violence against children and adolescents, outlines the types of violence by age group affected. This is presented below.



The inspire package has several strategies outlined below.

Strategy	Approach
Implementation and enforcement of laws	<ul style="list-style-type: none"> Laws banning violent punishment of children by parents, teachers or other caregivers, laws criminalising sexual abuse and exploitation of children and preventing alcohol misuse and limiting youth access to firearms and other weapons
Norms and values	<ul style="list-style-type: none"> Changing adherence to restrictive and harmful gender and social norms; Community mobilisation programmes and interventions
Safe environments	<ul style="list-style-type: none"> Reducing violence by addressing “hotspots”, interrupting the spread of violence and improving the built environment
Parent and caregiver support	<ul style="list-style-type: none"> Delivered through home visits and comprehensive programmes and in groups in community settings
Income and economic strengthening	<ul style="list-style-type: none"> Cash transfers, group saving, and loans combined with gender equity training and microfinance combined with gender norm training
Response and support services	<ul style="list-style-type: none"> Counselling and therapeutic approaches, Screening combined with interventions Treatment programmes for juvenile offenders in the criminal justice system and Foster care interventions involving social welfare services
Education and life skills	<ul style="list-style-type: none"> Increased enrolment in pre-school, primary and secondary schools; establish a safe and enabling school environment Improve children’s knowledge about sexual abuse and how to protect themselves against it through life and social skills training Adolescent intimate partner violence prevention programmes

¹⁶⁷ https://www.who.int/violence_injury_prevention/violence/inspire/INSPIRE_ExecutiveSummary_EN.pdf

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

6. Lack of Means to Assess the Performance of Child Protection Determinants

At present, there are serious data gaps regarding children successfully rescued from sites of various forms of violence and abuse, rehabilitated to care institutions and families and reintegrated into society, under programmes implemented by various ministries.

7. Increasing Trends in rates of Crime against Women and Limited Reach of Interventions for Creation of Safe Spaces for Women

Addressing the issues of violence against women in India is becoming increasingly urgent as data illustrates an increasing rate of crimes against women. Though, it is often argued that there is a lack of clarity regarding an upsurge in crimes per se or an upsurge in crime reporting. However, evidence of institutional and cultural gender injustice remains unarguable. The numbers of violent crimes in India, especially those against women, including rape that is reported in official statistics are increasing with each passing year. This violence thrives within a milieu of steady economic growth and increasing inequality between the rich and poor in Indian society. Ranging from *eve-teasing* and outright sexual harassment on the street or workplace to harassment for *dowry*, molestation in public transport vehicles, and the often-reported rape, these crimes against women reflect the vulnerability and deep-rooted problems related to the position of women in Indian society. Out of 28 states, 10 states reported more than 10,000 cases of crime against women in 2011 putting states with both high and low HDI (Human Development Index) and literacy rates in the list; probably an indication that education and economic growth alone do not influence the occurrence of these crimes and pointing towards socio-political and cultural factors. This can be further observed in the NCRB data which shows that cruelty by husband or his relatives (46.8 per cent) and *dowry*-related crimes (7.1 per cent) account for more than half of the crimes against women. With increased incidence and visibility of these gruesome crimes, there is an urgent need to address the issue at multiple levels in Indian society, including professional, familial and social settings¹⁶⁸¹⁶⁹.

In the given context, to address the issue of safety among women, the Ministry of Home Affairs does implement the safe cities project; however, only 8 metropolitan cities, i.e. Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Lucknow, Kolkata, and Mumbai are covered under the project. In the HH level survey conducted as part of this study, women opined that they feel unsafe at the marketplace in the village (4%), at the workplace (6%), while using public transport (9%) and at home (6%).

Box 21: UN WOMEN - Essential Services Package for Women and Girls Subject to Violence¹⁷⁰

The Essential Services Package aims to provide all women and girls who have experienced gender-based violence with greater access to a set of essential quality and coordinated multi-sectoral services. The package reflects the vital components of coordinated multi-sectoral responses for women and girls subject to violence. It includes guidelines for health services, justice and policing services, coordination and governance mechanisms as well as social sector services. The overall framework for the essential services package has been presented below.

¹⁶⁸ Himabindu, B. L., Arora, R., & Prashanth, N. S. (2014). Whose problem is it anyway? Crimes against women in India. *Global health action*, 7(1), 23718.

¹⁶⁹ Livne, E. (2015). Violence Against Women in India: Origins, Perpetuation and Reform.

¹⁷⁰ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/essential-services-package-module-4-en.pdf?la=en&vs=3630>

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Principles	A rights based approach	Advancing gender equality and women's empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability
Common characteristics	Availability	Accessibility	
	Adaptability	Appropriateness	
	Prioritize safety	Informed consent and confidentiality	
	Data collection and information management	Effective communication	
	Linking with other sectors and agencies through referral and coordination		
Essential services and actions	Health	Justice and Policing	Social services
	1. Identification of survivors of intimate partner violence 2. First line support 3. Care of injuries and urgent medical treatment 4. Sexual assault examination and care 5. Mental health assessment and care 6. Documentation (medico-legal)	1. Prevention 2. Initial contact 3. Assessment/investigation 4. Pre-trial processes 5. Trial processes 6. Perpetrator accountability and reparations 7. Post-trial processes 8. Safety and protection 9. Assistance and support 10. Communication and information 11. Justice sector coordination	1. Crisis information 2. Crisis counselling 3. Help lines 4. Safe accommodations 5. Material and financial aid 6. Creation, recovery, replacement of identity documents 7. Legal and rights information, advice and representation, including in plural legal systems 8. Psycho-social support and counselling 9. Women-centred support. Children's services for any child affected by violence 10. Children's services for any child affected by violence 11. Community information, education and community outreach 12. Assistance towards economic independence, recovery and autonomy
Coordination and governance of coordination			
National level: Essential actions		Local level: Essential actions	
1. Law and policy making 2. Appropriation and allocation of resources 3. Standard setting for establishment of local level coordinated responses 4. Inclusive approaches to coordinated responses 5. Facilitate capacity development of policy makers and other decision-makers on coordinated responses to VAWG 6. Monitoring and evaluation of coordination at national and local levels		1. Creation of formal structures for local coordination and governance of coordination 2. Implementation of coordination and governance of coordination	
Foundational elements	Comprehensive legislation and legal framework	Governance oversight and accountability	Resource and financing
	Training and workforce development	Gender sensitive policies and practices	Monitoring and evaluation

Given the rising incidence of crime and rapid urbanisation, a need to scale up the interventions, especially to cover emerging urban hubs, is essential.

8. Declining Female Labour Force Participation Rate and Female Worker Population Ratio

While women account for almost half of India's population, their participation in the labour market is almost one-third as well as significantly declining over the period. A considerable amount of research work has been done to identify the reasons behind low and declining female labour force participation rates (LFPR) for India. The arguments advanced in support of the declining, and low female LFPR is from both supply and demand side.

On the supply side, it has been argued that as more women in rural areas are now pursuing higher education, it has delayed their entry into the labour market (Rangarajan et al., 2011)¹⁷¹. It could also be because the household incomes have risen in rural areas on account of higher wage levels which is dragging women out of the labour market (Himanshu, 2011)¹⁷². The female LFPR could also be low due to cultural factors, social constraints and patriarchal norms restricting mobility and freedom of women (Das, 2006, Banu, 2016)¹⁷³¹⁷⁴. The relatively higher responsibilities of unpaid work and unpaid care work could also be a factor constraining women participation in the labour market (World Economic Forum, 2018)¹⁷⁵. On the demand side, absence of job opportunities and quality jobs and the significant gender wage gap are restraining factors (World Bank, 2010; Chowdhury, 2011; Kapsos et al., 2014)¹⁷⁶¹⁷⁷. Sanghi et al. (2015)¹⁷⁸ using NSSO-EUS data concluded that besides income effect, education effect and the problem of underestimation, what is left unnoticed is the structural transformation of the economy and its resultant impact on the female labour market.

Mehrotra and Sinha (2017)¹⁷⁹ also pointed out that structural shift away from agricultural employment, and increased mechanisation of agriculture are factors behind declining female employment trends in rural areas. In addition, it has been observed that the decline in animal husbandry and urban areas a fall in international demand for products of labour-intensive industries have led to the lowering of female LFPR in India. Low female wages in the agriculture sector are driving out females engaged as unpaid labour. The structural transformation of the economy did not change the labour market commensurately. The fall in employment in agriculture has not shown a concomitant increase in opportunities for women in the manufacturing sector where most women with middle to secondary levels of education and from middle-income groups are likely to look for employment (Chandrasekhar and Ghosh, 2011)¹⁸⁰. Withdrawal of men from agriculture and shift to the construction sector in urban areas led to the loss of jobs for rural women who were engaged as unpaid labour along with the men. The loss of jobs as casual labour in agriculture also led to the withdrawal of women from the labour force

¹⁷¹ Rangarajan, C., Padma Iyer and Seema Kaul (2011), "Where is the missing Labour Force?", *Economic and Political Weekly*, Vol.42 No.46 (39), pp68-72

¹⁷² Himanshu (2011), "Employment Trends in India: A Re-examination", *Economic and Political Weekly*, Vol. 46, No. 37.

¹⁷³ Das, M. B. (2006), "Do traditional axes of exclusion affect labour market outcomes in India?", *Social Development Papers*, South Asia Series, No. 97 (Washington DC, World Bank).

¹⁷⁴ Banu, A. (2016), "Human development, disparity and vulnerability: Women in South Asia", *Background paper for Human Development Report*

¹⁷⁵ World Economic Forum. (2018), "The global gender gap report" Geneva: World Economic Forum.

¹⁷⁶ Chowdhury, Subhanil (2011), "Employment in India: What Does the Latest Data Show?", *Economic & Political Weekly*, August 6, 2011 vol xlvi no 32.

¹⁷⁷ Kapsos, S., Bourmpoula, E., & Silberman, A. (2014), "Why is female labour force participation declining so sharply in India?", *International Labour Organisation*.

¹⁷⁸ Sanghi, S., Srija, A., & Vijay, S. S. (2015), "Decline in rural female labour force participation in India: A relook into the causes", *Vikalpa*, 40(3), 255- 268.

¹⁷⁹ Mehrotra, S., Sinha, S. (2017). "Explaining Falling Female Employment during a High Growth Period", *Economic and Political Weekly* l, 11, 54-62

¹⁸⁰ Chandrasekhar, C P and J Ghosh (2011), "Latest Employment Trends from the NSSO", *Business Line*, 12 July.
Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

(Kannan and Raveendran, 2012)¹⁸¹. Thus, the achievements in female education and the subsequent loss of female-dominated jobs in agriculture and manufacturing sector could have contributed to the continued decline in female LFPR. Though substantial exploration has been undertaken to explain declining female work participation from demand as well as supply-side, there is still no consensus among scholars regarding the declining trend in female employment in recent decades¹⁸².

2.4.5. Absence of Interventions

1. No Scheme focusing on prevention of VAW and changing social and cultural norms around gender roles

While the umbrella scheme has schemes that look to support the women who are affected by violence and are need of care and protection, the umbrella clearly lacks any intervention aimed at prevention of domestic violence, violence in public spaces, intimate partner violence and trafficking of girls and women. Incidence of crime against women cannot be controlled unless the people's mindsets change.

Despite schemes and laws, gender-based violence and discrimination against women and girls continue in our society and women, and girls are yet to positively gain from the legislation. Legislative changes take time in implementation due to social, cultural, and religious mores. The change in social norms and mindsets towards girls and women can be brought about through institutional initiatives. This involves the family, the community, and religious and educational institutions. The state, as the largest public institution, can initiate, strengthen, and ensure implementation of its economic and social policies for gender equality.

Dhar et al. (2019)¹⁸³, through a survey of more than 5,500 adolescents in Haryana, find that "when a parent holds a more discriminatory attitude, his or her child is about 11 percentage points more likely to hold the view. We find that parents hold greater sway over students' gender attitudes than their peers do and that mothers influence children's gender attitudes more than fathers." Unless the government is able to address the attitudes of people toward gender equality and violence against women, this problem will never go away, and we will continue to invest in more schemes focusing on care and rehabilitation.

2. Lack of Interventions for Nutritional Support to Adolescents

Almost all adolescents in India take unhealthy or poor diets leading to one or the other form of malnutrition. Over 50 per cent of adolescents (about 63 million girls and 81 million boys) in the age group of 10 to 19 years in India are short, thin, overweight or obese. Over 80 per cent of the adolescents also suffer from 'hidden hunger', i.e. the deficiency of one or more micronutrients such as iron, folate, zinc, vitamin A, vitamin B12 and vitamin D. Adolescent girls, in particular, suffer from multiple nutritional deprivations. Therefore, focusing on adolescent girls, before they become mothers, is critical to breaking India's intergenerational cycle of malnutrition¹⁸⁴.

¹⁸¹ Kannan, K P and Raveendran G (2012), "Counting and Profiling the Missing Labour Force", *Economic & Political Weekly*, 47(8).

¹⁸² https://www.indiabudget.gov.in/economicsurvey/doc/vol2chapter/echap10_vol2.pdf

¹⁸³ Dhar, D., Jain, T., & Jayachandran, S. (2019). Intergenerational transmission of gender attitudes: Evidence from India. *The Journal of Development Studies*, 55(12), 2572-2592.

¹⁸⁴ UNICEF and NITI Aayog, 2019. Adolescents, Diets and Nutrition: Growing Well in a Changing World
Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Given the situation of nutrition levels among adolescents, there continues to be an absence of interventions to provide nutritional support to OOS boys in the age group 11-18 years and OOS girls in the age group 14-18 years. The current intervention, i.e. SAG, does not address the nutritional needs of both these groups. This has also been validated by the UNICEF, 2019 report that underscores that nearly 25 per cent of girls and boys do not receive any of the four school-based services (mid-day meal, biannual health check-ups, biannual deworming and weekly iron-folic acid supplementation). Addressing this gap is critical for ensuring requisite nutrition levels among adolescents.

3. Lack of Interventions Promoting Freedom of Expression of Children and Adolescents

Forums to promote children's voice, opinions and decision making in matters concerning them, are crucial areas that do not form part of any CSS at present.

Box 22: Adolescent Girls Empowerment Programme (AGEP), Zambia

Zambia's Adolescent Girls Empowerment Program (AGEP) helped adolescent girls in avoiding early marriage, sexually transmitted infections and unintended pregnancy while building their health, social and economic assets. The programme reached more than 11,000 girls in rural and urban locations in the country from 2013 to 2016 as part of a randomised controlled trial. The intervention comprised of three components:

Safe spaces: Safe spaces were weekly girls' group meetings, in which 20 to 30 girls met with a mentor—a young woman from their community who was hired and trained—for short training sessions on a variety of topics as well as an opportunity to discuss together their experiences in the past week.

Health vouchers: Participants received a health voucher redeemable for a package of general wellness and sexual and reproductive health services at partner public and private healthcare providers.

Savings accounts: Developed the Girls Dream savings accounts for AGEP girls. The accounts had very low minimum opening balances, and any amount could be deposited or withdrawn with no fee.

The programme saw mixed results. However, it provided significant lessons to improve the effectiveness of similar programmes

- “Safe Spaces” alone are insufficient to lead to sustained changes for vulnerable girls. Programs to empower girls must be girl-centred, but they also need to engage the broader community.
- Most vulnerable adolescent girls may not attend a safe space-only programme. Programme implementers must ensure that they have the systems and budgets in place to track who is and is not, participating. They will need to include adaptations to their programmes to address the needs of those sub-segments of the population (e.g., out of school, economically most disadvantaged.)
- Savings accounts can positively influence savings behaviour—both formal and informal- and have encouraging effects on girls' self-efficacy. This indicates programmes working with adolescent girls as to the feasibility and important impact of integrating financial literacy training and access to savings opportunities into more traditional health-related programming.
- Efforts to empower girls and improve their health and wellbeing should address social norms at the girl, household, school, and community levels.
- Even when well-designed, pervasive poverty can limit the success of health and nutrition interventions. Underlying economic constraints at the household level may need to be addressed to see longer-term change for girls.
- Programmes that seek to improve health outcomes for a wide range of vulnerable adolescents need to address underlying economic and socio-cultural constraints, for example through social cash transfers,

educational support or social norms change campaigns, both to increase participation and to improve the likelihood that the programme results in longer-term health changes.¹⁸⁵

4. Lack of interventions for mental health and well-being of women

Gender is a critical determinant of mental health and mental illness. The patterns of psychological distress and psychiatric disorder among women are different from those seen among men. Studies highlight that women have a higher mean level of internalising disorders, while men show a higher mean level of externalising disorders. Gender differences occur particularly in the rates of common mental disorders wherein women predominate. Differences between genders have been reported in the age of onset of symptoms, clinical features, frequency of psychotic symptoms, course, social adjustment, and long-term outcome of severe mental disorders. Social factors and gender-specific factors determine the prevalence and course of mental disorders in female sufferers¹⁸⁶.

Another study highlights that sexual discrimination towards women is one of the main causes of the increase in mental health problems in women. Factors associated with the risk for Common Mental Disorders are usually such factors which are indicative of gender disadvantage, particularly sexual violence by the husband, being widowed or separated, having low autonomy in decision making, and having low levels of support from one's family¹⁸⁷. Women are said to have increased rates of depression and accompanied by high rates of somatisation disorder, panic disorder and certain personality disorder as compared to men. Gender-based violence is the most important cause and forces submission at an individual level, and by engendering fear, defeat, humiliation and a sense of blocked escape or entrapment. It reinforces women's inferior social ranking and subordination in the wider society¹⁸⁸.

It was also found that there is low attendance in hospital settings of women suffering from mental health issues partly due to lack of availability of resources for women¹⁸⁹. Therefore, concerted efforts at social, political, economic, and legal levels can bring change in the lives of women in India and contribute to their improved mental health.

“Mental health programmes for women is a significant missing link. Though provisions for counselling of women in distress have been made under OSC and hospitals, however, overall there is a scope for taking this agenda forward as it continues to be a neglected area in women’s empowerment.”

Commissioner (MCH), MHW

“There has been a spike in cases of mentally ill women. They need help, but we have failed thus far to provide them with support specifically designed for them. One way of providing the required help is through focused interventions implemented primarily by the health department in convergence with DWCD”

Joint director WE, Chhattisgarh

¹⁸⁵ Austrian, Karen, Erica Soler-Hampejsek, Paul C. Hewett, Natalie Jackson Hachonda, and Jere R. Behrman. 2018. Adolescent Girls Empowerment Programme: End line Technical Report. Lusaka, Zambia: Population Council.

¹⁸⁶ Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian journal of psychiatry*, 57(Suppl 2), S205.

¹⁸⁷ Patel, V., Kirkwood, B. R., Pednekar, S., Pereira, B., Barros, P., Fernandes, J., & Mabey, D. (2006). Gender disadvantage and reproductive health risk factors for common mental disorders in women: a community survey in India. *Archives of general psychiatry*, 63(4), 404-413.

¹⁸⁸ Kumar, P., Nehra, D. K., & Dahiya, S. (2013). Women Empowerment and Mental Health: A Psychosocial Aspect.

¹⁸⁹ Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian journal of psychiatry*, 57(Suppl 2), S205. Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Box 23: WHO: Nations for Mental Health – A focus on Women¹⁹⁰

A comprehensive plan to improve women's mental health requires action at several levels, including the development of policies and legislation, the provision of interventions through population-based settings, ensuring that community services and supports are adequate and accessible, supporting and promoting grassroots activities, and utilising media-based strategies to influence awareness of issues in the general community. The figure below gives a schematic representation of potential demonstration projects.

Schematic representation of potential demonstration projects

Policies and legislation	Education, training and structural interventions			Other community services and supports		
Project 1 To increase the awareness, will and commitment of governments in relation to women's mental health.	Primary care Project 1 Development, implementation and evaluation of training programmes for primary care providers. Project 2 Development, implementation and evaluation of women's mental health programmes introduced into training curricula.	Worskites Project 1 Development, implementation and evaluation of programmes in the workplace to improve women's mental health.	Criminal justice system Project 1 Training within the criminal justice system on violence towards women. Project 2 Introducing a course component on violence towards women into tertiary education curricula.	Community services and support Project 1 Review, evaluation and strengthening of community services to protect and promote women's mental health. Project 2 Review, evaluation and strengthening of community supports to protect and promote women's mental health. Project 3 Promoting community services and supports in hard-to-reach communities.	Grassroots activities Project 1 Facilitating the development of unified networks and collaboration between NGOs and women's groups in priority areas for women's mental health. Project 2 Developing and promoting a resource to stimulate grassroots activities	Use of the media Project 1 Providing a basis for lobbying to reduce the negative portrayal of women and to promote positive images of women. Project 2 Increasing community awareness of women's mental health and reducing the stigma associated with mental problems. Project 3 Advocating for improved mental health for women. Project 4 Promoting women's mental health through 'edutainment'.

5. Lack of Interventions that Value Unpaid Care Work

From cooking and cleaning to fetching water and firewood or taking care of children and the elderly, women carry out at least two and a half times more unpaid household and care work than men. As a result, they have less time to engage in paid labour or work longer hours, combining paid and unpaid labour. Women's unpaid work subsidises the cost of care that sustains families, supports economies and often fills in for the lack of social services. Yet, it is rarely recognised as 'work'¹⁹¹.

As per the 1998-99 National Time-Use Survey, weekly average time spent by men and women on total work (both paid and unpaid) in India is 48 hours and 62 hours, respectively. Women, therefore, spend 28 per cent more time on work than men do overall. They spend nine hours per day on work as opposed to 6.8 hours by men. Unpaid care work constitutes about 35 per cent of India's GDP and is equivalent to about 182 per cent of the total government tax revenue. Currently, Indian women's contribution to the GDP is 17 per cent; this is not only far below the average 37 per cent but is also less than that of China (41 per cent) and sub-Saharan Africa (39

¹⁹⁰ https://apps.who.int/iris/bitstream/handle/10665/67225/WHO_MSA_NAM_97.4.pdf?sequence=1

¹⁹¹ <https://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work>

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

per cent). Globally, women spend three times more time on unpaid care work than men. However, in India, it is 9.8 times more.

The problem of unpaid care work, particularly in the country exists predominantly because of the many prevalent patriarchal norms. These involve women doing the majority of unpaid care work and undermine their rights and limits their opportunities, capabilities and choices and thus impeding their empowerment. While it is assumed that a major reason why women and girls face the burden of unpaid care work is illiteracy, in urban households that is usually not the case, for both rural and urban areas, the constant ground on which this happens is discrimination and gender inequality¹⁹².

Therefore, policies that provide services, social protection and basic infrastructure and promote sharing of domestic and care work between men and women, and create more paid jobs in the care economy, are urgently needed to accelerate progress on women's economic empowerment.

Box 24: Unpaid Care Work – Learnings from the World

Investment in time-saving technology and infrastructure

Electrification and improved access to water ease the constraints on women's time. In Pakistan water sources closer to home were associated with decreased time devoted to housework and increased female employment (Ilahi and Grimard, 2000)¹⁹³. When rural electrification was introduced in South Africa, the time women spent on housework decreased, leading to a 9 per cent increase in female labour participation (Dinkelman, 2011)¹⁹⁴.

Increasing public and care services

Better access to public services, childcare and care for the elderly allows for better work-life balance. Therefore, there is a need to enhance the coverage and improve the quality of childcare services for women in India to ensure greater uptake.

Longer school days or expand pre-school hours are alternatives for public day-care: The Kenyan government, expanded its preschool education to four-to-five-years-olds children, increasing female labour participation (Cassirer and Addati, 2007)¹⁹⁵.

Family-friendly working policies

Maternity leaves public subsidies of 14 weeks (ILO standard) improve women's likelihood of taking leave instead of leaving the labour force entirely. Morocco's increased maternity leave (from 12 to 14 weeks) was associated with an increased share of working mothers.

Equal amounts of maternity and paternity leave increase women's employment by increasing employer incentives to hire a woman. In Sweden, for example, a minimum share of available parental leave is reserved to fathers on a 'use it or lose it' basis, encouraging an equal sharing of caring responsibilities.

Family-friendly working conditions enable parents to balance their working hours and caring responsibilities. A flexible work schedule or teleworking allows women and men to choose working hours that better accommodate their caring responsibilities

¹⁹² <https://www.oxfamindia.org/blog/unpaid-care-work-in-india>

¹⁹³ Ilahi, N. and F. Grimard (2000), "Public Infrastructure and Private Costs: Water Supply and Time Allocation of Women in Rural Pakistan", *Economic Development and Cultural Change* 49 (1), pp. 45–75.

¹⁹⁴ Dinkelman, T. (2011), "The Effect of Rural Electrification on Employment: New Evidence from South Africa", *American Economic Review* 101 (7), pp. 3078-3108.

¹⁹⁵ Cassirer, N. and L. Addati (2007), *Expanding Women's Employment Opportunities: Informal Economy Workers and the Need for Childcare*, International Labour Organisation, Geneva.

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

Tackling discriminatory social institutions

Tackling entrenched social norms and gender stereotypes can ‘de-feminise’ caregiving and shape gender norms that prevent men from assuming equal caring responsibilities. In Zimbabwe, for example, the “Africare’s Male Empowerment Project” seeks to change behavioural trends and challenge existing gender norms by increasing male involvement in home-based care services given to rural people living with AIDS.

Adopting a care lens across all areas of public policy

Design suitable fiscal policies to avoid second earners in married couples, typically women, being taxed more heavily than single individuals, discouraging female labour force participation. For instance, in Japan, female labour force participation of women would increase by almost 13 per cent if there were high tax incentives to share market work (which ultimately reflects unpaid care work) between spouses¹⁹⁶.

6. Lack of Interventions for Promoting Women’s Political Participation

Article 243 D of the Constitution states, “Not less than one third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat shall be reserved for women and such seats may be allotted by rotation to different constituencies in a Panchayat”. However, studies highlight mixed evidence on the extent of improvement in women’s political participation that can be attributable to reservation of seats for women in leadership positions. A survey in Uttar Pradesh found that the presence of women village leaders had no impact on any measures of electoral participation for women (Iyer and Mani 2019)¹⁹⁷. Perhaps quotas need a longer time to work – data from West Bengal shows that women’s political candidacy increases and young girls are more likely to view themselves in leadership roles, only after a woman has headed a village council for two consecutive terms (Beaman et al. 2009, 2012)^{198 199}.

A survey conducted in Uttar Pradesh revealed that women are much less likely to report being part of other electoral activities such as participation in campaigns, listening to candidate speeches, or membership in political parties (Iyer and Mani 2019)²⁰⁰. Further, women lag on several potential determinants of political participation, such as knowledge about how political institutions work, their self-assessed leadership skills, and their voice in key household decisions (for example, only one-third of women report having a high level of input into household repair decisions)²⁰¹. Women in rural India also face significant mobility restrictions, while women in urban India often forgo important opportunities due to concerns about safety (Borker 2018)²⁰². All these factors, together with education, household wealth and religion or caste, can explain approximately 69 per cent of the gender gap in electoral political participation.

A 1996 National Election Survey found that the opinion of their spouses influenced 17 per cent of the women who voted, and another 19 per cent women reported that the opinions of their family members mattered when choosing whom to vote for. These trends suggest that women are more dependent on familial opinion when making political choices because they are kept away from

¹⁹⁶ https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf

¹⁹⁷ Iyer, L and A Mani (2019), “The Road Not Taken: Gender Gaps Along Paths to Political Power”, *World Development* 119: 68-80.

¹⁹⁸ Beaman, L, R Chattopadhyay, E Duflo, R Pande and P Topalova (2009), “Powerful women: does exposure reduce bias?”, *Quarterly Journal of Economics* 124(4): 1497–540.

¹⁹⁹ Beaman, L, R Chattopadhyay, E Duflo, R Pande and P Topalova (2012), “Female leadership raises aspirations and educational attainment for girls: a policy experiment in India”, *Science* 335(6068): 582–6.

²⁰⁰ Iyer, L and A Mani (2019), “The Road Not Taken: Gender Gaps Along Paths to Political Power”, *World Development* 119: 68-80.

²⁰¹ <https://voxeu.org/article/getting-more-women-politics-evidence-india>

²⁰² Borker, G (2018), “Safety First: Perceived Risk of Street Harassment and Educational Choices of Women,” Working paper. Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

institutional and social resources that would allow them to form independent political opinions²⁰³. Augmenting the argument presented, the primary HH level survey conducted as part of the present evaluation study highlighted that only 18 per cent of women who responded, had attended the Gram Sabha meeting in the past year. Therefore, there is an urgent need for improving women's knowledge, self-confidence, voice and mobility to significantly affect their political participation.

7. Lack of interventions for Promoting Women's Social Participation

There are three critical, interrelated processes of agency: voice, choice and power. Voice refers to an individual's ability to actively advocate for what she wants. The choice is the ability to make and influence decisions. Power—the enabler of both voice and choice—is the ability to be influenced by or influence others and can enable or constrain agency. Power operates in visible and invisible ways (Eerdewijk et al., 2016)²⁰⁴. For girls and young women, gender plays a role in determining their ability to express all three elements of agency. Decisions like whether and when to marry, whether to stay in school and for how long, whether and when to have children, which family planning method to use and how to earn a living are just some of the considerations for girls and young women²⁰⁵. In the Indian context, the majority of women's voices are suppressed due to patriarchal social norms that regard women as inferior. The Deputy Regional Director for UN Women states, "There are two India's: one where we can see more equality and prosperity for women, but another where the vast majority of women are living with no choice, voice or rights". The analysis conducted as part of this study highlights that there is an absence of interventions that promote the agency of women through forums for collective action at all levels.

Box 25: Learnings from the World: Effectiveness of women's collectives in Nigeria and Malawi²⁰⁶

In Nigeria, the Legislative Advocacy Coalition on Violence Against Women campaign contributed to the passage of the Violence Against Persons (Prohibition) Bill in 2013. The new law includes a more comprehensive definition of rape, stricter sentences, compensation for victims of rape and other sexual offences, protection from further abuse through restraining orders, and a fund to support victim rehabilitation.

In Malawi, Let Girls Lead's Adolescent Girls' Advocacy and Leadership Initiative significantly contributed to the drafting and enactment of local bylaws to eradicate child marriage. The initiative included advocacy with village chiefs and traditional leaders. Adolescent girls interviewed after the bylaws came into effect reported cases of girls leaving marriages and returning to school, and they noted that the new penalties and associated community disapproval were deterring child marriage.

²⁰³ Deshpande, R. (2004). How gendered was women's participation in election 2004? *Economic and Political weekly*, 5431-5436.

²⁰⁴ Eerdewijk, A., Wong, F., Vaast, C., Newton, J., Tyszler, M., & Pennington A. (2016). White Paper: A Conceptual framework of Empowerment of Women and Girls. Unpublished Manuscript. KIT Royal Tropical Institute, Amsterdam, Netherlands.

²⁰⁵ <https://www.icrw.org/wp-content/uploads/2019/08/Voice-Choice-and-Power.pdf>

²⁰⁶ https://www.worldbank.org/content/dam/Worldbank/document/Gender/Voice_and_agency_LOWRES.pdf

Evaluation of Centrally Sponsored Schemes in Women and Child Development Sector

2.5. Recommendations at the Sector level

2.5.1. Financial and Funding Related Challenges

Bringing Flexibility to Scheme Implementation Budgets

It is recommended that the MWCD encourage states to utilise flexi funds in accordance with the guidelines of the Ministry of Finance. In schemes such as POSHAN Abhiyaan and CPS, states can be afforded greater flexibility in utilisation of funds, in order to identify and focus on the key barriers to malnutrition in each state. An example of this is the Samagra Shiksha Abhiyan, which allows states to prioritise interventions and sectors (elementary/secondary) as per their need. Preliminary evidence of the scheme budget shows that indeed states (albeit guided by GoI) are making decisions in keeping with their specific needs and local contexts. Thus, while Uttar Pradesh and Bihar which continues to lag in elementary education allocated over 80% of their Samagra Shiksha budget for elementary education, states such as Haryana and Himachal Pradesh have also focused on secondary education, allocating over 40% to the same²⁰⁷.

Improved funding flow to the WCD Schemes

Given the importance of the schemes put in place by the MWCD for improving the safety and protection of women affected by violence, and the small size of most of these schemes, it is essential that the WCD schemes are not starved of funds. It has been noted that a majority of the WCD CSS schemes – particularly the smaller MPEW schemes, are not able to access State shares due to their small size and differing State Government priorities. Even though the 14th finance commission increased the financial devolution to the states, the increased funds available to the States have not been used to increase, or even streamline their contribution to essential social sector CSS schemes – particularly around women and child development.

Keeping the increased funds available to the States since the 14th finance commission, the Government of India should encourage the State Governments to increase their budgetary allocation towards women and child development, protection and welfare schemes to ensure improved fund availability and utilisation of schemes since most of the schemes suffer from poor utilisation due to delays in or absence of State contribution. It will also result in improvement of infrastructure under a number of MPEW schemes since one of the major reasons for the poor infrastructure is the poor infrastructure provisions available under the scheme guidelines as well as delays in the NGOs receiving funds. Alternately, given the importance of the schemes put in place by the MWCD for improving the safety and protection of women affected by violence, and the small size of most of these schemes, the MWCD may consider converting schemes less than 200 Crore to Central Sector Schemes, with adequate provision of staff and IT-based MIS be made at the National level to improve the monitoring and management of these schemes.

Building a pool of untied funds to be used for plugging funding and intervention gaps

In order for the MWCD to be able to be agile and respond to the emerging needs and gaps in GoI's sectoral response, it is recommended that the MWCD have access to a pool of untied funds. In order to minimise the burden on the government exchequer, particularly due to the additional financial stress facing our country due to the recent COVID 19 pandemic, the MWCD may look at options such as a pooled Public CSR fund in line with "PM CARES", or pooling the flexi-fund component of the constituent schemes at the Umbrella level and use this pool as untied funds to

²⁰⁷ https://accountabilityindia.in/wp-content/uploads/2019/05/india_seminar_com_2019_717_717_avani_kapur_htm.pdf

ensure all gaps and critical interventions for women and child development can be addressed. Proposals for use of these untied funds may be made by the MWCD or by the States.

2.5.2. MWCD Capacity to manage and implement WCD schemes

Restructuring the MWCD Schemes

In order to improve the efficiency of the MWCD CSS schemes, to enable the required focus, resources, linkages and convergence among schemes and with other GoI initiatives, and to ease the governance and monitoring of MWCD schemes, it is recommended that the 15 schemes be restructured into four overarching Umbrella Schemes – (i) Integrated Child Development Scheme incorporating AWS, POSHAN Abhiyaan, PMMVY, SAG and NCS; (ii) Integrated Child Protection Umbrella – incorporating CPS and BBBP; (iii) Women Protection Umbrella incorporating OSC, WHL, Swadhar Greh and Ujjawala Scheme; and (iv) Women Empowerment incorporating MSK, WWH, and Gender Budgeting, and also including other WCD activities such as RMK and Mahila e-haat.

Contractual hiring of professional, technical experts and researchers providing technical leadership

The evaluation finds that the MWCD has limited technical capacity to implement and monitor its CSS schemes, with high vacancies and a lack of professionally trained experts on the issues of nutrition, women empowerment and protection, and child protection. These challenges lead to inefficient management and sub-optimal outcomes of the schemes. The evaluation recommends a strong focus on professionalising and de-bureaucratisation of the MWCD through hiring of senior, well paid technical experts and advisors to manage the schemes and to provide technical leadership to the ministry on the issues of women and child development.

A model similar to NITI Aayog may be adopted by MWCD, wherein the ministry hires a team of young, middle level and senior technical advisors for each of the four proposed Umbrellas –on a contractual basis. Alternately, a separate PMU for each scheme may be set-up, the size of the PMU to be in line with the size of the scheme and the priority of the Ministry.

Corporatisation of MWCD Autonomous Bodies

There is also a need identified to streamline and professionalise the autonomous bodies under the MWCD. Currently, the Autonomous bodies under MWCD include NIPCCD and RMK. Both these bodies are registered as Societies under the societies act. In order to improve the governance of these autonomous bodies as well as to enhance transparency of these bodies, it is recommended that NIPCCD and RMK be registered as Section 8 companies. This would help improve the governance, accountability and transparency of these bodies, as well as help them become self-sustainable in the long-run through engaging in independent research, advisory and training services in the area of child development and protection.

Institutionalisation of data disaggregation

There is a strong need to generate gender-disaggregated data and create a repository for all type of data related to women and children. A data hub can be created by MWCD where collated gender-disaggregated data is made available on a single unified portal. In addition, it is recommended that a Gender Budgeting Act be put in place, to mainstream gender-based budgeting across all ministries and States/UTs and legally mandate all data collecting institution

to analyse and publish gender-disaggregated statistics. (learning from Israel, South Korea, Philippines).

The evaluation acknowledges MWCD's current interventions, i.e. Gender Budgeting, Research, Publication and Monitoring scheme and the MSK scheme, which aim to promote gender budgeting, and collection of gender-disaggregated data across ministries as well as the creation of an institutional structure to empower women through greater knowledge and access to schemes and programmes. However, there is a need to strengthen and effectively implement these interventions (recommendations have been included in the scheme-analysis).

2.5.3. Enhancing Convergent Action

Enhancing private sector engagement

Currently, the MWCD sector's engagement is limited primarily to the Anganwadi Services Scheme. There is no policy guidance in the MWCD to improve private sector linkages among other MWCD schemes, even though these is significant scope for engagement for women empowerment and women protection schemes, as highlighted in the individual scheme analyses. In this regard, it is recommended that the MWCD develop specific guidance notes for all its schemes on how States can engage private sector under each MWCD scheme – including for rehabilitation and reintegration of at-risk women and children.

It is also recommended that steps be undertaken to incentivise private sector to invest in services and infrastructure provision for WCD sector – this may include competitive rents and long term agreements for homes/hostels under schemes such as Swadhar Greh, Ujjawala, WWH and OSCs; value chain engagement for Swadhar and Ujjawala Scheme beneficiaries; etc.

Focus on improved convergence and developing new partnerships

Greater emphasis needs to be given to the role of MWCD as a nodal agency for ensuring the well-being of women and children in the country through adopting a convergent approach at the policy and programmatic level. This will require MWCD to:

- **Transform laws, programs and policy:** At the national level, MWCD should work towards transforming the institutions, laws, policies, procedures, consultative processes, budgetary allocations and priorities of the government to take into account the needs and aspirations of all women. **Towards this end, measures can be taken to finalising the National Policy for Women after making the necessary amendments in the 2016 draft policy.**
- **Synergise programs across ministries** implemented for the welfare of women and children to ensure their rights and promote gender equality. This interdisciplinary and multi-sectoral approach will require gender institutional architecture that can be offered under MWCD at all levels. In addition, greater participation of CSOs, associations, federations, etc., needs to be ensured in the monitoring of policies and programmes impacting women and children. Village-level institutions can also play a key role in making services available to eligible beneficiaries.

Forging partnership and driving convergence to mobilize resources, capacities, innovations, knowledge, etc. This will include partnership and convergence efforts with:

- **Social enterprises and start-ups** to drive innovation in policy design and service delivery through challenge funds, innovation funds, hackathons, etc.
- **Public private partnerships** to leverage CSR and private sector investments in employment opportunities and infrastructure development to expand the support services coverage of WCD schemes.

- **Convergence at district level through enhanced role of district administration** – convergence of health, rural development schemes, etc. to improve nutrition delivery and to derive operational efficiencies by providing convergent services to households.
- **Promoting active role of Panchayati Raj** in women's empowerment and women's protection, through setting up of safe spaces managed by PRI institutions in rural areas, institutionalising a "Women's Empowerment Month" on the lines of "POSHAN Maah" and "POSHAN Pakhwada", led and managed by the Panchayati Raj officials and functionaries – and focused on generating awareness of women's schemes, her rights and entitlements, and changing behaviours and social norms around women's participation in household decision-making, education, and labour force.
- **Promotion of food and nutrition forestry and plantations** in convergence with Forest and Environment, Rural development, Panchayati Raj, Agriculture, Animal Husbandry, etc., in line with the Odisha Millets Mission.
- **Partnership with national and international research institutes and think-tanks** for innovation research and knowledge economy.

2.5.4. Addressing Intra-sectoral Gaps

Setting up Safe Spaces for Women in Rural Areas

Sexual violence is a global pandemic. Women and girls find it difficult to report these acts, resulting in a lack of action to curb violence against women. The MWCD has set up the Mahila Police Volunteer Scheme which aims at bridging the gap between the rural women and the police. However, the scheme only envisions one MPV per gram panchayat, and that still leaves a lot of scope of under-reporting of acts of violence against women. It is recommended that the MWCD designate specific buildings and spots in the rural areas as safe spaces for women and provide relevant supportive infrastructure and institutional mechanisms to operationalise them. Some of the examples of these safe spaces could be Anganwadi Centers, PHC/SHC, PWD office, PRI office, etc. These safe spaces could be linked with the MPVs or with the women's helpline to provide immediate support and redressal to women in need of care and protection.

Enhancing Reach of Interventions for Adolescent Well-being

In order to ensure holistic development of the adolescent population, Rashtriya Kishor Swasthya Karyakram (RKS) is being implemented. The programme expands the scope of adolescent health from sexual and reproductive health to including nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. There is a need to scale up the intervention to a Pan-India level. A holistic and unified model for adolescent empowerment can also be developed, that addresses adolescent physical and mental health, education, skilling, and SRHR. This can be made possible by ensuring effective convergence between the two existing adolescent programs i.e. SAG and RKS.

Addressing Declining Enrolment and Increasing Dropouts

There is a need to provide effective and sufficient infrastructure to enable all students to access safe and engaging school education at all levels from pre-primary school through Grade 12. This will include (i) upgrading and enlarging existing schools; (ii) building additional quality schools in areas where they do not exist; (iii) providing safe and practical conveyance and/or residential facilities; (iv) carefully tracking students and their learning levels; (v) providing suitable opportunities for remediation and re-entry to catch up in case they have fallen behind or dropped out. Further, the 'free and compulsory' aspect of the RTE Act needs to be enforced and extended

through Grade 12. An overhauling of the curriculum to make it more engaging, dynamic, and useful, can also be undertaken.

Enhancing reach of Technical/ Vocational Education and Training

The existing Scheme for Adolescent Girls (SAG) aims to provide vocational training to OOS girls in the age group of 11-14 years. In order to offer universal formal technical and vocational education and training to all OOS adolescent boys and girls in the age group of 11-18 years, there is a need to scale up SAG to cover the boarder range of target beneficiaries. Possibilities of convergence with MSDE can also be explored, to enable OOS adolescent boys and girls to enrol in the ongoing skill development programmes.

Addressing Rising Rate of Crimes Against Children

Drawing from the WHO's Inspire: Seven Strategies for Ending Violence Against Children²⁰⁸, the current interventions addressing crimes against children i.e. CPS and NCLP need to be strengthened. Some of the key approaches that can be included in the existing programmes are: (i) reducing violence by identifying "hotspots" to interrupt the spread of violence, (ii) delivering parent and caregiver support through home visits and comprehensive programmes in community settings, (iii) providing cash transfers, group saving, and loans combined with gender equity training, microfinance and gender norm training, (iv) increasing enrolment of survivors in pre-school, primary and secondary schools and establishing a safe and enabling school environment and (v) improving children's knowledge about sexual abuse and how to protect themselves against it through life skills education and social skills training.

Assessing the Performance of Child Protection Determinants

There is a need to address data gaps regarding children successfully rescued from sites of various forms of violence and abuse, rehabilitated to care institutions and families and reintegrated into society, under programmes implemented by various ministries. This will require creation of a National level common child protection database to guide policies and legislations and strengthen existing systems. Key parameters to be included in the database comprise of (i) mapping of all National and State level interventions for the protection of children across departments and ministries and (ii) information on children rescued, rehabilitated and reintegrated under each of the interventions working towards child protection along with pan-India figures.

Addressing increasing rates of Crime against Women

Addressing issues of VAW in India requires design, implementation and review of quality social service responses for women and girls subject to all forms of gender-based violence, drawing from the UN's essential services package. These include providing a coordinated multi-sectoral response to women and girls subject to violence comprising of health services, justice and policing services, coordination and governance mechanisms as well as social sector services. Along with this, there is an urgent need to scale up existing interventions for creation of safe cities, especially to cover emerging urban hubs. In Rural areas, MWCD should designate specific buildings and spots (eg. AWCS, PHC/SHC, PRI office) in the rural areas as safe spaces for women and provide relevant infrastructure and institutional mechanisms to operationalise them. These safe spaces could be linked with the MPVs or with women's helpline to provide immediate support and redressal to rural women in need of care and protection.

²⁰⁸ https://www.who.int/violence_injury_prevention/violence/inspire/INSPIRE_ExecutiveSummary_EN.pdf

Addressing Declining FLFP Rate and Female Worker Population Ratio

It is recommended that along with policy, legislative and social measures, extensive research should be undertaken in order to identify the prime causes of the decline in labour force participation among women including assessing geographical, socio-economic as well as gender norms that might be indirectly impacting the emerging trends. Subsequently evidence-based policy amendments and programmatic interventions need to be put in place.

2.5.5. Critical areas requiring interventions

Initiating Schemes or Interventions to Address the Inherent Social Norms Regarding Gender Equality

Violence against women and girls is rooted in gender-based discrimination and social norms and gender stereotypes that perpetuate such violence. Given the devastating effect violence has on women, efforts have mainly focused on responses and services for survivors. However, the best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes. Awareness-raising and community mobilisation, including through media and social media, is another key component of an effective prevention strategy. It is recommended that the MWCD initiate a flagship programme on the lines of BBBP on social and cultural norms change to end violence against women in all forms.

Providing comprehensive nutritional support to Adolescents

The current interventions, i.e. Mid-day meal scheme and SAG, can be scaled up to include all adolescent boys and girls in the age group 11-18 years, respectively. This would also mean moving from a cereal-based mid-day meal in schools to more nutrient-dense meals. In addition, diets balanced with proteins and adequate calories are essential. As the consumption of fruits and vegetables among adolescents remains low, providing nutrition counselling for young people to make the right food choices is another critical step that should be taken.

Promoting Freedom of Expression of Children and Adolescents

Forums/platforms to promote children's voice, opinions and decision making in matters concerning them need to be created. Drawing from Zambia's AGEP, such forums/platforms need to provide safe spaces for weekly meetings of adolescent girls and boys in the presence of a mentor. The meetings can include discussions around rights and safety of children and adolescent boys and girls, gender-based discrimination, social evils prevalent in society. These platforms should aim to enable young men and women to express their views freely and help develop their self-confidence, problem solving skills and leadership qualities. Further, broader community can also be included in the programme and provisions can be made to reach out to the most vulnerable adolescents.

Addressing mental health and well-being of women

In order to comprehensively address the mental health issues of women, corresponding interventions will need to be put in place. Drawing from the WHO's Nation for Mental Health programme, a comprehensive plan to improve women's mental health needs to be developed. This will require multi-pronged action including (i) development of policies and legislations to improve women's mental health; (ii) provisioning interventions through population-based settings, ensuring that community services and supports are adequate and accessible for women; (iii) supporting and promoting grassroots activities to facilitate improvements in women's

mental health, and (iv) utilizing media-based strategies to influence awareness on women's mental health issues among the community and to facilitate more desirable attitudes and behaviour with regard to women's mental health.

Valuing Unpaid Care Work

Policies that provide services, social protection and basic infrastructure and promote sharing of domestic and 'care work' between men and women, and create more paid jobs in the care economy, are urgently needed to accelerate progress on valuing unpaid care work and thereby achieving women's economic empowerment. Some of the recommended solutions include (i) investing in time-saving technology and infrastructure; (ii) enhancing access to better public services, childcare and care for the elderly; (iii) provisioning of equal amounts of maternity and paternity leave; (iv) creating family-friendly working conditions including a flexible work schedule or teleworking and (v) tackling entrenched social norms and gender stereotypes to 'de-feminize' caregiving and shape gender norms that prevent men from assuming equal care-giving responsibilities.

Promoting Women's Political Participation

Interventions enhancing women's representation at all levels of governance need to be designed. Some of the key components of such interventions can be (i) mentoring and training programs that prepare women for political responsibilities and enhance their political skills; (ii) building women's platforms, networks, and pool of potential candidates; (iii) consistent and methodical training with female candidates; (iv) working with political parties to identify potential women candidates; (v) establishing formal or informal women's caucuses to provide support inside the legislature; (vi) collating regular and reliable data on women's representation to track progress and identify challenges and successes and (vii) designing and conducting gender-sensitive civic and voter education programs for women.

Promoting Women's Social Participation

Special forums/platforms/community-based groups should be instituted for women where they can collectively be informed about their rights, campaign for reforms of discriminatory laws and practices as well as support each other in critical decision making concerning them. These platforms can also be used to give women 'voice' and help them claim resources by creating bottom-up pressure through participatory budgeting, expenditure tracking and community scorecards.

Appendices

Appendix 1 – Derivation of Sector Determinants

Child Nutrition and Development

Prenatal to first 1000 days		
Maternal Health Care Including Ante-Natal Care	CRC	Art. 6: States Parties shall ensure to the maximum extent possible the survival and development of the child. Art. 24: To diminish infant and child mortality; To ensure appropriate pre-natal and post-natal health care for mothers
	NPAC	Sub-objective 1.1: Improving maternal health care, including ante-natal care, safe delivery by skilled health personnel, post-natal care and nutritional support. Sub-objective 1.4: Ensuring availability of essential services, supports and provisions for nutritive attainment in a life-cycle approach, including maternal, infant and young child feeding (MIYCF) practices
Safe Delivery by Skilled Health Personnel and Post Natal Care	SDG	3.2 By 2030, end preventable deaths of new-borns and children under five 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
	CRC	Art. 6: States Parties shall ensure to the maximum extent possible the survival and development of the child. Art. 24: To diminish infant and child mortality; To ensure appropriate pre-natal and post-natal health care for mothers
Nutritional Support	NPAC	Sub-objective 1.1: Improving maternal health care, including ante-natal care, safe delivery by skilled health personnel, post-natal care and nutritional support. Sub-objective 1.4: Ensuring availability of essential services, supports and provisions for nutritive attainment in a life-cycle approach, including maternal, infant and young child feeding (MIYCF) practices
	SDG	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
	CRC	Art. 24: To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
	NPAC	Sub-objective 1.1: Improving maternal health care, including ante-natal care, safe delivery by skilled health personnel, post-natal care and nutritional support. Sub-objective 1.3: Addressing key causes and determinants of child mortality and morbidity through interventions based on a continuum of care, with emphasis on nutrition, safe drinking water, sanitation and health education
Safe Drinking Water, Sanitation and Hygiene	SDG	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
	CRC	Art. 24: To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
	NPAC	Sub-objective 1.3: Addressing key causes and determinants of child mortality and morbidity through interventions based on a continuum of care, with emphasis on nutrition, safe drinking water, sanitation and health education

Health and Nutrition Education including information on the advantages of breastfeeding, hygiene and environmental sanitation	CRC	Art. 24: To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents
	NPAC	Sub-objective 1.3: Addressing key causes and determinants of child mortality and morbidity through interventions based on the continuum of care, with emphasis on nutrition, safe drinking water, sanitation and health education.

3-6 years		
Quality ECCE	SDG	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
	NPAC	Sub-objective 2.1: Providing universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children of the age group 3–5 years.
Nutritional Support	SDG	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age
	CRC	Art. 24: To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
Basic Healthcare facilities including disability screening	SDG	3.2 By 2030, end preventable deaths of children under five years of age, with all countries aiming to reduce under-five mortality to at least as low as 25 per 1,000 live births
Safe Drinking Water, Sanitation and Hygiene	SDG	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
	CRC	Art. 24: Diminish child mortality Provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution

6-14 years		
Access to Primary Education	SDG	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary education leading to relevant and effective learning outcomes
	CRC	Art. 28: Make primary education compulsory and available free to all. Take measures to encourage regular attendance at schools and the reduction of drop-out rates.
	NPAC	Sub-objective 2.2. Ensuring that every child in the age group of 6–14 years is in school and enjoys the fundamental right to education as enshrined in the Constitution.
Nutrition Support	CRC	Art. 24: Provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
Safe Drinking Water,	SDG	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

Sanitation and Hygiene		6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
	CRC	Art. 24: provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution

11-18 years		
Nutritional Support	SDGs	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
	CRC	Art. 24: To combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
Basic Health Facilities	SDG	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
Mental Health and Well-Being	SDG	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
Prevention from Substance Abuse	SDG	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
	CRC	Art. 33: States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.
	NPAC	Sub-objective 1.5: Providing adolescents access to information, support and services essential for their health and development, including ARSH, information and support on appropriate lifestyle and healthy choices and awareness on the ill effects of alcohol and substance abuse.
Access to Sexual and Reproductive Health Care Services	SDG	3.7 By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
	NPAC	Sub-objective 1.5: Providing adolescents access to information, support and services essential for their health and development, including ARSH, information and support on appropriate lifestyle and healthy choices and awareness on the ill effects of alcohol and substance abuse.
Access to Secondary Education	SDG	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
	NPAC	Sub-objective 2.3. Promote affordable and accessible quality education up to the secondary level for all children. Sub-objective 2.6. Ensuring that all out of school children are tracked, rescued, rehabilitated and have access to their right to education.
Access to Technical and Vocational Skills	SDG	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship 8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training
	CRC	Art. 28: Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need

	NPAC	Sub-objective 2.4. Foster and support inter-sectoral networks and linkages to provide vocational training options including comprehensively addressing age-specific and gender-specific issues of children's career choices through career counselling and vocational guidance
Career Counselling	NPAC	Sub-objective 2.4. Foster and support inter-sectoral networks and linkages to provide vocational training options including comprehensively addressing age-specific and gender-specific issues of children's career choices through career counselling and vocational guidance
Freedom to Express	CRC	Art. 13: The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.
	NPAC	Sub-objective 4.1: Enable children to express their views freely on all matters concerning them.

Child Protection

Prevention	SDGs	<p>5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation.</p> <p>5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.</p> <p>8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms</p> <p>16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children</p>
	CRC	<p>Art. 16: No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.</p> <p>Art. 37: Ensure that: (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without the possibility of release shall be imposed for offences committed by persons below eighteen years of age; (b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;</p>
Protection	CRC	<p>Art. 12: For this purpose, the child shall, in particular, be provided with the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.</p> <p>Art. 14: Respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child.</p> <p>Art. 19: Take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.</p> <p>Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide the necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child</p>

	<p>maltreatment described heretofore, and, as appropriate, for judicial involvement.</p> <p>Art. 20:</p> <ol style="list-style-type: none"> 1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. 2. States Parties shall, in accordance with their national laws, ensure alternative care for such a child. 3. Such care could include, inter alia, foster placement, kafala of Islamic law, adoption or if necessary, placement in suitable institutions for the care of children. <p>Art. 21</p> <ol style="list-style-type: none"> (a) Ensure that the adoption of a child is authorised only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary; (b) Recognise that inter-country adoption may be considered as an alternative means of child's care if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin; (c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption; (d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it <p>Art. 32: Recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.</p> <p>Art. 34: Undertake to protect the child from all forms of sexual exploitation and sexual abuse.</p> <p>Art. 36: Protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.</p> <p>Art. 37: Ensure that:</p> <ul style="list-style-type: none"> (c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner, which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances; (d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action. <p>Art. 39: Take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.</p> <p>Art. 40: Recognise the right of every child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth,</p>
--	--

		<p>which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.</p> <p>Promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognised as having infringed the penal law.</p> <p>A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.</p>
	NPAC	<p>Sub Objective 3.1: Create a caring, protective and safe environment for all children to reduce their vulnerability in all situations and to keep them safe at all places.</p> <p>Sub-objective 3.2: Legislative, administrative, and institutional redressal mechanisms for Child Protection strengthened at National, State and district level.</p> <p>Sub-objective 3.5: Ensure rights of all children temporarily/permanently deprived of parental care are secured by ensuring family and community-based arrangements, including adoption, sponsorship and foster care.</p> <p>Sub-objective 4.1: Enable children to express their views freely on all matters concerning them.</p>

Women's Safety and Protection

Prevention Rescue Rehabilitation Redressal Reintegration	SDGs	<p>5.1 End all forms of discrimination against all women and girls everywhere</p> <p>5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation</p> <p>5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation</p> <p>16.1 Significantly reduce all forms of violence and related death rates everywhere</p>
	DNPW 2016	Address all forms of violence against women with a holistic perspective through a life cycle approach in a continuum from the fetus to the elderly starting from sex-selective termination of pregnancy, denial of education, child marriage to violence faced by women in the private sphere of the home, public spaces and at the workplace.
	CEDAW	Art. 2: Condemn discrimination against women in all its forms through appropriate means.
Advocacy and sensitisation of stakeholders including men and boys	DNPW 2016	Advocacy through awareness and sensitisation in order to change the mindsets of communities and stakeholders. Engage men and boys through advocacy, awareness generation programmes and community programmes.
Mental Health and Well-Being	SDGs	3.4 Reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
	DNPW 2016	Health interventions will aim at both physical and psychological well-being of women. Women have a greater risk of mental disorders due to various reasons, primarily due to discrimination, violence and abuse. A systematic approach to provide requisite screening, care and treatment, especially at the primary level to be made.
Creation of Safe Spaces	SDGs	8.8 Protect labour rights and promote safe and secure working environments for all.

	NPW 2016	Address all forms of violence faced by women in the private sphere of the home, public spaces and at the workplace.
--	-------------	---

Women's Empowerment

Access to economic resources	SDG	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, and appropriate new technology. 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in economic life. 10.2 By 2030, empower and promote economic inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
	CEDAW	Art. 13: States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic life in order to ensure, on the basis of equality of men and women, the same rights, in particular: (a) The right to family benefits;
Productive, safe and secure Employment with equal remunerations	SDG	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value. 10.2 By 2030, empower and promote economic inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or another status.
	CEDAW	Art. 11: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on the basis of equality of men and women, the same rights, in particular: (a) The right to work as an inalienable right of all human beings; (c) The right to free choice of profession and employment, the right to promotion and job security; (d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work; (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures: (a) To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status; (b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances; (c) To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities.
	DNPW 2016	Increasing the participation of women in the workforce, the quality of work allotted to them and their contribution to the GDP. Entrepreneurial development must ensure the participation of women through accelerated involvement in various sectors. Gender wage gap across rural and urban, agricultural and non-agricultural jobs, regular and casual employment to be addressed. Ensuring pay parity and satisfactory conditions of work, especially for women in informal employment.

Social Security	CEDAW	Art. 11: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on the basis of equality of men and women, the same rights, in particular: (e) The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacities to work, as well as the right to paid leave.
	DNPW 2016	Efforts to be made to strengthen the existing supportive social infrastructure for women, especially the vulnerable, marginalised, migrant and single women. Concerted efforts will be made towards strengthening social security services.
Vocational and Skill Training	SDG	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
	CEDAW	Art. 10: States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on the basis of equality of men and women: The same conditions for career and vocational guidance, this equality shall be ensured in all types of vocational training. Art. 11: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on the basis of equality of men and women, the same rights, in particular: (c) all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training.
	DNPW 2016	Effort to be made for training and skill up-gradation of women in traditional, new and emerging areas to promote women employment in both organised /unorganised sectors with special emphasis on skill development of marginalised women and those in difficult circumstances in the unorganised sector. Special provisions to be made for promoting re-entry of highly /technically skilled women in the job market, especially for those who resign or take a break to manage the care economy.
Financial Inclusion	SDG	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to financial services, including microfinance. 10.2 By 2030, empower and promote economic inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
	CEDAW	Art. 13: States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic life in order to ensure, on the basis of equality of men and women, the same rights, in particular: (b) The right to bank loans, mortgages and other forms of financial credit.
	DNPW 2016	Universalisation of the financial inclusion of women to ensure that they gain a financial identity.
Value unpaid care work	SDG	5.4 Recognise 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
	DNPW 2016	Recognising women's unpaid work in terms of economic and societal value and undertake suitable strategies to integrate unpaid work with the major programmes. Further measures to be undertaken to free a woman's time for paid work through time-saving technologies, infrastructure, child/parental care services (Crèches) and child care/parental leave.
Access to Information	SDG	16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements

Political Participation	SDG	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political life. 10.2 By 2030, empower and promote political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. 16.7 Ensure responsive, inclusive, participatory and representative decision making at all levels.
	CEDAW	Art. 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (a) To vote in all elections and public referenda and to be eligible for election to all publicly elected bodies; (b) To participate in the formulation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of government; (c) To participate in non-governmental organisations and associations concerned with the public and political life of the country.
	DNPW 2016	Establish mechanisms to promote women's presence in all the three branches of the government, including the legislature, executive and judiciary. Quality of women's representation to be improved through greater capacity building on aspects of decision making and women's rights and legislation.
Social Participation and Inclusion	SDG	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in public life. 10.2 By 2030, empower and promote social inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. 16.7 Ensure responsive, inclusive, participatory and representative decision making at all levels.
	CEDAW	Art. 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (c) To participate in non-governmental organisations and associations concerned with the public and political life of the country. Art. 13: States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of social life in order to ensure, on the basis of equality of men and women, the same rights, in particular: (c) The right to participate in recreational activities, sports and all aspects of cultural life.

Bibliography

1. Abraham, R., & Fraker, A. (2014). Bihar's malnutrition crisis and potential solutions. International Growth Centre Blog.
2. Adhikari, S. K., & Bredenkamp, C. (2009). Moving towards an outcomes-oriented approach to nutrition program monitoring: the India ICDS program. World Bank, Washington, DC.
3. Aggarwal, P., & Kakkar, R. (2019). National nutrition strategy: the needed timely modification to make integrated child development scheme more effective. *The Indian Journal of Pediatrics*, 1-5.
4. Ali, B. (2018). Implementation of the POCSO Act: Goals, Gaps and Challenges (No. id: 12741).
5. Alizadeh, S., Mohseni, M., Khanjani, N., & Momenabadi, V. (2014). Correlation between social participation of women and their quality of life in Kerman. *Journal of Health Promotion Management*, 3(2), 34-42.
6. Altun, S., Abas, M., Zimmerman, C., Howard, L. M., & Oram, S. (2017). Mental health and human trafficking: responding to survivors' needs. *BJPsych international*, 14(1), 21-23.
7. Arnold, C., Conway, T., & Greenslade, M. (2011). Cash transfers evidence paper. London: Department for International Development.
8. Arti Ahuja (2016): "A Pilot Study Investigating Three Approaches for Community-based Treatment of Severe Acute Malnutrition Amongst Children Aged 6-59 Months in Kandhamal District, Odisha: Executive Summary of Preliminary Findings After One Year of Implementation," Valid India Trust, Unpublished document.
9. Asha, K. P. (2014). Efficiency of Anganwadi centres—A study in Thiruvananthapuram district, Kerala. *J. Acad. Industr. Res*, 3, 132-136.
10. Austen, A., & Zacny, B. (2015). The role of public service motivation and organisational culture for organisational commitment. *Management*, 19(2), 21-34.
11. Avula, R., Oddo, V. M., Kadiyala, S., & Menon, P. (2017). Scaling-up interventions to improve infant and young child feeding in India: What will it take? *Maternal & child nutrition*, 13, e12414.
12. Awofeso, N., & Rammohan, A. (2011). Three decades of the Integrated Child Development Services Program in India: progress and problems. *Health Management-Different Approaches and Solutions*, 10, 19871.
13. Bajpai, G.S. (2006). Making it Work: Juvenile Justice in India, Department of Criminology & Forensic Science, Dr. H S Gour University, Sagar (MP)
14. Bajpai, N. (2019). The Status of Initiatives Dealing with the Challenges of Nutrition in India.
15. Balarajan, Y., & Reich, M. R. (2016). Political economy of child nutrition policy: a qualitative study of India's Integrated Child Development Services (ICDS) scheme. *Food Policy*, 62, 88-98.
16. Banu, A. (2016), "Human development, disparity and vulnerability: Women in South Asia", Background paper for Human Development Report
17. Bariya, B. R., Patel, M. G., Mahyavanshi, D. K., & Nayak, S. (2019). Use of Mamta Card by Pregnant and Lactating Mothers attending Village Health and Nutrition Days in Rural Area of Valsad, Gujarat. *Community Med*, 10(6), 337-341.
18. Barrera-Osorio, Felipe, Leigh L. Linden, and Juan Saavedra. "Medium-and Long-term Educational Consequences of Alternative Conditional Cash Transfer Designs: Experimental Evidence from Colombia." NBER Working Paper, March 2017.
19. Barrientos, A. (2013). Social assistance in developing countries. Cambridge University Press.
20. Barrientos, A., & Villa, J. M. (2013). Antipoverty transfers and labour force participation effects. Brooks World Poverty Institute Working Paper, (185).
21. Barrientos, A., Hanlon, J., & Hulme, D. (2010). Just give money to the poor.
22. Bastagli, F., Hagen-Zanker, J., Harman, L., Barca, V., Sturge, G., & Schmidt, T. (2019). The impact of cash transfers: A review of the evidence from low-and middle-income countries. *Journal of Social Policy*, 48(3), 569-594.
23. Bastagli, F., Hagen-Zanker, J., Harman, L., Barca, V., Sturge, G., Schmidt, T., & Pellerano, L. (2016). Cash transfers: what does the evidence say. A rigorous review of programme impact and the role of design and implementation features. London: Overseas Development Institute.
24. Basumatary, R. (2012). School dropout across Indian states and UTs: An econometric study. *International Research Journal of Social Sciences*, 1(4), 28-35.
25. Batliwala, S. (2015). Engaging with empowerment: An intellectual and experiential journey. Women Unlimited.
26. Beaman, L, R Chatopadhyay, E Duflo, R Pande and P Topalova (2009), "Powerful women: does exposure reduce bias?", *Quarterly Journal of Economics* 124(4): 1497-540.

27. Beaman, L, R Chattopadhyay, E Duflo, R Pande and P Topalova (2012), "Female leadership raises aspirations and educational attainment for girls: a policy experiment in India", *Science* 335(6068): 582–6.
28. Bhagat, V. M., Choudhari, S. G., Baviskar, S. R., & Muday, A. B. (2015). Availability and Utilization of Anganwadi services in an adopted urban area of Wardha. *Online J Health Allied Scs*, 14(4), 4
29. Bhavani, R. V., Rajesh, S., & Shetty, P. (2016). National Plan of Action for Children (NPAC) 2016.
30. Bhavesh, B., Patel, N. A., & Sunil, N. (2017). Utilisation of supplementary nutrition food packets by pregnant and lactating mothers in urban areas of Valsad, Gujarat. *Healthline, Journal of Indian Association of Preventive and Social Medicine*, 8(2), 42-46.
31. Bhutta Z A, et al. (2013) "Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?" *The Lancet* 382 9890: 452-477.
32. Black, R. E., Victoria, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., De Onis, M., & CASP, 2014. Sponsorship Manual.
33. Borker, G (2018), "Safety First: Perceived Risk of Street Harassment and Educational Choices of Women," Working paper.
34. Buvinic, M., Furst-Nichols, R., & Pryor, E. C. (2013). A roadmap for promoting women's economic empowerment. United Nations Foundation and ExxonMobil Foundation.
35. CAG. (2016). Report of the Comptroller and Auditor General of India on Social, General and Economic Factors for Non-PSU undertakings in Haryana.
36. CASP, 2014. Sponsorship Manual.
37. Cassirer, N. and L. Addati (2007), Expanding Women's Employment Opportunities: Informal Economy Workers and the Need for Childcare, International Labour Organization, Geneva.
38. CBGA and UNICEF (2011). Report on Integrated Child Development Services (ICDS), Budgetingvfor Change Series.
39. Centre for Digital Financial Inclusion. (2018). Rethinking Benefit Delivery.
40. Centre for Policy Research. (2020). Budget Brief Volume 12 Issue 3.
41. Chakrabarti, S., Raghunathan, K., Alderman, H., Menon, P., & Nguyen, P. (2019). India's Integrated Child Development Services programme; equity and extent of coverage in 2006 and 2016. *Bulletin of the World Health Organization*, 97(4), 270.
42. Chakraborty, L. (2014). "Gender-Responsive Budgeting as Fiscal Innovation: Evidence from India on Processes." Working Paper No. 797, Levy Economics Institute. New York: Levy Economics Institute
43. Chandrasekhar, C P and J Ghosh (2011), "Latest Employment Trends from the NSSO", Business Line, 12 July.
44. Chemmencheri, S. R. (2013). Sexual Rights, Gender Budgeting and Policymaking Against Trafficking: The Case of the Ujjawala Policy in India 118. *Asian Journal of Public Affairs*,6(1)
45. Chen, M., Vanek, J., Charmes, J., Guerrero, M., Carré, F., Herranz, J., ... & Pedrero, M. (2018). Women and Men in the Informal Economy: A statistical picture. ILO, Geneva.
46. Child Right and You (CRY). 2019. Crimes against children in India
47. Chinkin, C. (2001). Gender Mainstreaming in Legal and Constitutional Affairs: A Reference Manual for Governments and Other Stakeholders. Gender Management System Series, London: Commonwealth Secretariat.
48. Choudhury, A. (2006). Revisiting dropouts: Old issues, fresh perspectives. *Economic and Political Weekly*, 5257-5263.
49. Chowdhury, Subhanil (2011), "Employment in India: What Does the Latest Data Show?", *Economic & Political Weekly*, August 6, 2011 vol xlvi no 32.
50. Chudasama, R. K., Kadri, A. M., Joshi, N., Bhola, C., Zalavadiya, D., & Vala, M. (2013). Evaluation of supplementary nutrition activities under Integrated Child Development Services (ICDS) at Anganwadi centres of different districts of Gujarat. *Online Journal of Health and Allied Sciences*, 12(3).
51. Chudasama, R. K., Kadri, A. M., Verma, P. B., Patel, U. V., Joshi, N., Zalavadiya, D., & Bhola, C. (2014). Evaluation of integrated child development services program in Gujarat, India. *Indian pediatrics*, 51(9), 707-711.
52. Chudasama, R. K., Kadri, A. M., Verma, P. B., Vala, M., Rangoonwala, M., & Sheth, A. (2015). Evaluation of nutritional and other activities at Anganwadi centers under integrated child development services program in different districts of Gujarat, India. *Journal of Medical Nutrition and Nutraceuticals*, 4(2), 101.
53. Chudasama, R. K., Patel, U. V., Kadri, A. M., Mitra, A., Thakkar, D., & Oza, J. (2016). Evaluation of integrated child development services program in Gujarat, India for the years 2012 to 2015. *Indian journal of public health*, 60(2), 124.

54. Chudasama, R. K., Patel, U. V., Thakrar, D., Mitra, A., Oza, J., Kanabar, B., & Jogia, A. (2016). Assessment of nutritional activities under integrated child development services at anganwadi centers of different districts of Gujarat from April 2012 to March 2015. *International Journal of Health & Allied Sciences*, 5(2), 93.
55. Company CSR. (2018). 150 Children to get Free Education under Beti Bachao Beti Padhao Scheme
56. Das, M. B. (2006), "Do traditional axes of exclusion affect labour market outcomes in India?", Social Development Papers, South Asia Series, No. 97 (Washington DC, World Bank).
57. Das, P., Das, N., & Mondal, S. (2017). Impact Assessment of Rajiv Gandhi National Crèche Scheme in Kumargram Block of West Bengal.
58. Dasgupta, R., Roy, S., & Lakanpaul, M (2020). An Uphill Task for POSHAN Abhiyan: Examining the Missing Link of 'Convergence'.
59. Datta, S. S., Boratne, A. V., Cherian, J., Joice, Y. S., Vignesh, J. T., & Singh, Z. (2010). Performance of Anganwadi centres in urban and rural area: A facility survey in Coastal South India. *Indian J Matern Child Health*, 12, 1-9.
60. Deloitte. (2018). Empowering women and girls in India for the Fourth Industrial Revolution.
61. Desai, K. T., Nayak, S. N., Patel, P. B., Modi, B. P., Gharat, V. V., & Bansal, R. (2014). Follow-up assessment of under-nourished children under integrated child development services scheme in Tapi district, India. *International journal of preventive medicine*, 5(6), 758.
62. Desai, S., & Vanneman, R. (2015, August). Enhancing Nutrition Security via India's National
63. Deshpande, N. A., & Nour, N. M. (2013). Sex trafficking of women and girls. *Reviews in Obstetrics and Gynecology*, 6(1), e22.
64. Deshpande, R. (2004). How gendered was women's participation in election 2004? *Economic and Political weekly*, 5431-5436.
65. Development Initiatives. 2018. "Global Nutrition Report: Shining a Light to Spur Action on Nutrition." Bristol, UK: Development Initiatives. <https://globalnutritionreport.org/reports/global-nutrition-report-2018>.
66. Dhar, D., Jain, T., & Jayachandran, S. (2019). Intergenerational transmission of gender attitudes: Evidence from India. *The Journal of Development Studies*, 55(12), 2572-2592.
67. Dhar, D., Jain, T., & Jayachandran, S. (2018). Reshaping adolescents' gender attitudes: Evidence from a school-based experiment in India (No. w25331). National Bureau of Economic Research.
68. Dhar, S. (2018). Gender and Sustainable Development Goals (SDGs). *Indian Journal of Gender Studies*, 25 (1) 47-78.
69. Dhingra, R. & Sharma, I. (2011). Assessment of preschool education component of ICDS scheme in Jammu district. *Global Journal of Human Social Science*, 11(6), 12-18. Retrieved from https://globaljournals.org/GJHSS_Volume11/2-Assessment-of-Preschool-Education-Component-of-ICDS-Scheme-in.pdf
70. Dieltiens, V., & Meny-Gibert, S. (2008). School drop-out: Poverty and patterns of exclusion. *South African child gauge*, 2009, 46-49.
71. Dinkelman, T. (2011), "The Effect of Rural Electrification on Employment: New Evidence from South Africa", *American Economic Review* 101 (7), pp. 3078-3108.
72. Directorate of Field Publicity M/o Information and Broadcasting. (2018). Beti Bachao Beti Padhao Awareness Campaign in 75 Critical Districts. GoI
73. Dixit, P., Gupta, A., Dwivedi, L. K., & Coomar, D. (2018). Impact evaluation of integrated child development services in rural India: Propensity score matching analysis. *SAGE Open*, 8(2), 2158244018785713.
74. Dixit, S., Sakalle, S., Patel, G. S., Taneja, G., & Chourasiya, S. (2010). Evaluation of functioning of ICDS project areas under Indore and Ujjain divisions of the state of Madhya Pradesh. *Online Journal of Health and Allied Sciences*, 9(1).
75. Dude, A. M. (2011). Spousal intimate partner violence is associated with HIV and other STIs among married Rwandan women. *AIDS and Behavior*, 15(1), 142-152.
76. Duflo, E., Dupas, P., & Kremer, M. (2017). The impact of free secondary education: Experimental evidence from Ghana. *Massachusetts Institute of Technology Working Paper Cambridge, MA*.
77. Duflo, E., Dupas, P., & Kremer, M. (2015). Education, HIV, and early fertility: Experimental evidence from Kenya. *American Economic Review*, 105(9), 2757-97.
78. Dutta, S. (2018). Preparation for social reintegration among young girls in residential care in India. *International Journal of Child, Youth and Family Studies*, 9(2), 151-170.
79. Eerdewijk, A., Wong, F., Vaast, C., Newton, J., Tyszler, M., & Pennington A. (2016). White Paper: A Conceptual framework of Empowerment of Women and Girls. Unpublished Manuscript. KIT Royal Tropical Institute, Amsterdam, Netherlands.

80. Eldering, L., & Leseman, P. (1993). Early Intervention and Culture: Preparation for Literacy. The Interface between Theory and Practice.
81. Ferrant, G., Pesando, L. M., & Nowacka, K. (2014). Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes. Boulogne Billancourt: OECD Development Center.
82. Food Security Act: Using an Axe instead of a Scalpel? In India Policy Forum: [papers]. India Policy Forum. Conference (Vol. 11, p. 67). NIH Public Access.
83. Fraker, A., Shah, N., & Abraham, R. (2013). Quantitative assessment: beneficiary nutritional status & performance of ICDS Supplementary Nutrition Programme in Bihar. International Growth Center.
84. Frances, H. (2008). Dropping Out of schools: A cross country Review of literature. NUPEA May 7.
85. Ganeswamurthy, V. S. (2008). Empowerment of Women in India—Social Economics and Political.
86. Gangbar, J., Rajan, P., & Gayathri, K. (2014). Integrated child development services in India: A sub national review (No. 318).
87. Garrett, J. L., Kadiyala, S., & Kohli, N. (2015). Working multisectorally to improve nutrition: global lessons and current status in India.
88. Gertler, Paul, James Heckman, Rodrigo Pinto, Arianna Zanolini, Christel Vermeesch, Susan Walker, Susan Chang-Lopez, and Sally Grantham-McGregor. 2014. "Labor Market Returns to an Early Childhood Stimulation Intervention in Jamaica." *Science* 344(6187): 998-1001.
89. Girls' Advocacy, A., & Leadership Initiative. (2014). Economic Empowerment Strategies for Adolescent Girls.
90. Glassman, A., Duran, D., Fleisher, L., Singer, D., Sturke, R., Angeles, G., & Saldana, K. (2013). Impact of conditional cash transfers on maternal and newborn health. *Journal of health, population, and nutrition*, 31(4 Suppl 2), S48.
91. GoI. (2014). Report of the Expert Group Constituted to Review the Classification System for Government Transactions: Ministry of Finance, GoI
92. Gomel, M. K., WHO Nations for Mental Health Initiative, & World Health Organization. (1997). A focus on women (No. WHO/MSA/NAM/97.4). World Health Organization.
93. Goswami, S. (2018). Human Trafficking: A Sociological Study on Tribal Women of Jharkhand. European Researcher. Series A, (9-1), 9-13
94. Gothiskar, S. (2013). Women's Work, Stigma, Shelter Homes and the State. *Economic and Political Weekly*, 10-13
95. Gouda, S., & Sekher, T. V. (2014). Factors leading to school dropouts in India: An analysis of national family health survey-3 data. *IOSR Journal of Research & Method in Education*, 4(6), 75-83.
96. Gragnolati, M., Bredenkamp, C., Gupta, M. D., Lee, Y. K., & Shekar, M. (2006). ICDS and persistent undernutrition: Strategies to enhance the impact. *Economic and Political Weekly*, 1193-1201.
97. Gragnolati, M., Bredenkamp, C., Shekar, M., Das Gupta, M., & Lee, Y. K. (2006). India's undernourished children: a call for reform and action. *The World Bank*.
98. Gupta, A., Gupta, S., & Nongkynrih, B. (2013). Integrated child development services (ICDS) scheme: A journey of 37 years. *Indian journal of community health*, 25(1), 77-81.
99. Gupta, P. (2015). Interrogating the Child Marriage and the Age of Consent Conundrum. *Social Sciences*, 76(3).
100. Gurukartick, J., Ghorpade, A. G., Thamizharasi, A., & Dongre, A. R. (2013). Status of growth monitoring in Anganwadi centres of a primary health centre, Thirubhuvanai, Puducherry. *Online Journal of Health and Allied Sciences*, 12(2 (2)).
101. Halder, Debarati (2013) Examining the Scope of Indecent Representation of Women (Prevention) Act, 1986 in the Light of Cyber Victimization of Women in India
102. Hanlon, J., Barrientos, A. and Hulme, D. (2010) Just give money to the poor: the development revolution from the global South. West Hartford, CT: Kumarian Press.
103. Hariyali Centre for Rural Development (2017). Evaluation of Ujjawala Scheme. Ministry of Women and Child Development
104. Helena, K., Madhavi, D., Naidu, A., & Srinivas, P. J. (2014). Status of services among child beneficiaries under Integrated Child Development Services (ICDS) Scheme in Greater Vishakhapatnam Municipal Corporation, Andhra Pradesh, India. *Int J Res Med*, 3(3), 138-143.
105. Himabindu, B. L., Arora, R., & Prashanth, N. S. (2014). Whose problem is it anyway? Crimes against women in India. *Global health action*, 7(1), 23718.
106. Himanshu (2011), "Employment Trends in India: A Re-examination", *Economic and Political Weekly*, Vol. 46, No. 37, September 10.
107. Hindin, M. J., & Fatusi, A. O. (2009). Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. *International perspectives on sexual and reproductive health*, 35(2), 58-62.

108. Holden, K. R. (2007). Malnutrition and brain development: A review. *Neurologic Consequences of Malnutrition*, 6, 19.
109. Honorati, M., Gentilini, U., Yemtsov, R.G. (2015) The state of social safety nets 2015. Washington, DC: World Bank Group. <http://documents.worldbank.org/curated/en/2015/07/24741765/state-social-safety-nets-2015>
110. IIPS. (2016). "National Family Health Survey (NFHS-4), 2015–16: Factsheet: India. Indian Institute for Population Studies, Mumbai.
111. IIPS and Macro International. (2007). "National Family Health Survey (NFHS-3), 2005–06: India," Volume 1. Indian Institute for Population Studies, Mumbai
112. Ilahi, N. and F. Grimard (2000), "Public Infrastructure and Private Costs: Water Supply and Time Allocation of Women in Rural Pakistan", *Economic Development and Cultural Change* 49 (1), pp. 45–75.
113. ILO (2014) World Social Protection Report 2014/15, Geneva: International Labour Organisation.
114. ILO. (2018). Women and Men in the Informal Economy – A Statistical Picture (Third Edition). International Labour Office-Geneva.
115. India Country Report. (2008) UNODC and MWCD
116. International Financial Corporation, World Bank Group. (2019) The Benefits and Challenges of a Workplace Crèche.
117. International Institute for Population Sciences (IIPS) and ICF. (2017). National Family Health Survey (NFHS-4), 2015–16: India.
118. International Labour Office. (2005). A global alliance against forced labour. Geneva
119. Initiatives, D. (2018). Global Nutrition Report Shining a Light to Spur Action on Nutrition. Bristol, UK, 7.
120. Iyer, L and A Mani (2019), "The Road Not Taken: Gender Gaps Along Paths to Political Power", *World Development* 119: 68-80.
121. Jagori. (2019). Beyond the Roof. Rights, Justice and Dignity. An action-research study on women survivors of violence and shelter homes in Delhi.
122. Jagori. (2019).Time for Overhauls : Report of National Consultation On Services In and Around State-Run and Funded Shelter Homes for Girls,Women and other Vulnerable Populations.
123. Jain, M. (2015). India's struggle against malnutrition—Is the ICDS program the answer? *World Development*, 67, 72-89.
124. Jain, S., & Pathak, D. (2002). Nutritional status of rural mothers and their neonates. *Dynamics of Women in Agriculture for development*. Udaipur: College of Home Science, MPUAT, 145-151.
125. Jayachandran, S., & Pande, R. (2017). Why are Indian children so short? The role of birth order and son preference. *American Economic Review*, 107(9), 2600-2629.
126. K. von, Grebmer, Bernstein J., Hammond L., Patterson F., Sonntag A., Klaus L., Fahlbusch J., et al. (2018). "Global Hunger Index: Forced Migration and Hunger." Bonn and Dublin: Welthungerhilfe and Concern Worldwide. <https://www.globalhungerindex.org/pdf/en/2018.pdf>.
127. Kalra, A., & Priya, A. (2019). Birth Pangs: Universal Maternity Entitlements in India. Available at SSRN 3486671.
128. Kandpal, E. (2011). Beyond average treatment effects: distribution of child nutrition outcomes and program placement in India's ICDS. *World Development*, 39(8), 1410-1421.
129. Kannan, K P and Raveendran G (2012), "Counting and Profiling the Missing Labour Force", *Economic & Political Weekly*, 47(8).
130. Kapsos, S., Bourmpoula, E., & Silberman, A. (2014), "Why is female labour force participation declining so sharply in India?", International Labour Organization.
131. Kathuria, A. K., Orbach, E., & Anand, D. (2014). Institutional Arrangements for Nutrition in India: An Assessment of Capacity.
132. Kaul, K., & Shrivastava, S. (2017). Safety of women in public spaces in Delhi: Governance and budgetary challenges (No. id: 11595).
133. Kaul, V. (2004). Reaching Out to the Child: An integrated approach to child development. Oxford University Press, USA.
134. Kaul, V., & Sankar, D. (2009). Early childhood care and education in India. *Education for All Mid-Decade Assessment*. New Delhi, India, National University of Educational Planning and Administration (NUEPA).
135. Kaul, V., Chaudhary, A. B. & Sharma, S. (2014). Indian early childhood education impact study- 1, quality and diversity in early childhood education- A view from Andhra Pradesh, Assam and Rajasthan. New Delhi: Centre for Early Childhood Education and Development, Ambedkar University Delhi.

136. Kaur, B., Ahuja, L., & Kumar, V. (2019, February). Crime Against Women: Analysis and Prediction Using Data Mining Techniques. In 2019 International Conference on Machine Learning, Big Data, Cloud and Parallel Computing (COMITCon) (pp. 194-196). IEEE.
137. Khapre, M. P., Kishore, S., & Sharma, A. (2019). Utilization of ICDS program by adolescent girls and implementation barriers in Urban Rishikesh, India. *Journal of Family Medicine and Primary Care*, 8(11), 3584.
138. KPMG. (2019). Transforming the Anganwadi Ecosystem: Next Generation early childhood development interventions in India.
139. Kular, S. S. (2014). Evaluation of Nutrition and Health Education Programme of ICDS Scheme in Barnala District of Punjab. *Dynamics of Public Administration*, 31(2), 234-243.
140. Kular, S. S. (2015). A Study on Personal and Service Profile of Anganwadi Workers in Barnala District of Punjab. *Asian Journal of Research in Social Sciences and Humanities*, 5(4), 87-93.
141. Kumar, P., Nehra, D. K., & Dahiya, S. (2013). Women Empowerment and Mental Health: A Psychosocial Aspect.
142. Kumari, A. (2016). Children in Need of Care and Protection in Contemporary Times – An Analysis of Foster Care Laws in India, Faculty of Law, University of Delhi
143. Kumari, V. (2004). The Juvenile Justice System in India, From Welfare to Rights. New Delhi: Oxford University Press.
144. Lam-lynti Chittara Nerallu (2017). Report of National Consultations on Services in and Around State-Run and Funded Shelter Homes for Girls, Women and other Vulnerable Populations. New Delhi.
145. Landgren, K. (2005). The Protective Environment: Development support for child protection. *Human Rights Quarterly*, 214-248.
146. Lim, S. S., Vos, T., Flaxman, A. D., Danaei, G., Shibuya, K., Adair-Rohani, H., & Aryee, M. (2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *The lancet*, 380(9859), 2224-2260.
147. Livne, E. (2015). Violence Against Women in India: Origins, Perpetuation and Reform.
148. Lokshin, M., Das Gupta, M., Gragnolati, M., & Ivaschenko, O. (2005). Improving child nutrition? The integrated child development services in India. *Development and Change*, 36(4), 613-640.
149. Madhavi, H., Singh, H. K., & Bendigiri, N. D. (2011). A study of utilization of Integrated Child Development Services (ICDS) scheme and beneficiaries-satisfaction in rural area of Gulbarga district. *Pravara Medical Review*, 3(3).
150. Maheshwari, M. Role of development communication in improving Child Sex Ratio (CSR) in Haryana: A case study of 'Beti Bachao Beti Padhao' programme. Organising Committee, 358.
151. Maity, K., Das, P., & Kumbhakar, S. N. ICDS and Its Impact on Child Health: A Study with Special Reference to West Bengal.
152. Majlis Legal Center/Indian Institute of Technology Kanpur (2018). A Comprehensive Guide to Women's Legal Rights
153. Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian journal of psychiatry*, 57(Suppl 2), S205.
154. Maluccio, J., & Flores, R. (2005). Impact evaluation of a conditional cash transfer program: The Nicaraguan Red de Protección Social. *Intl Food Policy Res Inst*.
155. Mamgain, R. P., & Diwakar, G. D. (2012). Elimination of Identity-based Discrimination in Food and Nutrition Programmes in India. *IDS Bulletin*, 43, 25-31.
156. Manhas, S., & Dogra, A. (2012). Awareness among Anganwadi workers and the prospect of child health and nutrition: a study in Integrated Child Development Services (ICDS) Jammu, Jammu and Kashmir, India. *The Anthropologist*, 14(2), 171-175.
157. Manoj, K., & Pramila, P. (2013). Nutritional status of pre-school children of ICDS: an assessment using new WHO growth standards. *Asian Journal of Home Science*, 8(2), 626-630.
158. Marathe, S., Yakkundi, D., & Shukla, A. (2015). Is Take Home Ration really improving the nutritional status of children? A study of supplementary nutrition for under 3 children in four districts of Maharashtra. *Journal of Community Nutrition & Health*, 4(1), 15.
159. Martina Björkman Nyqvist, Andrea Guariso, Jakob Svensson, David Yanagizawa-Drott. "Reducing Child Mortality in the Last Mile: A Randomized Social Entrepreneurship Intervention in Uganda." *American Economic Journal: Applied Economics*, forthcoming.
160. Math, S. B., Kumar, N. C., & Moirangthem, S. (2015). Child Sexual Abuse: Issues & Concerns (No. id: 7420).

161. Mathew, L. A. (2019). Right to Sexual Autonomy of Children—Implications of the UNCRC upon the Indian Law on the Age of Consent. *International Journal for Crime, Justice and Social Democracy*, 8(2), 121.
162. Mathur, K. (2008). Body as space, body as site: Bodily integrity and women's empowerment in India. *Economic and Political Weekly*, 54-63
163. Mathur, K. (2017). Exploring Education, Employment and Citizenship: A Case Study of Youth in Rajasthan in India's Demographic Dividend and Youth Empowerment – Building Blocks for a Youth Policy, VS Vyas and Sreekant Sambrani (eds.), Academic Foundation, New Delhi.
164. Mathur, M. R., & Reddy, K. S. (2019). Child Health Policies in India: Moving from a Discernible Past to a Promising Future.
165. Meena, S., & Meena, P. (2018). Effect of Nutrition Education Intervention on Undernutrition Among Under Five Children in Urban and Rural Areas of Bhopal District, Madhya Pradesh. *International Journal of Community Medicine and Public Health*, 5(10), 4536-4542.
166. Mehrotra, S., Sinha, S. (2017). "Explaining Falling Female Employment during a High Growth Period", *Economic and Political Weekly* I, 11, 54-62
167. Menon, P. (2012). Childhood undernutrition in south Asia: perspectives from the field of nutrition. *CESifo Economic Studies*, 58(2), 274-295.
168. Menon, P., Headey, D., Avula, R., & Nguyen, P. H. (2018). Understanding the geographical burden of stunting in India: A regression-decomposition analysis of district-level data from 2015–16. *Maternal & child nutrition*, 14(4), e12620.
169. Menon, P.; Avula, R.; Pandey, S.; Scott, S, and Kumar, A. (2019). Rethinking effective nutrition convergence: An analysis of intervention co-coverage data. *Economic and Political Weekly* 54 (24): 18-21
170. Ministry of Finance. (2018). Projected demand from 304th RS Committee Report: Demand for Grants 2018-19 (Demand no. 98) of MWCD. Government of India.
171. Ministry of Finance. (2019). Expenditure Budget 2019-20. Government of India.
172. Ministry of Finance (2020-21). Budget Circular. GoI
173. Ministry of Health and Family Welfare. (2019). Comprehensive National Nutrition Survey 2016-18. Government of India.
174. Ministry of Human Resource Development. (2020). National Education Policy. Government of India.
175. Ministry of Law and Justice. (2013). The Gazette of India Part II, Section 1. Government of India.
176. Ministry of Women and Child Development (2016) Draft National Policy for Women 2016
177. Ministry of Women and Child Development (2017). Operational Guidelines for Convergent Action Plan.
178. Ministry of Women and Child Development (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.
179. Ministry of Women and Child Development (2020). Annual Report 2019-20. Government of India
180. Ministry of Women and Child Development. (2017). Mahila Shakti Kendra Scheme Implementation Guidelines for State Governments / UT Administrations.
181. Ministry of Women and Child Development. (2012). Draft workshop report- "Strengthening Maternal and Child Care, Nutrition and Health Services in Urban Settings'. Government of India.
182. Ministry of Women and Child Development. (2013). ICDS Mission – The Broad Framework for Implementation. Government of India.
183. Ministry of Women and Child Development. (2017). PMMVY Scheme Implementation Guidelines.
184. Ministry of Women and Child Development. (2018). Guidelines for Implementation of ICT-RTM System. Government of India
185. Ministry of Women and Child Development. (2018). Operational Guidelines for Rapid Reporting System on Integrated Child Development Services (ICDS) Scheme. Government of India.
186. Ministry of Women and Child Development. (2018). POSHAN Abhiyaan Supportive Supervision Guidelines. Government of India.
187. Ministry of Women and Child Development. (2018). Rashtriya POSHAN Maah: A Communique. Government of India.
188. Ministry of Women and Child Development. (2018). Scheme for Adolescent Girls Administrative Guidelines. Government of India.
189. Ministry of Women and Child Development. (2019). Anganwadi Services (ICDS) Training Programme. Government of India.
190. Ministry of Women and Child Development. (2019). Annual Report 2018-19. Government of India.
191. Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines.

192. Ministry of Women and Child Development. (2019). Beti Bachao Beti Padhao Scheme Implementation Guidelines. GoI
193. Ministry of Women and Child Development. (2019). Innovations under Beti Bachao Beti Padhao.
194. Ministry of Women and Child Development. (2019). National Nutrition Mission. Government of India.
195. Ministry of Women and Child Development. (2020). Annual Report 2019-20. Government of India.
196. Ministry of Women and Child Development. (2020). Annual Report 2019-2020.
197. Ministry of Women and Child Development. (2015). Swadhar Greh Guidelines. GoI
198. Ministry of Women and Child Development. (2016) Draft National Policy for Women 2016
199. Ministry of Women and Child Development. (2020). Annual Report 2019-20. GoI
200. Mitchell, D. (2003). The right to the city: Social justice and the fight for public space. Guilford press
201. Mittal, N., & Meenakshi, J. V. (2015). Utilization of ICDS Services and Their Impact On Child Health Outcomes-Evidence From Three East Indian States (No. 247).
202. Mittal, N., & Meenakshi, J. V. (2016). Does the ICDS Improve the Quantity and Quality of Children's Diets? Some Evidence from Rural Bihar (No. 257). Centre for Development Economics, Delhi School of Economics.
203. Mohamand SK. Policies Without Politics: Analysing Nutrition Governance in India (2012). Available from: https://www.ids.ac.uk/files/dmfile/DFID_ANG_India_Report_Final.pdf.
204. Moirangthem, S., Kumar, N. C., & Math, S. B. (2015). Child sexual abuse: Issues & concerns. *The Indian journal of medical research*, 142(1), 1.
205. Morris, J. L., & Rushwan, H. (2015). Adolescent sexual and reproductive health: The global challenges. *International Journal of Gynecology & Obstetrics*, 131, S40-S42.
206. Muralidharan, Karthik, Paul Niehaus, and Sandip Sukhtankar (2014). "Payments infrastructure and the performance of public programs: Evidence from biometric smartcards in India". National Bureau of Economic Research.
207. NABCONS. (2012). Evaluation of the Gender Budgeting Scheme. GoI
208. Nandi, A., Bhalotra, S., Deolalikar, A. B., & Laxminarayan, R. (2017). The human capital and productivity benefits of early childhood nutritional interventions. In *Child and Adolescent Health and Development*. 3rd edition. The International Bank for Reconstruction and Development/The World Bank.
209. Narayan, J., John, D., & Ramadas, N. (2019). Malnutrition in India: status and government initiatives. *Journal of public health policy*, 40(1), 126-141.
210. Nayak, N., & Saxena, N. C. (2006). Implementation of ICDS in Bihar and Jharkhand. *Economic and Political Weekly*, 3680-3684.
211. NIPCCD. (2004). An evaluation study of crèches run under the National Crèche Fund, New Delhi.
212. NIPCCD. (2013). Evaluation of ICDS programme in Minority concentrated district-A study, *Research studies 2012-13*. New Delhi: NIPCCD. Retrieved from <http://nipccd.nic.in/research/rs2013.pdf>
213. NIPCCD. (2017-18). Annual Report, National institute of Public Coorperation and Child Development, GOI.
214. NIPCCD. (2011). ICDS in Tripura: an evaluation- research studies 2010-11. New Delhi: NIPCCD. Retrieved from <http://nipccd.nic.in/research/rs2011.pdf>
215. NIPCCD. (2012a). Study on monitoring strategy of preschool education component under ICDS, *Research studies 2011-12*. New Delhi: NIPCCD. Retrieved from <http://nipccd.nic.in/research/rs2012.pdf>
216. NIPCCD. (2012b). Status of food safety measures in ICDS-A study, *Research Studies 2011-12*. New Delhi: NIPCCD. Retrieved from <http://nipccd.nic.in/research/rs2012.pdf>
217. NIPCCD. (2013). Appraisal of supplementary nutrition programme under ICDS in Uttar Pradesh, *Research studies 2012-13*. New Delhi: NIPCCD. Retrieved from <http://nipccd.nic.in/research/rs2013.pdf>
218. NITI Aayog (2015). Report of the sub-group of Chief Ministers on Rationalisation of Centrally Sponsored Schemes.
219. NITI Aayog (2017). Three Year Action Agenda: 2017-18 to 2019-20. Government of India.
220. NITI Aayog (2019). Transforming Nutrition in India: POSHAN Abhiyaan – A Progress Report. Government of India.
221. NITI Aayog. (2015). A quick evaluation study of Anganwadis under ICDS. Government of India.
222. NITI Aayog. (2019). 8th PMMVY Quarterly Monitoring Report, September 2019. Government of India.
223. NITI Aayog. (2017). Nourishing India – National Nutrition Strategy. New Delhi. Government of India

224. Nkonki L, Cliff J, Sanders D. (2011). Lay health worker attrition: important but often ignored. *Bull World Health Organ.* 89:919–23.
225. North East Network. (2019). Re-visioning Shelter Homes in Meghalaya. Shillong
226. NUEPA (2009). Early Childhood Care and Education in India.
227. OHCHR. (1981). Convention on the Elimination of all forms of Discrimination Against Women
228. Pan American Health Organization/World Health Organization (PAHO/WHO). (2003). Guiding Principles for Complementary Feeding of the Breastfed Child. Washington, D.C.: Pan American Health Organization.
229. Panucha, S., & Khatik, A. (2005). Empowerment of Rural Woman. *Social Action*, 55, 349.
230. Parmar, A., Parmar, N., Pandya, C., & Mazumdar, V. S. (2014). Process evaluation of routine immunization (RI) and growth monitoring services during mamta day (village health and nutrition day) in sinor block of Vadodara district, Gujarat, India. *Natl J Community Med*, 5(4), 378-82.
231. Parra and Holden (2014). Economic empowerment for adolescent girls. Nathan Associates London Ltd.
232. Patel, T., Raval, D., & Pandit, N. (2011). Process evaluation of routine immunization in rural areas of Anand District of Gujarat. *Health line*, 2(1), 17-20.
233. Patel, V., Kirkwood, B. R., Pednekar, S., Pereira, B., Barros, P., Fernandes, J., & Mabey, D. (2006). Gender disadvantage and reproductive health risk factors for common mental disorders in women: a community survey in India. *Archives of general psychiatry*, 63(4), 404-413.
234. Paul, L., Chellan, R., & Sahoo, H. (2018). Unmet Need of Integrated Child Development Services (ICDS) among Economically Weaker Sections in Indian Society. *Social Science Spectrum*, 3(3), 141-153.
235. Paul, V. K., Singh, A., & Palit, S. (2018). POSHAN Abhiyaan: Making nutrition a jan andolan. *Proceedings of the Indian National Science Academy*, 84(4), 835-841.
236. Planning Commission (1980). Sixth Five Year Plan 1980-85. Government of India
237. Planning commission (1985). The Seventh Five Year Plan, 1985-90. Government of India.
238. Planning Commission (1992). Eighth five-year plan. Government of India
239. Planning Commission (1992). Eleventh five-year plan. Government of India
240. Planning Commission (1992). Ninth five-year plan. Government of India.
241. Planning Commission (1992). Tenth five-year plan. Government of India
242. Planning Commission (1992). Twelfth five-year plan. Government of India.
243. Planning Commission. (1974). Government of India. 1979.' Report of the Task Force on Projections of Minimum Needs and Effective Consumption Demand', New Delhi: Perspective Planning Division, Planning Commission, Government of India.
244. Planning Commission. (2011). Evaluation report on integrated child development schemes (ICDS). Programme Evaluation Organisation, Government of India.
245. Planning Commission. (2013). Evaluation of Rajiv Gandhi National Crèche Scheme. Government of India.
246. Planning Commission. (2013). Handbook on Direct Benefit Transfer (DBT). Government of India.
247. Plantenga, J., Expert Group on Gender and Employment Europäische Kommission, & und Männern,
248. R. G. V. F. (2009). The provision of childcare services: A comparative review of 30 European countries. Office for Official Publ. of the Europ. Communities.
249. Press Information Bureau (2019). Use of Funds under the BBBP Scheme.Government of India.
250. Press Information Bureau, Government of India. (2019). Maternity Benefits under PMMVY.
251. Press Information Bureau, Government of India. (2019). Pradhan Mantri Matru Vandana Yojana Reaches One Crore Beneficiaries.
252. Press Information Bureau, Government of India. (2019). Use of Funds under the BBBP Scheme.GoI
253. Press Information Bureau. (2017). Cabinet, Cabinet approves setting up of National Nutrition Mission. Government of India.
254. Press Information Bureau. (2018). Rapid Reporting System for the Scheme for Adolescent Girls launched. Government of India.
255. Press Information Bureau. (2019). Digitization of Anganwadi Centres. Government of India.
256. Press Information Bureau. (2019). Digitization of Data Collected in Anganwadi Centres. Government of India.
257. Press Information Bureau. (2020) Empowerment of Adolescent Girls. Government of India.
258. Radhika, K., Manjula, M., & Jaisoorya, T. S. (2018). Ethical gaps in conducting research among adult survivors of child sexual abuse: a review. *Indian J Med Ethics*, 8, 1-7.

259. Ragavan, M., & Iyengar, K. (2017). Violence perpetrated by mothers-in-law in northern India: perceived frequency, acceptability, and options for survivors. *Journal of interpersonal violence*, 0886260517708759.
260. Ramachandran (2018). Dual Nutrition Burden in India: Challenges and Opportunities. *Proceedings of the Indian National Science Academy*, 84(4), 803-807.
261. Ramesh, A., N., S., & Suguna, C. (2019). A Refuge of Hope: Women's Experience of Shelter Homes in South Karnataka. Bangalore.
262. Rangarajan, C., Padma Iyer and Seema Kaul (2011), "Where is the missing Labour Force?", *Economic and Political Weekly*, Vol.42 No.46 (39), pp68-72
263. Rao, N. (2010). Preschool quality and the development of children from economically disadvantaged families in India. *Early Education and Development*, 21(2), 167-185. Retrieved from <http://hub.hku.hk/bitstream/10722/125514/1/Content.pdf?accept=1>
264. Rao, N., & Kaul, V. (2018). India's integrated child development services scheme: challenges for scaling up. *Child: care, health and development*, 44(1), 31-40.
265. Reddy, A. N., & Sinha, S. (2010). School dropouts or pushouts? Overcoming barriers for the right to education.
266. Reetu, C., Renu, G., & Adarsh, S. (2017). Quality early childhood care and education in India: Initiatives, practice, challenges and enablers. *Asia-Pacific journal of research in early childhood education*, 11(1), 41-67.
267. Registrar General India. (2017). Sample Registration System. Government of India.
268. Rew, M., Gangoli, G., & Gill, A. K. (2013). Violence between female in-laws in India. *Journal of International Women's Studies*, 14(1), 147-160.
269. Robinson, N. (2013). Complaining to the State: Grievance Redress and India's Social Welfare Programs. Philadelphia: Center for the Advanced Study of India.
270. Rodan, G., & Hughes, C. (2012). Ideological coalitions and the international promotion of social accountability: The Philippines and Cambodia compared. *International Studies Quarterly*, 56(2), 367-380.
271. Rudra, S. (2018). Gender-Responsive Budgeting.
272. RV, B., & Parasar, R. (2018). Food Distribution Value Chains under the Integrated Child Development Services.
273. Sabri, B., Renner, L. M., Stockman, J. K., Mittal, M., & Decker, M. R. (2014). Risk factors for severe intimate partner violence and violence-related injuries among women in India. *Women & health*, 54(4), 281-300.
274. Sahoo, J., Mahajan, P. B., Paul, S., Bhatia, V., Patra, A. K., & Hembram, D. K. (2016). Operational Assessment of ICDS Scheme at Grass Root Level in a Rural Area of Eastern India: Time to Introspect. *Journal of clinical and diagnostic research: JCDDR*, 10(12), LC28.
275. Sajjad, H., Iqbal, M., Siddiqui, M. A., & Siddiqui, L. (2012). Socio-economic determinants of primary school dropout: evidence from south east Delhi, India. *European Journal of Social Sciences*, 30(3), 391-399.
276. Sampath, T. (2008). A study on community Participation in integrated child Development Scheme (ICDS) in Chennai. *research on ICDS: An Overview (1996-2008)*, NIPCCD, 3.
277. Sanghavi, M. M. (2013). Assessment of Routine Immunization Program at Primary Health Centre Level in Jamnagar District. *Immunization Assessment*. [Original], 3(4), 5.
278. Sanghi, S., Srija, A., & Vijay, S. S. (2015), "Decline in rural female labour force participation in India: A relook into the causes", *Vikalpa*, 40(3), 255- 268.
279. Sansthan, S. G. (2013). Performance of the Rajiv Gandhi National Crèche Scheme for Children of Working Mothers. Study Sponsored by Planning Commission, Government of India, available at www.planningcommission.nic.in/reports/sereport/ser/ser_RGNCreche.pdf
280. Saravanan, S. (2010). Violence against women in India: A literature review.
281. Sarkar, M., Mandal, G. P., Prabha, S., Baidya, P., & Baidya, S. (2017). Nutritional Status of Anganwadi Children of Phansidewa Block of Darjeeling District of West Bengal, India. *Explor Anim Med Res*, 7(2), 170-174.
282. Save the Children. (2016), Policy Mapping and Analysis Report.
283. Scheme for Adolescent Girls. (2018). Scheme for Adolescent Girls Rapid Reporting System (SAG - RRS) Instruction Manual. Government of India.
284. Seth, R. (2013). Protection of Children from Abuse and Neglect in India, The 28th CMAAO General Assembly & 49th Council Meeting, Takemi Memorial Oration, JMAJ, Vol.56, No.5
285. Shah, P. P. (2011). Girls' education and discursive spaces for empowerment: perspectives from rural India. *Research in Comparative and International Education*, 6(1), 90-106.

286. Sharma, K., Raman, V., & Dhawan, P. (2013). Need Assessment for Crèches and Child Care Services. <http://www.cwds.ac.in/Publications/ChildCareReport.pdf>
287. Sharma, M., Soni, G. P., & Sharma, N. (2013). Assessment of coverage of services among beneficiaries residing in area covered by selected Anganwadi in Urban project I and II of Raipur city. *J Community Med Health Educ*, 3(1), 195-9.
288. Shrivastava, S., Acharya, N., Singh, C., Sethi, V., Pandey, R. S., Parhi, R., & Mishra, P. (2019). Fiscal Challenges in Scaling Up Nutrition Interventions. *Economic and Political Weekly*, 54(26-27), 29.
289. Shukla, R. and Kapur, A. (2020). Pradhan Mantri Matru Vandana Yojana & Janani Suraksha Yojana (PMMVY & JSY) GoI, 2019-20. Budget Briefs Volume 11/Issue 3. Centre for Policy Research.
290. Silverman, J. G., Decker, M. R., Saggurti, N., Balaiah, D., & Raj, A. (2008). Intimate partner violence and HIV infection among married Indian women. *Jama*, 300(6), 703-710.
291. Singh, D., Gaur, K. L., Raj, D., Kashyap, A., Gupta, R., & Yadav, A. (2013). An assessment of performance of Anganwadi Workers of Jaipur Zone, Rajasthan: A Cross-Sectional study. *National Journal of Community Medicine*, 4(4), 1.
292. Singh, P., & Masters, W. A. (2017). Impact of caregiver incentives on child health: Evidence from an experiment with Anganwadi workers in India. *Journal of health economics*, 55, 219-231.
293. Sivakumar, D., & Rahim, A. (2018). Perception of anganwadi services in urban ICDS blocks in kozhikode corporation-A Cross-Sectional study. *Indian Journal of Public Health Research & Development*, 9(12), 55-58.
294. SK Ravi. (2016). Where are We? A Status Report. Action Aid
295. Smith, L., & Haddad, L. (2015). Reducing child undernutrition: past drivers and priorities for the post-MDG era. *World Development*, 68, 180-204.
296. Social and Rural Research Institute. (2014). National Sample Survey of Estimation of Out-of-School Children in the Age 6–13 in India.
297. Spears, D. (2013). How much international variation in child height can sanitation explain? The World Bank.
298. Stauffer, B. (2019). You Should be worried about the Woman Shortage.Human Rights Watch
299. Stotsky, J. and A. Zaman, (2016). The Influence of Gender Budgeting in Indian States on Gender Inequality and Fiscal Spending, International Monetary Fund Working Paper 16/227
300. Stotsky, J. G. (2016). "Gender Budgeting: Fiscal Context and Overview of Current Outcomes." International Monetary Fund Working paper 16/149, Washington, DC: IMF
301. Talati, K. N., Nimbalkar, S., Phatak, A., & Patel, D. (2016). Take Home Ration in ICDS programmes: opportunities for integration with health system for improved utilisation via mamta card and e-Mamta to nutrition program monitoring: the India ICDS program. World Bank, Washington, DC.
302. Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The lancet*, 382(9890), 427-451.
303. UNICEF (2011). Adolescence an age of opportunity. UNICEF, New Delhi
304. UNICEF (2019). The State of the World's Children 2019. Children, Food and Nutrition: Growing well in a changing world. UNICEF, New York
305. UNICEF (2019). The State of the World's Children 2019. Children, Food and Nutrition: Growing well in a changing world. UNICEF, New York.
306. UNICEF. (2015). Global initiative on out-of-school children.
307. UNICEF. (1990). United Nations Convention on Child Rights. London
308. Vaid, A., Avula, R., George, N. R., John, A., Menon, P., & Mathews, P. (2018). A review of the Integrated Child Development Services' Supplementary Nutrition Program for Infants and Young Children: Take home ration for children (Vol. 7). Intl Food Policy Res Inst
309. van Liere, M. J., Tarlton, D., Menon, R., Yellamanda, M., & Reerink, I. (2017). Harnessing private sector expertise to improve complementary feeding within a regulatory framework: Where is the evidence. *Maternal & child nutrition*, 13, e12429.
310. Verma R. (2018, June). *International Journal of Community Medicine and Public Health* | June 2018 | Vol 5 | Issue 6 Page 2155
311. Verma, R., Gupta, S., & Birner, R. (2018). Can vigilance-focused governance reforms improve service delivery? The case of Integrated Child Development Services (ICDS) in Bihar, India. *Development Policy Review*, 36, 0786-0802.
312. Vibhuti A. Patel, Gender Audit of Budgets in India (2001-2 to 2009-10), Nivedini - Journal of Gender Studies November/December 2010 (May 20, 2010): 14672
313. Vij, S. (2017). Resource Gap Analysis of Maternity Benefit Programme: A Working Paper. Centre for Budget and Governance Accountability.

314. Visthar & Sangama. (2019). Towards Re-Visioning Shelter Homes: An action-research study of shelter homes for survivors of violence in North Karnataka. Bangalore.
315. Viswanathan B. Household food security and integrated child development services in India. Background paper for the International Food Policy Research Institute Discussion paper series #68 [internet]. Berlin: ResearchGate; 2003. Available from: www.researchgate.net/publication/228765025_Household_Food_Security_and_Integrated_Child_Development_Services_in_India
316. Vivek S, et al. (2018). "Are Technology-enabled Cash Transfers Really 'Direct'?"
317. W Pratiksha Hospital. (2020). Calendar Launch- Beti Bachao Beti Padhao
318. Woetzel, J., Madgavkar, A., & Sneader, K. (2018). The power of parity: advancing women's equality in Asia pacific. Shanghai: The McKinsey Global Institute Report.
319. World Bank. (2011). Poverty and social exclusion in India. World Bank.
320. World Bank. (2017). Evaluating Integration in the ICDS: Impact Evaluation of an AWC-cum-crèche pilot in Madhya Pradesh
321. World Economic Forum. (2018), "The global gender gap report" Geneva: World Economic Forum.
322. World Health Organization. (2016). Action plan to reduce the double burden of malnutrition in the South-East Asia (2015-2020)



Development Monitoring and Evaluation Office

NITI Bhawan, Sansad Marg, New Delhi-110001

contact-dmeo@gov.in | <https://dmeo.gov.in/>

Commentary, Narration and Analysis

Survey Partner

