**Introduction:**

Jharkhand, with an area of 74, 677 sq km, was constituted as an independent state on 15 November 2000 by carving out portions from southern Bihar. Apart from Hindi, the major languages spoken in the region include tribal languages Santhali, Ho, Mundari, and Oraon. Jharkhand is the thirteenth largest state in terms of population. There are 32 tribal groups in Jharkhand and eight Particularly Vulnerable Tribal Groups (PVTGs) which together comprise 29.12 percent of total households of the state as per SECC-2011. The major tribes are Santhals, Munda, Ho, Oraon, and Paharias. Scheduled Castes constitute about 13 per cent of the state’s total household as per SECC-2011. There are 134 blocks in 16 districts of the state which is considered as Scheduled area where PESA is in force[[1]](#footnote-1).

Jharkhand is considered as resource rich state with about 29% forest coverage. Jharkhand is endowed with vast natural resources specially the vast variety of minerals ranging from Iron ore, Coal, Copper ore, Mica, Bauxite, Fire clay, Graphite, Kyanite, Sillimanite, Lime stone, Uranium & other minerals. Jharkhand is the leading producer of mineral wealth in the country. Presence of varieties of tribal groups also make Jharkhand as culturally rich state. As per National Family Health Survey -4 (2015-16) report Jharkhand is among one of the few states who have fair sex ratio i.e. there are 1002 female per 1000 male population in Jharkhand. However, the major area of concerns are malnourishment among mothers and children, poor health and education facilities, unemployment etc. Jharkhand has about 48% of its children of below 5 years of age who are malnourished, which is highest in the country. Similarly, about 62.6 % of pregnant women and 70% of children (6 to 59 months of age) are found anemic which is highest and second highest in the country respectively, as per NFHS-4 (2015-16). Jharkhand also among the top three states where 38% of girls get married before they attain adulthood[[2]](#footnote-2). Overall, the set of data suggests that Jharkhand has already fallen in the vicious cycle of malnourishment. Anemic and early pregnancy give births to anemic and malnourished child who, if survive against all odds, grows into an Anemic and malnourished adult who again would give birth to malnourished generation.

**Gender Interventions in Jharkhand:**

Gender equality is an issue of development effectiveness, not just a matter of political correctness or kindness to women. New evidence demonstrates that when women and men are relatively equal, economies tend to grow faster, the poor move more quickly out of poverty, and the well-being of men, women, and children is enhanced. The need for a new strategy arises both from the evidence that gender plays an important role in determining economic growth, poverty reduction, and development effectiveness. The strategy recommends to work with civil society organizations, other governments department and community based organizations to diagnose the gender-related barriers to and opportunities for poverty reduction and sustainable development; and to then identify and support appropriate actions to reduce these barriers and capitalize on the opportunities.

**Goal:** “to reduce poverty through promoting inclusive development, by building a gender Just society where women enjoy equal rights and privileges, have access to entitlements, the freedom to speech and live a life of dignity free from any form of violence and discrimination.”

**Objectives:**

* To ensure universal coverage of women under community level institutions, prioritizing ST, SC, destitute, PwD, minorities and marginalized women.
* To increase women’s access to entitlements with regard to nutrition, health, education, sanitation, finance, livelihoods, market etc.
* To reduce women’s drudgery by introducing women friendly tools and techniques in their households and livelihoods operations and by sensitizing men of the families for sharing workloads.
* To reduce discrimination and violence against women through a multi-stakeholder partnership and convergence approach.
* To demonstrate and establish gender sensitive approach in all the policies and activities of JSLPS.

**Broad area of interventions:**

1. Drudgery Reduction of women
2. Food, Health, Nutrition, WASH and Education
3. Violence and Atrocities Against Women
4. Rights, Entitlements and their participation in Decision Making

## Drudgery Reduction

**Strategy:** there are basically three ways through which the drudgery in women member is being planned to be reduced.

1. To map the drudgery of women during Vulnerability Reduction Planning Exercise (VRPE) and to map entitlements against each
2. Convergence with Line Departments to ensure the access of the entitlements mapped, like
   1. Ujjwala Yojana for easy access Fuel for cooking,
   2. Schemes of JREDA
   3. Schemes related to safe drinking water, toilets, etc.
   4. Strengthening Anganwadi, etc.
3. Organize special drive in some select blocks engaging CSOs to sensitize the men of the family to share the household workloads of women members in their family.

**Approach for drudgery reduction**:

1. JSLPS would converge with the concerned line department for ensuring the accessibility to drinking water, fuel for cooking, women’s friendly agriculture tools, toilets, etc.
2. Would develop pool of resource persons in partnership with CSOs to sensitize SD point persons and SAC members. These state level resource persons would, in turn, sensitize the men of the families to share the workloads of the family.

**Area**: while the entitlement coverage would be scaled up to all the blocks wherever VRPE is being conducted, the sensitization of men folks would be piloted in 4 Clusters of the four blocks of GOALS district

**Key Activities for Drudgery reduction**

1. Village wise mapping of the drudgery of women
2. Mapping of the existing entitlements to reduce the drudgery
3. Identification of eligible families against the identified entitlements
4. Mapping of their current status against the entitlement,
5. VO to present the status in Gram Sabha,
6. Forward the collective applications to BDO through Panchayat by the Gram Sabha,
7. VO to maintain an Entitlement Register for follow up action,
8. Sharing of the report from entitlement register in gram sabha every month.

*Sharing of workloads of women by other family members:*

1. Group Discussion with SHG members and their family members,
2. Sensitization of the family members.
3. Family level counselling.
4. Present workload and proposed sharing of workloads to be mapped for individual HHs.
5. Follow up of the status of the proposed sharing of workloads is sought.

**Calendar of the activity**

1000 VOs, wherever VRF is released, to be covered in the first year. Rest of the VOs to be covered in the second and third year.

**Readiness Factor:**

***Of VRPE***

1. SRPs, BRPS and VRPs are identified and trained.
2. VRPE Guidelines and Formats in place.
3. 1st installment of VRF released.
4. Calendar of VRPE along with budget is prepared and approved.
5. Village wise SECC data of each family is collected from SECC cell for verification.
6. Gram sabha is notified for the VRPE Drive.
7. Observer from the BDO office is nominated and oriented for the VRPE Gram Sabha.

***Of Sensitization:***

1. MoU to be developed with the CSO for conducting the drive.
2. Facilitators or resource persons at different levels are identified and trained.
3. Tools for the participatory exercise is developed and tested.
4. Consent of Select CLF and VOs are sought for taking up the activities.

**Process of Drudgery Reduction:**

For the VRPE:

1. Village wise calendar of VRPE drive along with the VRPE team to be formed by the DMMUs and to approved and notified by the Rural Development Department, GoJ.
2. 7 day drive to take place in the village to facilitate VO in completing the VRPE which would include Mapping of Vulnerable households on the participatory criteria.
3. SECC data would also be revisited and rectifications to be proposed in the Gram Sabha.
4. Select Entitlements to be mapped for each household through Social Mapping.
5. Vulnerable HHs to be identified and prioritized for VRF.
6. Vulnerability Reduction Planning for identified individual HHs,
7. Community/village level vulnerabilities to be mapped and prioritized and participatory planning will be completed for its reduction.
8. Status of the select 5 institutions (Anganwadi, School, PDS shop, Health Sub Centre, and PRI) to be analyzed.
9. Gaps observed in the institution, problems prioritization and proposed solution and individual planning and their entitlement status to be presented in the notified Gram Sabha in front of the BDO and its representative.
10. Action Plan from the BDO office and VO to be announced and minuted.
11. The findings of VRPE to be uploaded on website,
12. The findings to be forwarded to the concerned line department by the Principal Secretary, RDD.

*For the sensitization of male members:*

1. Participatory tools and family level discussions with SHG members is developed
2. Resource persons and facilitators are trained on the tools
3. In the select villages, the exercise is conducted during the VRPE.
4. The family wise planning and workloads to be shared by other members of families is prepared and follow up plan would be developed.

**Institutional Mechanism**:

1. VO to present the findings to CLF and BLF.
2. CLF and BLF to do regular follow up with the department.
3. VO to maintain the entitlement register and regularly track.
4. District Collector to seek ATRs along with the evidence with BDO office on monthly basis.
5. PS, RDD to seek ATRs from the concerned department.
6. VO/CLF/BLF to send the follow up cum verification reports from the field on the basis of the ATRs received from the departments.
7. Family Councilors to be placed at Block level and state level.
8. Network of CSOs to be identified and trained for conducting the exercise and for follow up at Block and District level.

**Outcomes**:

1. Eligible HHs to access the entitlements.
2. Drudgery of women to be reduced with reduced workload related to cooking and fuel wood collection.
3. Health issue due to smoke caused during cooking will also be reduced.

**Indicators**:

1. Increased number of HH having Access to LPG Connection (in case of Ujjwala) and other entitlements. Entitlement coverage to be 20% in the first year (2017-18) followed by 40% and 60% in the second and third year respectively.
2. Reduced workload and drudgery of women in 15-49 years of age group (Reproductive age group): The initiative will be initiated from 2018-19 having 10% shared workloads in the first year of its inception followed by 30% in the year 2019-20.

## Education:

In the area of education, JSLPS would largely focus on three components

* 1. Literacy
  2. Enrolment
  3. Retention

**Strategy**:

1. **Literacy**: Convergence with the line department
2. **Enrolment and Retention/Child Labour**: (the retention and enrolment component would also incorporate the issue of Child Labour in the rural areas.
   1. VRPE Drive in the identified villages and partnership with CSOs/NROs
   2. Join the state wide campaign lead by Labour Department, GoJ, UNICEF and other CSOs ongoing in the 15 districts of Jharkhand.

**Approach**:

1. To converge with the department, UNICEF, Zila Shiksha Vahini and other CSOs, who already have long standing experience in the area of adult literacy.

**Key Activities:**

1. Identification of the pilot villages,
2. MoU between CLF/VO and the line department for the adult literacy.
3. VO to decide the amount of contribution to be made by each beneficiary.
4. VO to do the gap funding of monthly amount to be paid to the educator and the total amount of contribution, if any, through VRF.
5. Identification of the teacher/educator for every village.
6. Primers to be procured and distributed from the line department.
7. Classes to begin as per the routine decided by VO and the Teacher/educator based on their mutual convenience.
8. Examination to be conducted by the line department, as per their methodology.
9. Based on the examination, certificate of being literate need to be provided by the line department.

**Time line**:

1. Regularly from 2nd quarter of the running year.

**Readiness factor**:

1. MoU between Zila Siksha Vahini and CLF/Vos.
2. Primers and other teaching materials are procured.
3. Class room is decided
4. Beneficiaries are identified.
5. Teachers in place.
6. beneficiary contribution is procured

Process:

1. based on the interest of the members, VO would give an application to DMMU
2. DMMU would forward the application to the department with the request for conducting the classes.
3. The department will depute the teacher/educator to the VO and would equip them with the primers and teaching aid.
4. CSOs may also contribute to the primers by addition the issue of rights, entitlements, duties and other issues to the primer.
5. VOs to ensure participation of the interested and eligible members.
6. VO should also provide space and collect contributions from the beneficiaries.
7. The beneficiary would give their contribution to their VO and the VO would make the monthly payment to the educator/teacher from the contribution collected adding the gap fund from the VRF.
8. Examination to be conducted by the department followed by certification on literacy.

**Institution Mechanism**

1. At the state level JSLPS will develop a draft strategy with the department for conducting the literacy classes.
2. Similarly concerned DMMU would facilitate select VOs and the Zila Shiksha Vahini of their respective district to enter into the contract.
3. Classes to be arranged at the village level with the help of line department.
4. Primers, teachers and teaching aid are to be provided by the department.
5. Department to ensure that the educator is well trained and has experience on conducting adult literacy.
6. VO will monitor the classes and would report on the regularity and quality of it based on the beneficiary feedback.
7. Based on the feedback from VO, the line department would act to address the same.
8. JSLPS and the department to conduct joint review meeting of the convergence in each quarter.

1. Guidelines for Gram Panchayat Representatives, Panchayati Raj Department, Government of Jharkhand [↑](#footnote-ref-1)
2. National Family Health Survey – 4 (2015-16) [↑](#footnote-ref-2)