



**NAVDISHA**  
**NATIONAL THEMATIC WORKSHOP**  
**ON BEST PRACTICES FOR WOMEN**  
**AND CHILD DEVELOPMENT**

*Organised by*

**Ministry of Women and Child Development,  
Government of India and Government of Haryana**

**Community Hall, Indian Oil Corporation Complex  
Panipat, Haryana  
January 20–21, 2015**

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## List of Acronyms

- ASHA – Accredited Social Health Activist
- AWC – Anganwadi Centres
- BBBP – Beti Bachao Beti Padhao
- BPNI – Breastfeeding Promotion Network of India
- CDPO – Child Development Project Officer
- CEDAW – Convention on Elimination of All Forms of Discrimination against Women
- CNRC – Clinical Nutrition Research Centre
- CSR – Child Sex Ratio
- DPO – District Project Officer
- DWCD – Department of Women and Child Development
- ECCE – Early Childhood Care and Education
- ICDS – Integrated Child Development Services
- IEC – Information, Education and Communication
- IGMSY – Indira Gandhi Matritva Sahyog Yojana
- ISSNIP – Integrated Systems Strengthening & Nutrition Improvement Project
- IYCF – Infant and Young Child Feeding
- KGBV – Kasturba Gandhi BalVidyalaya
- MNREGA – Mahatma Gandhi National Rural Employment Guarantee Act, 2005
- MoHFW – Ministry of Health and Family Welfare
- MPWWC – Multi Purpose Women Welfare Centres
- MTP – Medical Termination of Pregnancy Act, 1971
- MWCD – Ministry of Women and Child Development
- NCERT – National Council for Education, Research and Training
- NFHS – National Family Health Survey
- NHM – National Health Mission
- NIPCCD – National Institute of Public Cooperation and Child Development
- NMM – National Nutrition Mission
- NRC – Nutrition Resource Centre
- PCPNDT– Preconception & Pre Natal Diagnostic Technique (Prohibition of Sex Selection) Act, 1984
- POSCO – Protection of Children from Sexual Offences (POSCO) Act, 2012
- PWDVA – Protection of Women from Domestic Violence Act, 2005
- RBSK – RashtriyaBalSwasthyaKaryakram
- SAM – Severe Acute Malnutrition
- SCERT – State Council for Education, Research and Training
- SNP – Supplementary Nutrition Program
- SRCW – State Resource Centre for Women
- SUW/MUW – Severely Underweight and Moderately Under weight
- THR – Take Home Ration
- UNCRC – UN Convention on the Rights of the Child
- VHND – Village Health and Nutrition Day
- VHNSC – Village Health Nutrition, Sanitation Committee

## FOREWORD

Launch of the “Beti Bachao Beti Padhao” initiative from Panipat by Hon’ble Prime Minister, Shri Narendra Modi, on 22<sup>nd</sup> January, 2015 is an expression of commitment of the Government to curb and prevent the decline in Child Sex Ratio (CSR) in the country and address gender discrimination. The unabated decline in CSR since 1961 is a matter of grave concern. The decline of CSR from 927 girls per 1000 boys in 2001 to 918 according to Census 2011 has been alarming. The issue of declining Child Sex Ratio is an indicator of women disempowerment. It is the result of deep rooted prejudice and discrimination towards women and girls. This alarming situation is caused primarily due to socio-cultural mindset and gender bias towards girl child fuelled by misuse of medical technology.

Beti Bachao Beti Padhao Programme addresses the issue of declining Child Sex Ratio (CSR) through a national level mass media campaign and focussed multi-sectoral action in 100 selected districts, covering all States and UTs. This is a joint initiative of Ministry of Women and Child Development, Ministry of Health & Family Welfare and Ministry of Human Resource Development. To make the programme holistic, efforts will be undertaken to address the different aspects of the issue that challenge the survival of the girl child. Initiatives such as preventing sex selection at pre-conception and conception stage, safe birth of girl child and ensuring health care & nutrition of girl child, providing care at Anganwadis and ensuring their education have all been built in to the Beti Bachao Beti Padhao programme.

The Government’s commitment to alleviate the differential treatment towards the girl child in society is reflected in plethora of legislations passed since independence that addresses almost every aspect of problems that confront girl children in their fight for survival--be it their right to be born, right for health care from birth, nutrition and food, right to education and employment and against violence perpetrated on them. However, laws by themselves cannot adequately provide solution to social problems in any society. What is required is the change in societal mindset and awakening that recognizes the value of girls and women upholds their right as equal citizens and there has to be a collective will to end this menace of discrimination from our society. The Beti Bachao Beti Padhao initiatives therefore a step taken to change societal mindset and empower communities to welcome daughters into their homes and enable their education. .

It was against this background, that the Ministry organised a thematic workshop on the eve of the launch at Panipat, Haryana on 20-21st January, 2015. The workshop aimed to capture best practices and innovative approaches adopted by different states on key themes related to Beti Bachao Beti Padhao initiative. The outcome of the different sessions of the two day proceedings yielded practices and learnings that are proven, promising or have high potential for replication. Besides, the sessions also came up with large number of recommendations.

Thus, the Panipat launch of Beti Bachao Beti Padhao Programme by Hon’ble Prime Minister on 22 January, 2015 and the two day thematic workshop on Best Practices for Women and Child Development-NAVDISHA is a baby step, if it may be called, towards creating awakening in society for value of girl child.

  
(Preeti Sudan)

Additional Secretary  
Ministry of Women and Child Development  
Government of India

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Ministry of Women and Child Development

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## Acknowledgements

The two-day National Thematic Workshop on Best Practices For Women and Child Development-NAVDISHA held in Panipat on 20-21<sup>st</sup> January, 2015 was intended as a curtain raiser to the high decibel launch of January, 22<sup>nd</sup> to bring in to open all issues that needs to be addressed to save girl child and to reverse the falling child sex ratio (CSR).

Importance attached to the two days event could be seen by the participation of Chief Ministers and many Ministers of Women and Child Development of the States from all over the country. They actively contributed to the proceedings and chaired important sessions in which experience was shared by participating civil servants activist, NGOs and subject specialists. Important learnings and recommendations emerged.

It was considered essential to capture the proceedings and recommendations of all India value for replication in other parts of the country. Therefore, all 13 sessions of the deliberations were minuted by rapporteurs drawn from Ministry of Women and Child Development, National Institute of Public Cooperation and Child Development, National Mission for Empowerment of Women and National Commission for Protection of Child Rights. They carried out their task with commitment and dedication and their efforts need to be acknowledged as also that of the Chief Rapporteur who coordinated the minutes and helped in preparation of the report.

The representatives of High Level Committee on Status of women were involved with the Ministry from the drawing board stage till completion of the workshop and compiled proceedings of the workshop.

The bringing out of this document would not have been possible but for active participation of the panel of the speakers and participants who came from all over the country to Panipat to express their views and their solidarity for the "Beti Bachao Beti Padhao" programme. Those who chaired the sessions and the panellists all deserve our gratitude.

The two days workshop itself would not have been possible but for strenuous efforts of the dedicated team comprising Ministry officials and the team members of Beti Bachao Beti Padhao Project Management unit and Niti Aayog who put in two months preparatory work that preceded the workshop. The unstinted support and cooperation of Department of Women and Child Development, Govt. of Haryana not only created a proactive platform for organising the workshop but also ensured the smooth launch of Beti Bachao Beti Padhao programme.

Finally it would be appropriate to place on record our appreciation to the assistance provided by NIPCCD in bringing out this report.



(Lopamudra Mohanty)

Director

Ministry of Women and Child Development

Government of India

## Background

Women and children constitute around 70% of India's people and are the critical foundation for national development - at present and in the future. Sustained inclusive growth must begin with children and women- breaking an intergenerational cycle of inequity and multiple deprivations faced by women and girls, as related to poverty, social exclusion, gender discrimination and under nutrition. This intergenerational cycle of multiple deprivation and violence faced by girls and women is reflected in the adverse and steeply declining child sex ratio among children under 6 years of age which reached an all-time low of 918 girls for every 1000 boys in 2011. Discrimination against the girl child is also evident in other forms of gross neglect and gender-based violence after birth - infancy, early childhood and adolescence in aspects of unequal access to health, nutrition, care and education.

Ending of gender based inequities, discrimination and violence is stated as a priority in the Twelfth Plan, and 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. Another key Monitorable Target of the Twelfth Plan is the reduction in the levels of under nutrition among children by half. It is envisaged that improved child nutrition will also enable the achievement of optimal learning outcomes in education and gender equality. In this context, **NAVDISHA – A National Thematic Workshop on Best Practices in Women and Child Development** was organised by the **Ministry of Women and Child Development, Government of India** and the **Government of Haryana** at **Panipat, Haryana** from **20-21 January 2015**.

The National Thematic Workshop sought to evolve strategy recommendations for Women and Child Development, informed by best practices and innovative approaches on key themes that have worked well in different States and districts. It was envisaged that the workshop would provide a theme-based platform for presenting and discussing these innovative models, through dialogue (*chintan*) with States/UTs, sectors, experts and voluntary agencies so as to enable interstate sharing and learning. The focus was on understanding what is new in these best practices and how is the innovation 'different'. The workshop also enabled a synthesis of lessons learnt for the shaping of a strategy framework

that reflected innovations and opened the way for possible adaptation and replication of these best practices within the State and in other States and UTs.

The objectives of the national workshop were:

- **To highlight best practices under key themes** related to Women, Child Rights, the Girl Child and Nutrition from different States, Union Territories and districts.
- **To enable interstate sharing and learning from these models** through thematic presentations, dialogue, state poster sessions and cluster/interest group interactions.
- **To evolve a strategy framework** that synthesis learning from these models for adaptation/ replication and facilitate innovation and new approaches.
- **To encourage mentoring support between States** and continued learning, through the formation of State interest groups, field-based learning hubs and thematic e-networks.
- **To develop a shared commitment for addressing key themes** especially as related to ensuring Care and Protection of the Girl Child - *Beti Bachao Beti Padhao*.

Detailed concept note is at **Annexure-I**.

### **Design of the Workshop-**

The design of the workshop included a judicious mix of technical and brainstorming sessions to make the workshop interesting and useful. The workshop design was so structured that it helped in eliciting contributions in some of the most critical areas concerning women and children. The outcome was such that some well thought out strategies and best practices emerged. Theme papers were presented by well known academics, experts drawn from across states in the plenary and thematic session during the workshop. A copy of the agenda is at **Annexure-II**.

### **Participants-**

The workshop was attended by the Union Minister of Women and Child Development, Chief Ministers of Haryana and Gujarat, Ministers of Women and Child Development/Social Welfare from the States of Haryana, Rajasthan, Madhya Pradesh,

Chhattisgarh and Maharashtra, Cabinet Secretariat coordination, officials of NITI Aayog and Secretaries and senior officials of the Ministry of Women and Child Development, Health and Family Welfare, Human Resource Development, Drinking Water and Sanitation, Tribal Affairs, Labour and Employment, Panchayati Raj, Home Affairs and RGI. In addition to this, State Chief Secretary and senior officials from the Government of Haryana, State Secretaries of Women and Child Development /Social Welfare, identified District Magistrates / Collectors, representatives of Zila Parishads, Panchayati Raj Institutions and Urban Local Bodies, National Commissions, Councils and representatives of Boards such as NCW, NHRC, NCPCR, CSWB, CARA and RMK also participated in the two-day workshop. National Institutions such as NIPCCD, NIIHFW, NIN, NHSRC, PHFI and NCERT, NUEPA, experts and professional bodies, civil society groups, voluntary agencies, alliances and networks, representatives of field functionaries and women's /community groups were also present. The list of participants is at **Annexure-III**.



Shri Manohar Lal Khattar (Chief Minister, Haryana) lighting the lamp on inauguration of the Workshop. Ms. Maneka Sanjay Gandhi (Union Minister, WCD) and Ms Anandi Ben Patel (Chief Minister, Gujarat) are also seen in the picture.

## Inaugural Session

**Shri V.S Oberoi, Secretary, Ministry of Women and Child Development, Government of India**, laid down the objectives of the National Thematic Workshop during the welcome address. He mentioned that it was envisaged as a focussed strategy of the Ministry of Women and Child Development, informed by best practices and innovative approaches on key themes that have worked well in different States and districts. He stated that the workshop would provide a theme-based platform for promoting and discussing these innovative models with other States/UTs, sectors, experts and voluntary agencies – enabling interstate sharing and learning. He added that the workshop intends to forge a synthesis of lessons learnt for shaping of a strategy framework that reflects innovation and enables possible adaptation and replication of these best practices within the States and UTs. He applauded the Haryana State Government for making the required arrangements in a short span of time.



Shri V.S. Oberoi, Secretary, WCD at the opening session.

**Smt Kavita Jain, Minister for Women and Child Development, Haryana** stated that it is a significant day for the people of Haryana as an important workshop has been initiated for the betterment of girl child. Saving the girl child, she mentioned, would be the fourth battle in the historic city of Panipat. She said that Prime Minister Shri Narendra Modi has taken an important step towards fulfilling his promise of ensuring the safety, security and empowerment of women.

Speaking on this occasion, **Smt Anandiben Patel, Chief Minister, Gujarat, the first panelist** applauded the efforts put in made by the Haryana Chief Minister in organising the workshop on an important issue of Women and Child Development. She said that in the year 2001, the literacy rate of women in Gujarat was around 59 per cent and that has now increased to more than 70 per cent due to the implementation of various programmes under

the guidance of the-then Chief Minister of Gujarat, Shri Narendra Modi. She also stated that the rate of institutional deliveries has reached 95 per cent in Gujarat. She further mentioned that the State government had set up two lakh 'Sakhi Mandal' so as to ensure the economic development of women and that includes as many as 30 lakh women. In addition, the State government has waived off the stamp duty on purchase of property in the name of women and a sum of Rs. 651 crores has so far been waived off as stamp duty. She further mentioned that recently, she has announced a reservation of 33 per cent for women in the police force. She listed a number of other schemes targeted at women empowerment, being implemented by Gujarat Government. She added that to prepare for the Civil Services Exam Rs. 90,000 cash would be provided to each woman aspirant and that around 100 doctors conducting sex selective tests have been penalised till date.



Ms. Anandi Ben Patel, Chief Minister, Gujarat addressing the participants in the Workshop

**In this opening remarks, Shri Manohar Lal, Chief Minister, Haryana** said that low sex ratio in Haryana is an issue of grave concern and a challenge but that the visit of the Prime Minister would provide an inspiration to work towards improving the sex ratio. He said that the participation of Chief Ministers, Ministers of Women and Child Development and the delegates of various States in this workshop would provide an appropriate platform for sharing the achievements and innovative ideas to combat the menace of gender-biased sex selection, gender inequality and the problem of malnutrition in children. The Chief Minister also said that more schemes for women empowerment in Haryana would be launched on the occasion of **International Women's Day** on 8 March. Stating that women have a special place in our Constitution, he emphasised that all efforts would be made to ensure their

participation in every field including governance, administration, government jobs and education, leading to an improvement in the status of women in the State.

While lauding the programmes of mass marriages implemented by the State of Gujarat, the Chief Minister said that the Haryana Government would also implement a similar scheme in the State. He further stated that the State government would bring necessary changes in the ongoing **Ladli Scheme** so as to ensure that the girl child is not treated as a burden on the family.



Sh Manohar Lal, CM, Haryana addressing the participants

**In her concluding remarks Smt. Maneka Sanjay Gandhi, Union Minister for Women and Child Development** said that '*Beti Bachao, Beti Padhao*' is the fourth initiative of the Union Government after Jan Dhan Yojna, Swaach Bharat Abhiyan and Make in India campaign.

She said that the Prime Minister Shri Narendra Modi had announced this scheme in his Independence Day speech and chose Haryana to start this campaign with a focus on multi-sectoral approach for tackling the problem of the vanishing girl child in the State. Smt. Gandhi said that 100 districts with low child sex ratio have been selected from all over the country and that after its launch by the Prime Minister Shri Narendra **Modi on 22** January 2015 at Panipat, the campaign would be implemented in the other districts as well. She said that this campaign would be carried out extensively to bring positive psychological changes in the mindset of people regarding the value of the girl child. She urged the State Governments, Deputy Commissioners and other functionaries to work in tandem for the cause of *Beti Bachao, Beti Padhao* and report innovative programmes and initiatives taken by them. This, she said would later be sent to Prime Minister for review.

She added that awards would be given to innovative villages which attain a balanced sex ratio and the District Commissioner or Ambassadors of the campaign would be suitably rewarded by the Government. Smt. Gandhi emphasised the need to look for innovative solutions to end violence and crime against women and the dowry system which are the root

causes of gender-biased sex selection. She said that '*Paraya Dhan*' notion has to be discouraged in the society so that parents would not hesitate to give birth to a girl child and worry about their future. A society without women, she said, would be full of violence as women bring gentleness, love and happiness. She highlighted that out of 46 per cent children affected by malnutrition in the country about 70 per cent are girl children. She reiterated that after assuming the office as Minister, she had emphasised on strengthening the National Commission of Women and on 33 per cent reservation for women in the police force.



Remarks by Ms. Maneka Sanjay Gandhi, Union Minister, WCD during the Inaugural Session. Ms Kavita Jain, WCD Minister, Haryana is also seen in the picture

## Session I – Nutrition

### Theme 1 – Infant and Young Child Feeding

**Chair:** Smt. Anita Bhadel, Minister of State, Women and Child Development, Rajasthan

**Co-Chair:** Dr. Arun Gupta, National Coordinator, Breast feeding Promotion Network of India (BPNI)

**Moderator:** Ms Manisha Panwar, Joint Secretary, Ministry of Women and Child Development, Government of India

**Panellists:**

1. Smt. Nilam Sawhney, Principal Secretary, Government of Andhra Pradesh
2. Dr. K.P. Kushwaha, Professor & Head, B.R.D. Medical College, Gorakhpur, Uttar Pradesh

**Dr Arun Gupta, National Coordinator, BPNI**, the co-chair for the session shared his views on issues related to Infant and Young Child Feeding practices and expressed concern with respect to the current infant feeding practices in the country. He stated that the presentations from Andhra Pradesh and Uttar Pradesh could bring new learning in this regard.

At the outset of her presentation, **Smt. Nilam Sawhney, Principal Secretary, Government of Andhra Pradesh**, shared the statistics related to child health and emphasised the need to promote optimal IYCF practices in order to reduce malnutrition in the country. She explained the advantages of breastfeeding and shared the trends of IYCF indicators in Andhra Pradesh vis-a-vis the trends in malnutrition among children and anemia in women. She further highlighted the issue of malnutrition among children stating that it occurs mostly during the first two years of life and is virtually irreversible after that. She shared the key interventions initiated at the State level under the ICDS which include addition of meaningful food models along with intensified health & nutrition education. Further, she listed other interventions which are as follows:

- Introduction of acceptable fortified Take Home Ration (THR) for the children of 7 months to 3 years old with an increased nutritive value, by addition of milk protein which is being produced at the State-run manufacturing unit.

- Supervised feeding of malnourished children - identification of malnourished child is based on measurement of weight for age as well as weight for height along with medical check-up of malnourished children.
- Introduction of one wholesome meal in the afternoon in place of THR for pregnant and lactating mothers. In addition to full meal, eggs, milk and extra oil are also provided. Regular weight monitoring and supervised administration of IFA are ensured for pregnant women. This effort also helped in increasing fetal weight and hence better outcome at birth. Provision of one full meal provided not only an opportunity for establishing regular contact with the mothers, but also opportunity for counselling them regularly.
- Capacity building on skilled IYCF counseling through counseling courses.
- In place of one Nutrition and Health Day (NHD) in a month, two NHDs are being conducted. One is exclusively for growth monitoring of children and pregnant women and the other is for other health services.
- Convergence with other line departments is also yielding good results.

Ms. Sawhney also suggested certain key recommendations which yielded good results in the State, such as organising two NHDs and having convergence at the grass roots level. She further emphasised on the institutionalisation of the convergence actions at the grassroots level.

**Dr K P Kushwaha, Professor & Head B.R.D. Medical College** shared the experience of a successful project undertaken at Lalitpur District, Uttar Pradesh i.e. ‘**Baby Friendly Community Health Initiative**’ that improved the rate of breastfeeding and complementary feeding through family and facility-based counseling. He highlighted the objectives of the project undertaken with an aim to improve Infant and young child feeding practices at Lalitpur District of UP. He also provided a summary of the key strategic innovations carried out in Lalitpur. One of them was sensitisation of key district level administrators, frontline workers and PRI functionaries on the importance of optimal breastfeeding and complementary feeding for the survival of the child.

He shared another effective intervention of the project namely recruitment of **Middle Level Trainers (MLT) and family counselors**. Cascade method was adopted in training

these various cadres of health care providers. The training of these MLTs was done with the help of medical colleges, who further trained the family counselors. The standardised module of Breastfeeding Promotion Network of India was used for these trainings. Dr Kushwaha also shared that through intensive and regular capacity building programmes, family counsellors in villages were able to form mother support groups who provided full time support related to infant feeding. He said this helped in setting up of village resource centers on IYCF. Through these centers counseling for breast feeding along with practical demonstrations were given to pregnant and lactating mothers. Information on age-specific appropriate consistency of nutrition intake and quantity of complementary food were also given to the mothers.

He provided an insight into the extensive village level activities that actually helped in improving the indicators of IYCF in the district. He shared the effects of innovative initiatives of the intervention, which resulted in significant improvement in primary outcome i.e. improvement in Infant and Young Child Feeding practice indicators along with great impact on secondary level indicators such as mothers' confidence and their perception towards breastfeeding and its impact on the health of the child. The strengths of the project were also highlighted which included setting up of mother support group at the village level which actually helped in making the model more sustainable and improving the practices. In the end, Dr Kushwaha highlighted certain recommendations that included setting up of **National, State and District level resource centres on IYCF** with an emphasis on inventing ways to ensure sustainability, which is the key to success. He stressed on having **family and community level support groups** at the village level and involvement of Medical Colleges to improve the IYCF indicators.

**Dr Arun Gupta, National Coordinator, BPNI as Co-Chair**, summed up the points from the two speakers. He assured that BPNI is ready to render its technical support to any State or service provider across the country.

**Smt. Anita Bhadel, Minister of State, Women and Child Development, Rajasthan** as chair of the session summed up the discussion by appreciating the key learning from the session. While appreciating practices like setting up of Amrit Kaksh, she also urged for its replication across the country. She further highlighted the traditional practices like Annaprashan which could be carried out at the Anganwadi Centre (AWC) and lastly thanked the speakers for sharing their views on IYCF and presenting their unique models on IYCF.

- Nutrition Officer from Gujarat shared the State initiative of THR given to the children called '**Bal Bhog**' - a nutritious *Laddoo* prepared by SHGs with a shelf life of two days. The representative also shared that demonstration of local recipes for complementary feeding is being carried out by Anganwadi Worker among group of parents. She also explained briefly about *Triju Bhojan*, introduced for malnourished children and how supervised feeding is done at the AWC.
- Director, ICDS from Rajasthan also shared the best practice of the State wherein there is a provision in hospitals for an IYCF centre called *Amrit Kaskh* where a trained counsellor provides support to mothers regarding breast-feeding and complementary feeding.
- Discussions also centred on the **Lalitpur model** - the problems faced during the project and unit cost of the project. In this context, Dr. Kushwaha responded that the cost per family was as low as Rs 386 and that the Government had stopped its support to Lalitpur two years ago. He added that the model is sustainable and the community has taken up the project and is continuing the good practice. He agreed that it was possible because the mothers support groups had been formed and the whole system had been sensitised about its importance. However, he also shared that the model has still not been replicated in any other district in UP, although different States have got their functionaries trained through BPNI.
- Participants from Andhra Pradesh highlighted that mothers who work as daily labourers require support for breastfeeding. To this issue, one representative from the State of Rajasthan added that in their State, one mother under the MGNREGA project takes care of the small children while the others are engaged as labourers.

### **Key Learning**

The key learning drawn on the basis of the presentations made by the speakers and sharing by the Chair are summarised as follows:

- **Supervised feeding for malnourished children** up to 5 years (identification by weight for age and weight for height).
- **Special fortified complementary food** for children between 7 months – 3 years. Inclusion of nutritive ingredients like milk powder, while ensuring the quality.

- **Supervised feeding (One full meal)** for children between 3-6 years and pregnant & lactating mothers.
- **Package of services for pregnant women** including one full meal, weight monitoring, supervised IFA administration and regular counselling.
- **Focussed interaction with mothers and caregivers** through multiple VHNDs, focussing on monitoring growth of mothers and children and on counselling of mothers.
- Convergence with the community has shown improvement of IYCF indicators – e.g. **Mothers’ Support Groups.**
- A special IYCF unit in medical facilities along the lines of **Amrit Kaksh** in Rajasthan, for counselling on breast feeding and complementary feeding.
- **Sensitisation** of district administration on improving IYCF practices.
- Making State and district level master trainers (Middle Level ICDS Functionaries) on IYCF who could subsequently train the frontline workers. In addition to this, recruiting local graduates after training them through medical colleges – this has shown impacts.
- **Training of family counsellors** at the block level and setting up of counselling centres on IYCF in each health facility and village.

### **Key Recommendations**

Following are the key Recommendations that emerged from the deliberations:

- Greater focus on complementary feeding as well as feeding during and after illness.
- **Focus on maternal nutrition and reduction in anaemia** for infant feeding.
- **Intensified skill-based training & counselling** on IYCF for functionaries, mothers as well as community.
- Counselling support closer to the mother through direct interaction with trained personnel.
- **Setting up of Training Resource Centre and IYCF counselling units** at Medical & Home Science colleges at the State, District and Sub district level.
- **Better convergence among line departments**, stakeholders and community for improving IYCF practices.
- **Involvement of PRIs** in improving IYCF practices.
- **Community-based management** of malnourished children through supervised feeding (enriched meal) and counselling of care givers.

- **Provision of breast feeding corners** for lactating women at Anganwadi and crèche.
- Increased interaction with mothers and caregivers through increased number of Village Health & Nutrition Days.
- **Growth Monitoring linked to Infant & Young Child Feeding counselling** for prevention of growth faltering.

## Theme 2 - Community Nutrition

**Chair:** Shri Krishna Kumar Bedi, Minister of State, Women and Child Development, Haryana

**Co-Chair:** Dr. Vinod Paul, Professor and Head, Department of Paediatrics, AIIMS, New Delhi

**Moderator:** Ms. Nilam Sawhney, Principal Secretary, Government of Andhra Pradesh

### Panelists:

1. Smt. Pushpalata Singh, Commissioner, Department of Women and Child Development, Government of Madhya Pradesh
2. Smt. Yamuna Rani, Deputy Director (Training), Department of Social Welfare and Nutritive Meal Programme, Government of Tamil Nadu.

Community Nutrition is related to multiple factors which affect nutrition outcomes such as sanitation, water, health care services etc. The speakers under the session elaborated on practices of convergence and other initiatives at the ground level which helped in addressing some of the determinants of nutrition.

**Smt. Pushpalata Singh, Commissioner, Department of Women and Child Development, Government of Madhya Pradesh**, the first panelist presented on the issue of addressing under-nutrition through a convergent approach. She stressed on the importance of nutrition in the early years of life and the consequences of poor nutrition as a lifelong impact on growth and development. She informed that globally, evidence-based, affordable and cost effective solutions are available. The community-based **Positive Deviance Approach** which includes promoting good caring practices with emphasis on breastfeeding and appropriate complementary feeding is one such solution. She shared data on prevalence of under nutrition among under five children in Madhya Pradesh. She informed that out of the 15 lakh Severe Acute Malnourished (SAM) children in the State only 1.25 lakh require facility-based management; the rest are required to be managed at the community level. This, she said, paved the way for the **SuPoshan initiative** in MP, linking family and community to health and child care service.

The objectives of SuPoshan included ensuring rehabilitation of undernourished

children - severely and moderately underweight (SUW & MUW) and children discharged from Nutrition Resource Centre (NRC) through community-based approach; empowering caregivers of nutrition for rehabilitation of children using Positive Deviance resources and peer learning during 12 days of Sneha Shivar, followed by 18 days home visit, and empowering and enabling families and community to sustain rehabilitation and prevent future under nutrition. She then went on to explain the two-pronged strategy - curative and preventive - and the processes adopted under SuPoshan.

The curative aspect, she informed, was the entry point in the village, which focussed on 12 days of supervised feeding and demonstration of local nutritious recipes using learning by doing methodology, followed by 18 days of home visits to observe the learnt behaviours. The preventive strategy included 20 theme-based counselling sessions, 25 theme-based IEC activities and six VHNDs. Some components of **SuPoshan Abhiyan** include: effective micro planning; active involvement of sectors such as health, PRIs, PHE, Agriculture and Food, involvement of community, Poshan Sahayogini, Poshan Mitra team, Gram Sabha Taderth Samiti for mobilising the community for reaching out to the disadvantaged and excluded in education, quality training etc. She summarised that the SuPoshan initiative has been successful in demonstrating weight gain in most of the children enrolled.

**Smt. Yamuna Rani, Deputy Director Training, Department of Social Welfare and Nutritive Meal Programme, Government of Tamil Nadu** shared highlights of the '**Supplementary Nutrition Programme Initiatives in Tamil Nadu**'. Smt. Yamuna Rani informed that the vision of Tamil Nadu is to make the State '**malnutrition free**'. She gave snapshots of the initiatives undertaken by the State in convergence with other sectors and line departments to achieve the vision of the State, these included:

- **PT MGR Nutritive Meal Programme** was initiated in 1982 for providing nutritive meals, to primary school children of classes I-V, for a period of 2-5 years in rural and urban areas. Later on, this was extended to children of VI-X standards and AWCs.
- **Millet-based additional Supplementary Nutrition Programme (SNP)** is being implemented in AWCs in Thiruvannamalai and Thirunelveli districts.
- Involvement of **25 Women Food Cooperative Societies** for providing complementary food (registered under FSSAI) to all 32 districts in Tamil Nadu was

done. This initiative has been awarded for excellence by the Honorable President of India. It is provided to pregnant and lactating women and children of 6 months to 3 years and to adolescent girls enrolled under SABLA programme. The initiative has also helped to reach out to the vulnerable sections and excluded population.

- **Community Baby Shower Programme** (*Samuthaya Valaikappu*) – It's a community awareness programme celebrated at the sector headquarters for pregnant mothers during the third trimester for promotion of institutional delivery, nutrition and health care etc.
- **Dr. Muthulakshmi Reddy Maternity Benefit Scheme** - a State scheme initiated on pilot basis is being implemented in synergy with Indira Gandhi Mathritva Sahayog Yojana (IGMSY) in Erode and Cuddalore districts. Three installments of Rs 4000/- per mother are provided to combat wage loss and improve nutritional status. About 6.5 lakh mothers are benefitted every year under this Scheme.
- **Kitchen garden in AWC** - Most of the AWCs have kitchen gardens to add more vegetables and greens in the hot cooked meals and seeds are provided by the horticulture and agriculture departments.
- **Partnerships with community and other stakeholders:** These initiatives have been taken forward through enhanced community participation. **Akshaya Patra** and nutrition corner at AWCs are maintained by contribution of vegetables by the community; Adoption of Severe Under Weight children for providing extra nutrition/diet by the officers at State level and DPOs, CDPOs, Corporate, Panchayat members, NGOs etc.; provision of powder of mint leaves, curry leaves, dry fish powder, dal powder, ghee, butter etc. to severely malnourished through community contribution; social audit once in every quarter for nutritional programmes.
- In order to promote hygienic cooking practice, the **scheme of modernisation of AWC** is also being implemented through State Fund. The modernisation includes provision of gas stove, pressure cooker etc.
- **Tamil Nadu Water Supply and Drainage Board** had provided Syntax water tanks of the capacity of 2000 liter in AWCs.

In conclusion **Dr. Vinod Paul, Professor and HoD (Paediatrics), AIIMS** as Co-Chair, remarked that under nutrition from birth to two years can cause irreversible damage to the child, as 70 per cent of the brain development takes place during this period. He said, if

we have to avert malnutrition, this period is the window of opportunity that we need to focus on. He stressed on home-based care of new-born for early intervention and special support for children who are unable to get regular feed. He emphasised on the convergence of health and ICDS sector especially for the management of neonatal and childhood illnesses, he emphasised on adding of zinc tablets in the treatment of diarrhoea with ORS, as zinc reduces severity of diarrhoea, thereby averting dehydration and malnutrition. He pointed that both ASHAs and AWWs need to work and support each other for better health and nutrition outcomes.

**In this concluding remarks the Chair, Shri Krishna Kumar Bedi, Minister of State, DWCD, Haryana** endorsed the view of the co-chair and asked other States including Haryana to learn from these experiences shared by the two panelists. He stressed on the importance of highlighting the issue of nutrition along the lines of the Swaccha Bharat campaign.

### **Key Learning**

- IEC/BCC a key approach (**Positive Deviance approach**).
- Community volunteers for **mobilisation** and education.
- Strengthening of platforms like VHND.
- Strengthening of home visits and follow up.
- A combination of preventive and curative strategy.
- Improved SNP as a prevention for hunger.
- Supervised feeding and monitoring.
- Community contribution (**Akshya Patra**).

### **Key Recommendations**

- Convergence of health and ICDS is a must for
  - Management of illnesses with zinc - especially pneumonia and diarrhea.
  - Rehabilitation of malnourished children through linkages with NRCs, CNRCs and RBSK.

- Home-based care of newborn for early intervention and special support for children who are unable to get regular feed.
- Emphasis on complementing and supplementing roles of ASHA and AWWs.
- Convergence of various line departments and key sectors
  - Sanitation.
  - PRIs.
  - Agriculture.
  - Horticulture.
  - Food and civil supplies - Food security –Maternity benefits.
- Reaching out of the vulnerable sections and excluded population
  - Linkages with SABLA.

### Theme 3 – Addressing Anaemia

**Chair:** Dr. Prema Ramachandran, Director, Nutrition Foundation of India, New Delhi

**Co-Chair:** Shri Ujjwal Uke, Principal Secretary, Department of Social Justice and Special Assistance, Government of Maharashtra

**Moderator:** Dr. Dinesh Paul, Director, NIPCCD, Ministry of Women and Child Development

**Panellists:**

1. Dr. Vinita Singhal, Director, Department of Women and Child Development, Government of Maharashtra
2. Dr. N.K. Arora, Director General of Health Services, Government of Haryana

**Dr. Dinesh Paul, Director, NIPCCD** introduced the session by highlighting the magnitude of the problem of anaemia and stressed that there is a need to address it in a holistic manner. He underscored the need for preventing it right from pregnancy onwards.

**Shri Ujjwal Uke, Principal Secretary, DSJ and Special Assistance, Maharashtra** was of the view that neglect of girl children and gender bias needs to be dealt with right from the beginning. Malnutrition is more evident in boys in the age group of 0 to 6 years while girls are biologically stronger. This trend, however, changes after 6 years where malnutrition in girls seems to be higher than boys due to neglect and gender bias. He stated that this could be prevented with focused and rigorous interventions and introduction of complementary food.

**Smt. Vinita Singhal, Director, Department of Women and Child Development, Government of Maharashtra,** presented an overview of the activities and initiatives undertaken by Government of Maharashtra for checking malnutrition with emphasis on adolescent girls. These include:

- The Government of Maharashtra has adopted a **Four-Pronged Approach for Prevention of Anaemia** which seems to be quite successful comprising of the following:
  - Improved Breastfeeding Practices.
  - Ensuring Dietary Diversification.

- Supplement of IFA, Vitamin A and other Essential Micronutrients.
- Control of other factors affecting Iron and Vitamin A Deficiency by biannual de-worming and Vitamin A supplement.
- Other interventions for anemia control include the following:
  - **Micronutrient supplement** in the form of micronutrient powders specially used for fortification of THR.
  - Special and vigorous efforts for **control of Vitamin A deficiency**.
  - **Working in convergence with local NGOs and MGNREGA** for developing Kitchen Garden in selected AWCs.
  - **Training and capacity building** of peer groups under SABLA for nutrition and health education.
  - **Provision of special crèches** for children of women working as daily labourers for 8-9 hours of work where they are given special attention; provision of additional 5000 AWWs in high burden districts is another asset for the State.
  - In Dharavi, the biggest slum in Mumbai, energy-dense peanut butter is given as THR and this is done in collaboration with the NGO Sneha. Subsequently, improvement was seen in the hemoglobin levels from less than 6.00 to 11.5 g/dl.
  - **Weekly Iron Folic Supplementation (WIFS)** is implemented with full force along with de-worming in Maharashtra.
  - A self-compliance card for adolescent girls is strictly adhered to.
  - **Intensive IEC campaign** targeted at specially at mothers and caregivers of 0-3 year old children is in place.
  - A good example of **Corporate Social Responsibility (CSR)**, NGO and government convergence can be observed in some districts where government provides the platform, NGOs are responsible for monitoring and corporate entities are responsible for funding the project.
  - 1.35 lakh girls were reached out to in Nasik (SG/NSG -14 to 18 years) (Tribal / Rural / Urban) through weekly supplementation of 100 mg of elemental iron & 500 mcg of Folic Acid, 6 monthly de-worming along with life skills training and monitoring through a self-compliance card.

The way forward as recommended:

- All line departments to come together to implement the **Micronutrient Policy and Guidelines** with clearly spelt out roles & responsibilities and joint monitoring & reporting mechanisms.
- **Multi micronutrient powders for 6months – 1 year old children** to be added to the complementary food.
- **IEC for the programme** need to be planned as per the target group and area (Need for separate IEC strategy for Urban, Tribal and Rural areas).

**Dr. N.K. Arora, Director General of Health Services, Government of Haryana,** highlighted innovations undertaken in Haryana for improving maternal and child health and health of adolescent girls. He touched upon the causes of anaemia and its burden in Haryana. Elaborating the interventions for control of anaemia in women and children, he listed the following:

- Need for an **inter-sectoral approach for preventing anaemia.**
- **IFA Supplementation** for each target segment under ICDS and National Health Mission (NHM).
- **Pre-conception care package for newly married couples** who are planning to conceive, for improved reproductive health and reducing incidence of maternal and infant morbidity and mortality.
- **High Risk Pregnancy Policy** includes early identification and timely referral for high risk pregnancies through fixed antenatal days and Surakshit Janani Saptah.
- **Injectable Iron and sucrose injections** for pregnant women with severe anaemia.
- Interventions under child health included the recently launched **Micronutrient Supplementation Programme in April, 2014 and routine immunisation sessions**, IFA & Vitamin A supplementation and de-worming for under five children and salt testing for iodine.
- Interventions made by Haryana State to prevent and control anaemia among adolescents included implementation of WIFS and Anaemia Prevention and Control Programme for

Girls in Government Colleges (State Innovation). The Anaemia Campaign continues in Government and Government-Aided colleges.

- Use of auto dispenser for giving IFA syrup.

Summing up the proceedings, **Dr. Prema Ramachandran, Director, Nutrition Foundation of India** said that over 50 per cent of men 70 per cent of women in India are anaemic. In women, anaemia antedates pregnancy and gets aggravated during pregnancy. Maternal anaemia results in poor iron stores in foetus. Prevalence of anaemia in children is high because of poor iron stores, low iron content of breast milk and complementary foods. There is, thus, an intergenerational self-perpetuating vicious cycle of anaemia. Iron, folic acid and Vitamin B12 deficiencies singly or in combination lead to anaemia. These deficiencies are seen even in non-anaemic persons. Prevalence of these deficiencies is more common in anaemic women.

Dr. Prema stated that detection of anaemia needs due attention along with improved dietary intake to meet the requirements for all macro and micronutrients. She highlighted the importance of dietary diversification, inclusion of iron foliate-rich foods as well as food items that promote iron absorption, food fortification, including introduction of iron and iodine-fortified salt, health and nutrition education to improve over all dietary intakes and promotion of consumption of iron and foliate-rich foods. Dr. Ramachandran emphasised that sustained iron foliate supplements in school children and adolescent girls will help improve their haemoglobin status and is the need of the hour. Best results could be achieved through a combination of population-based prevention, screening and treatment of anaemic individuals, beginning with vulnerable groups at high adverse health consequences of anaemia.

#### **Open Session/Remarks from Floor**

- A participant from Gujarat mentioned that Government of Gujarat has decided on a 100 days goal under the banner of ‘**Developing Gujarat (Gatisheel Gujarat)**’ which has shown marvelous result on the field. Organising **Nutrition Awareness Campaign Week (Poshan Jagruti Saptah)** in all villages along with ensuring intake of IFA tablets by Adolescent Girls are some of the features of Gatisheel Gujarat and success could be attributed to convergence between the Health and Women and Child Development Departments.

## Key Learning

- Anaemia is prevalent in all age groups – over 50 per cent men and 70 per cent women in India are anaemic. Anaemia antedates pregnancy and gets aggravated during pregnancy and is one of the major causes of child anaemia.
- **An integrated package of services like IFA supplementation, de-worming and promotion of dietary diversification** would help in the battle of reduction in anaemia.
- **Use of micronutrient powders** can be used for fortification.
- Special emphasis needs to be placed on **life skills and nutrition education** through Mata Samitis and SHGs.
- Promotion and use of double fortified salt needs to be done.
- 100 days goal under the banner of ‘**Developing Gujarat (Gatisheel Gujarat)**’ could be replicated in other states.
- Working in convergence with local NGOs and MGNREGA for developing **Kitchen Garden** in selected AWCs may be done.
- **Pre-conception care package for newly married couples may be initiated** for improved reproductive health and reducing incidence of maternal and infant morbidity and mortality
- **High Risk Pregnancy Policy** for early identification and timely referral for high risk pregnancies through fixed antenatal days and Surakshit Janani Saptah may be initiated.
- **Injectable Iron Sucrose injections** for pregnant women with severe anaemia may be adopted.

## Key Recommendations:

- Universal promotion of **Infant Young Child Feeding practices**.
- Advocacy of readily available, region-specific local foods rich in iron and folic acid.
- **Dietary diversifications** of foods along with promotion of kitchen gardens.

- Proper diagnosis and comprehensive approach across life cycle for management of anaemia (National Iron+ initiative).
- **Convergence of ICDS and NHM** for addressing anaemia.
- **Pre-conception care package** for newly married couples planning to conceive for improved reproductive health and reducing incidence of maternal and infant morbidity and mortality.
- **High Risk Pregnancy Policy** includes early identification and timely referral for high risk pregnancies through fixed antenatal days.
- To educate and sensitise peer groups in SABLA regarding nutrition and health education.
- Involving other stakeholders - CSR, NGOs and government for improving nutritional status of women and children in ICDS.
- IEC Campaign targeting specific population.

## **Session II – Child Development and Protection**

### **Theme 4 – Early Childhood Care and Education**

**Chair:** Smt. Umashri, Minister of State, Women and Child Development, Karnataka

**Co-Chair:** Dr. Venita Kaul, Director, Centre for Early Childhood Education and Development, Ambedkar University, Delhi

**Moderator:** Smt. Kirti Saxena, Economic Advisor, Ministry of Women and Child Development, Government of India

**Panelists:**

1. Mr. Saswat Mishra, Secretary-cum-Commissioner, Department of Women and Child Development, Government of Odisha
2. Ms. K. Lakshmi, Director, Andhra Mahila Sabha, Andhra Pradesh

Programmes formulated for Early Childhood Care and Education (ECCE) targets children from pre-natal to 6 years age and provides for overall well-being of children ensuring social, emotional, linguistic, cognitive development and physical growth. A formal Pre-school Education (PSE) / ECCE designed to achieve a holistic development of young children is part of the package of services under the restructured ICDS scheme of MWCD. The participants were shown a short video on ECCE in an AWC in Chhattisgarh.

**Mr. Saswat Mishra, Secretary-cum-Commissioner, Department of Women and Child Development, Government of Odisha,** presented the ‘**Nua Arunima: A New Methodology for Pre-School Education**’. He spoke about the ECCE Curriculum developed in Odisha (Nua Arunima) for 3-6 years old that was being implemented in all the Anganwadi Centres (AWCs) of Odisha. He stated that Early Childhood, Care and Education was critical for school preparedness, retention and improved learning in subsequent grades. Even the Right to Education Act recommended ECCE to be implemented by ‘appropriate Government’ for 3-6 year age group. The Nua Arunima had been prepared in accordance to the principles laid down in the National ECCE Curriculum framework, he added.

He shared the entire package comprising the Handbook for AWW with month-wise activity schedule for 12 months, two-page appropriate workbooks for children, illustrated daily-plan for the AWC, quarterly age-wise developmental indicators for assessing and

demonstrating development in children, monitoring format and most importantly Training DVDs and Audio CD for the AWWs. He also stated that in order to reach out to the tribal community and to enable the AWW's, the Nua Arunima had been adapted and translated in 10 tribal languages jointly by three Departments (S&ME, ST&SC Dev., WCD) for promoting mother tongue-based school readiness in children. He mentioned that while the ECCE Curriculum was implemented across all AWCs, there were few challenges such as not being uniformly implemented in all AWCs, difficulty in translating the curriculum to suit the tribal areas since the AWWs in the community were not conversant with Odiya language.

**Ms. K. Lakshmi, Director, Andhra Mahila Sabha (AMS), Andhra Pradesh,** gave a presentation on **Nurturing the Roots, Building the Future: Quality Initiatives for Young Children**. She gave an introduction about Andhra Mahila Sabha (AMS) and its objectives to work for women and children and more specifically in the area of ECE as an act of dedication to the memory of its founder Dr. Durgabai Deshmukh. Recognising the importance of Early Childhood Education for fostering and promoting all round development in children and also to bridge the wide gap between the needs and facilities catering to this age group, Andhra Mahila Sabha started a Post Graduate Diploma course in Early Childhood Education in the year 1984 to train a cadre of teachers and equip them to work with 3 to 8 years age group of children.

With the support of UNICEF and collaboration with NCERT, AMS took up a project to support preschool component of ICDS that was recognised in 1990 as State Resource Centre – Early Childhood Education (SRC – ECE) for Andhra Pradesh. Currently Andhra Mahila Sabha was working in the area of developing ECE curriculum, school readiness package, learning materials for ECE and, most importantly, training the functionaries for transacting the curriculum effectively. She highlighted the fact that quality ECCE programme had a strong and lasting impact on children. The two critical components were the curriculum and capacity building.

Ms Lakshmi shared Andhra Pradesh initiative on creating a **Master Trainers Training Centre (MTTC)** which was a specialised Training Centre in ECE and organised and conducted a number of exclusive training programmes for different functionaries in the State on ECE. She also mentioned the need for use of technology for achieving greater

outreach to children and ECCE teachers/caregivers under ECCE. Sishu Vikas Kendras providing online support to care givers, technology-driven monitoring of child's learning, web-based professional development, use of electronic media for advocacy, on the job training to field functionaries, provision of stimulating experiences to children etc. are some of the initiatives that could be initiated to provide an enriching environment both for caregivers and children.

To sum-up, the highlights of the two presentations included:

- **Adaptation and translation of ECCE Curriculum** in Odisha in nine tribal languages for promoting mother-tongue-based school readiness in children.
- Preparing **theme-based training videos and audio CDs of songs and rhymes** that support the AWWs on how to transact the activities and create a learning environment for children at the AWCs.
- **A good quality ECCE Curriculum** that had been contextualised to provide a strong and lasting impact on children's development and early learning.
- Capacity building for all levels of functionaries and people involved right from Teachers, Child Care workers (AWWs, BWWs, Crèche/Day Care Workers), Supervisory Staff, Master Trainers, Curriculum framer/developer, Material Manufactures, Monitoring and regulatory personnel to Policy makers and policy implementers as well as the Community has been stressed.
- Preparation of personnel at all levels, mentoring and providing adequate support to the field level functionaries along with suitable materials and resources was critical to the implementation of a quality ECCE programme.
- Setting up of **specific training centres for ECCE**, model demonstration AWCs for ECCE.
- Need for **community ownership, coupled with quality and regulation** provides an enabling environment for implementation of ECCE programme.
- **Need and importance of the use of technology for greater outreach** to children and ECCE teachers/caregivers on ECCE.

**Dr Venita Kaul, Director, Centre for Early Childhood Education and Development, Ambedkar University** emphasised that ECCE was a crucial modality at a

vulnerable stage, when the foundations for physical / motor, cognitive, language, social and emotional development are laid for a healthy and productive life. During the initial stages the brain development was at its most rapid pace and was vulnerable to the environmental experiences. Almost 80-90 per cent of the children's core brain structures were already complete by three years. Brain development is the key to all personality variables, psycho-social development and early learning in children. Hence, good investment and equal opportunities for development, particularly for children in disadvantaged situation was required as it laid to better education, health, economic and social outcomes for children and their families and even compensates for early disadvantages.

She emphasised that it is important that adults listen to children, talk to children and interact with them. The **National ECCE Policy** stresses upon the AWCs as '**vibrant ECD centre**' which meant that we have to create an environment for learning in such a way that children would love to participate in programmes. Such a center needed a competent educator too. One needed to think as how to train all those involved in the programme, how to continue handholding, supporting and mentoring them for effective implementation of ECCE curriculum. "If we do not provide an enabling environment and equal opportunities, children will always be at a disadvantage and the gaps in cognitive, linguistic, social and emotional skills will widen as children progress through school". She added that ECCE was not only about reading, writing and arithmetic but should provide a balanced play and activity-based programme for language, intellectual, social emotional and physical development of the child. As for the learning resources and materials for children, these should fulfill the criteria of **3As: attractive, adequate and age appropriate**. As for early year's stimulation, she mentioned that parenting awareness on psycho-social stimulation is necessary and this could also be provided in convergence with the health department for better outreach.

In her concluding remarks, the Chair, **Smt. Umashri, Minister of State, Women and Child Development, Karnataka** appreciated the panelists and the Co-chair for bringing out the importance of early childhood years. She stressed that children were the asset of the nation and it was our prime duty and responsibility to provide care for their health and all-round development. Smt. Umashree added that since families below poverty line could not afford medical treatment of children, an initiative named Bala Sanjivini had been taken up by the Government of Karnataka. The scheme covered BPL families wherein 0-6 years children who are registered in AWC and are suffering from acute diseases requiring tertiary treatment

are being treated free in 26 selected hospitals in the State.

## **Key Learnings**

- **Development of Curriculum**
  - **Reviewing the existing pre-school programmes** in the Southern States as a part of contextualisation of the programme helped in re-defining the roles of teachers/workers and resulted in role clarity for supervisors and ICDS hierarchy.
  - **Contextualisation the content of pre-reading and picture reading skills** – Odisha adopted the bilingual methods adopted for educating children in tribal groups. First generation learners entering into formal pre-school needed to have curriculum, contextualised and specific to their needs, and the AWWs trained to implement it.
  - **Age-specific development milestone tracking** was important to know how children are doing.
  
- **Training**
  - **Context-specific curriculum-based activities** to be implemented across all AWCs with adequate training, mentoring and supportive supervision for the AWWs. Joint training of Anganwadi workers and class I teachers needed to be provided and that enabled better links between Anganwadi centre and primary school.
  
- **ECCE functionalities**
  - **Strengthening of ECCE** to increase the self-worth and self-esteem of AWWs and to enable them to view themselves as preschool teachers.
  - Motivation, will and interest of AWWs were critical in the delivery of ECCE.
  - **Conceptual clarity on ECCE** was necessary imperative for all levels of functionalities for its effective implementation.
  - **Shared responsibility** across sectors and departments, parents, communities and private sector was essential for ECCE implementation.
  - **Increased community participation** by generating more interest among mothers and grandmothers on child learning such as singing rhymes, storytelling, practicing healthy habits like cleanliness, toilet habit, cultural greetings, etc. help in the long run.

## Key Recommendations

- **Strengthen Capacity**

- **Develop District/State/National Action Plans for ECCE** progressively in all districts. Teams from districts should meet from time to time for sharing of issues, strategies and orientation on need-based planning before the State prepares for APIP.
- Ensure appropriate financial allocation and timely flow of funds, provide flexibility to States/UTs on utilisation of funds as per their needs with target indicators on outcomes for ECCE.
- **Strengthening Institutional capacity** of NIPCCD and its Regional Centers, MLTCs, AWTCs, and partnering with SCERTs, DIETs and BRCs of MHRD to constitute ECCE Unit for training, mentoring and supportive supervision of AWWs.
- **Develop a training strategy** to include (a) specific skill-based in-service training in ECE with periodic refreshers (b) capacity building of AWTCs and supervisors to serve as mentors, (c) constitution of state/ district resource groups in ECE.
- **Qualified and trained facilitators** working with children under all managements (public and private); dedicated facilitators (second worker) under ICDS to focus on ECCE implementation.
- **Certification of training and career pathways for functionaries.**

- **Ensuring Quality**

- **Implementation of a state level curriculum framework for ECE** with contextual adaptations to address the diverse needs of areas.
- Play and learning materials to be attractive, age specific and adequate for all children.

- **Public Private Partnerships**

- **Initiate a new mass campaign for ECCE**, to create local toy and active banks in all AWCs across the country through community contribution - collecting and using local stories, rhymes, songs, games, play activity materials and creative cultural expression with the involvement of parents, communities and Panchayats.
- **Develop a consortium for ECCE** involving NGOs, public and private sector, development partners, resource institutions as oversight body to support the State at different levels of implementation of ECCE programme. For example, **State**

**Resource Groups for Curriculum already created may be encouraged for the same;** identification of resource persons & institutions and constitution of state, district/block resource groups should be explored.

- **Advocacy and Awareness**

- **Advocacy and Awareness promotion through Inter State Visits, Annual Meet / e-platform for inter-state showcasing** of good work, sharing of best practices that are relevant, sustainable and replicable with adaptations.

- **Partnership Model with Community**

- **Making AWCs more child-friendly** through a mass campaign, like Swachh Bharat. There could be mass mobilisation and shramdaan by the community for cleaning/repairing, colourful painting of the walls of AWCs outside and with stories inside, making activity corners, fencing, kitchen gardens and safe outdoor play space, depending upon the AWC setting.
- **Encourage piloting of different community-based approaches for infant care** crèches-cum-AWCs, others linked to MGNREGA especially to support women working in the unorganised sector, flexibly responding to their patterns of work and time, further enabling girl child to be relieved from sibling care and attend school.
- Enhancing **community awareness and involvement** through:-
  - Community mobilization activities like annual AW days, shows, monthly ECCE days, etc.
  - Constituting parents' committees for local management, activating monitoring committee at all levels.
  - Regular meetings.
  - Use of folk and electronic media.
  - Encouraging community members as resource persons etc.
  - Involvement of NGOs and CBOs.
- **Linkage with primary schools:** Possible areas of convergence could be: Joint Surveys, MDM/NSP, Joint Orientations, Annual day/festival celebrations, enrollment drives, etc.

- **Quality of interventions**

- **Introduce a new parent education programme focusing on early stimulation of children under 3 years** through a trained care counsellor, to empower parents and families for improved family care behaviours. This would also enable shared parenting responsibilities, changing gender stereotypes in child care roles and in early socialisation.
- **Early stimulation, identification of children with special needs** as a part of health programme for convergence and greater outreach to the community.
- **Model ECCE Centres (AWCs)** as demonstration centres for AWWs based on the concept of building as a learning Aid (BaLA) for creating a vibrant ECD centre and enabling participation of children in ECCE activities.

- **Monitoring and Supervision**

- **Create a demand for quality ECCE programme** by launching a community awareness campaign to generate the need for a quality ECCE programme and involve parents, community and panchayats to ensure participation of children in the ECCE programme of AWCs.
- Development of **outcome-focused system** of M&E for each administrative level including registers, diary maintenance, and data records etc.

## Theme 5 - Combating Trafficking

**Chair:** Smt. Kavita Jain, Minister of State, Women and Child Development, Haryana

**Co-Chair:** Shri Ajay Bhatnagar, Additional Director General, Railways, Jharkhand

**Moderator:** Shri I. S. Chahal, Joint Secretary, Ministry of Women and Child Development, Government of India

**Panelists:**

1. Dr. K.P. Singh, IPS, Director General of Police (Crime), Government of Haryana
2. Dr. Vivek Joshi, OSD Expenditure, Ministry of Finance

The moderator **Shri I.S. Chahal, Joint Secretary, Ministry of Women and Child Development** stated that human trafficking was a real and everyday phenomenon and was not only continuing but increasing day by day. Almost 5,000 persons were sold for trafficking-related purposes and that trafficking was believed to be second largest criminal industry after drug trafficking. About 80 per cent of the victims of trafficking were women and girls and 40 per cent of them were minor. Trafficking as a crime was a non-priority area of work for law enforcement agencies and therefore neglected and considered unimportant by the police who are burdened with law and order tasks.

**Dr. K.P. Singh, IPS, Director General of Police (Crime), Government of Haryana** pointed out that trafficking in human being meant selling and buying men and women as if they were goods and commodity and informed the audience regarding Section 370 of IPC wherein in it was stated that - Trafficking of person (i) Whoever, for the purpose of exploitation, (a) recruits, (b) transports, (c) harbours, (d) transfers, or (e) receives, a person or persons, by using threats, or force, or any other form of coercion, or by abduction, or by practicing fraud, or deception, or by abuse of power, or by inducement, including the giving or receiving of payment or benefits, in order to achieve the consent of any person having control over the person commits the offence of trafficking. Dr. Singh also discussed Section 370 A of the IPC viz. whoever, knowingly or having reason to believe that a minor has been trafficked, engages such minor for sexual exploitation in any manner, shall be punished with rigorous imprisonment for a term which shall not be less than five years, but which may

extend to seven years, and shall also be liable to fine.

He listed the legal tools available in the judicial system for combating trafficking which include - IPC – ITPA 1986 Immoral Trafficking Prevention Act, Juvenile Justice Act 2000, POCSO, 2012, Child labour prohibition Act, 1976, Child Marriage Restraints Act, 1929, Indecent Representation of women Act 1986 and Bonded Labour Act. He then gave an overview of crimes under Immoral Traffic Prevention Act.

The cause and effect of human trafficking was explained by the speaker. Human trafficking was economy-driven and demand-generated, adding that. Human Trafficking had a Demand & Supply nexus which thrived on *poverty, illiteracy and unemployment, bad governance, skewed development, gender-based violence, poor enforcement of laws and lack of concern and indifference of the society*. The speaker shared three models for combating human trafficking.

- **Prostitution** viz. Suppression: To wipe it out (American Model),
- **Regulation:** Accept inevitability of prostitution and direct to prevent and minimise its evil effect (British Model) and
- **Abolition:** of all control; it recognises prostitution as a trade/profession and abolishes all restriction and control.

The speaker added that Prosecution & Judiciary were not properly sensitised, and that there was a lack of adequate mechanism and infrastructure to combat human trafficking. He cited case of the **Rohtak Apna Ghar incident in Haryana**, wherein NCPCR intervention certain facts, viz. the inmate girls and boys were harassed, subjected to atrocities, physically and sexually abused and other irregular acts were committed by the Director of the Home, her daughter, son-in-law and the driver as reported by the children. Many children especially girls were used for domestic servitude and sexual exploitation.

It was highlighted by the speaker that a change in mind-set of society is required. It is ironical that the society was not ready to accept victims of human trafficking as equal human beings worth re-integrating with society. The response of stake holders had generally been unwelcoming with few exceptions. He also expressed concern over the victims being often treated as offenders. The speaker also touched upon certain facts with respect to rescued

children. 90 per cent of the rescued victims have no option but to get re-trafficked.

The speaker suggested changing approach towards combating prostitution by breaking demand-supply nexus and making prostitution an offence per se and also making customer- liable for the offence. He informed the audience that an attempt had been made in this direction in 2006 to amend ITPA. He then spoke about **breaking demand-supply nexus (reducing supply)** through rehabilitation of children of sex workers, reintegration of rescued sex workers' rehabilitation of sex workers, rehabilitation and reintegration of active sex workers, creating awareness and implementation of **Ujjawala scheme of Govt. of India**.

Combating Human Trafficking for labour, marriage, organ trade, begging, recreation and pornographic purposes was discussed by the speaker wherein he once again outlined that laws were strict but the enforcement is weak. Demand for children as labourers was increasing in every middle class family and in small time business which was behind the mushrooming of placement service agencies.

The speaker ended his presentation by quoting US president Barrack Obama "**Human Trafficking is a degradation of our common Humanity**" and showed a clipping from the Film titled Ankur directed by Shyam Benegal.

**Dr. Vivek Joshi, OSD Expenditure, Ministry of Finance** pointed that **United Nations Convention on the Rights of Children (UNCRC)** was ratified and signed by most of the nations including India. Most often when a child was trafficked the child was not aware of the fact that she was being trafficked. He made certain suggestions on human trafficking based on his experiences while working as Deputy Collector of Haryana and working with MWCD. **Vulnerability mapping of areas for source, transit and destination** should be done in a routine manner. Funds for vulnerability mapping were already provided under ICPS. One of the ways adapted to combat trafficking would be to **educate children in schools** on issues of trafficking and **appointing District level Nodal Officer for Anti Human Trafficking** in all districts of all States. The best practices across the country should be replicated.

**Shri Ajay Bhatnagar, ADG, Railways, Jharkhand** as co-chair stated that the so-called educated and literate are often found seeking a maid for household work and taking

care of children and that this itself is the genesis of encouraging trafficking. He stressed that human trafficking should be prevented both at source and the destination points and demand should be curbed at end users level. Trafficking he said was attributed primarily due to increased urbanisation and also due to decline in sex ratio. He stressed that focus should be on relief and aftercare of children and women who have been victims of trafficking. The victims should be protected from persecution as often they are stigmatised, blamed and prosecuted for being trafficked. Also, the victims should be protected from being discriminated. Senior officials in government should take initiative in establishing State Resource Centres with representation from all departments in all states to ensure relief and aftercare measures for trafficked women and children.

**Smt. Kavita Jain, Hon'ble Minister, WCD, Haryana** in her concluding remarks mentioned that in the State of Haryana, observed there was an exploitation of Shram and Sharir i.e. "Labour" and "Body". Women and Girls are lured for the purpose of marriage due to poor sex ratio in the state there by violating basic rights of women and children.

She shared with the participants the initiative taken by Haryana State wherein the State has created State and District Advisory Committee in 21 districts and provided for women and child helpline and spoke of putting in place mechanisms like track child and other rehabilitation/integration measures taken for child beggars and other trafficked persons. She informed that there were 421 CCIs in Haryana and Anti Human Trafficking Units (AHTUs) are in place for combating trafficking. She finally stated that three P's (PPP) viz. Police-Prosecution-Prevention and interstate Coordination for prevention of trafficking.

### **Key Learnings**

The key learning that emerged from the session was as follows:

- **Lack of appropriate responses** from Family, Society and Police and the need to break the demand - supply circle.
- **Lack of Standard Operating Procedures (SOPs) and minimum standards of victim care** on one hand and lack of training on child rights issues in training curriculum of IAS Probationers and other officers at State level on the other.
- Unregistered Child Care Institutions and absence of penal provisions for making them register under the JJ Act, 2000. Lack of non-institutional services for victims.

- **Project proposals from NGOs take a long time for obtaining approval** from the Government. There is a need for an enhanced coverage of Government schemes to cover more number of children.
- The three available **options on combating human trafficking for prostitution namely, Suppression:** To wipe out (American Model); **Regulation:** To accept inevitability of prostitution and direct to prevent and minimise its evil effect (British Model) and **Abolition:** Of all control by recognising prostitution as a trade/profession and abolishing all restriction and control to be adopted effectively by government while developing District Level Plans for combating trafficking.

### **Key Recommendations**

The panelist provided strategic and operational recommendations, these included:

#### **Strategic**

- **Mapping of Vulnerable** areas of source, transit and destination should be done as funds for vulnerability mapping are already provided under ICPS. District level Nodal Officer should be appointed.
- Civil Society shall ensure support in accepting the victims and Govt. departments be made accountable for preventing trafficking and protecting victims from persecution while enhancing participation of victims.
- **Prepare a cadre of professionals** (regular employees) who should work on protection issues and build awareness programmes at Block and Village Level.
- **Observation of awareness weeks** in which ‘Prabhat Pheries’ or ‘Run for Combating Trafficking’ are held.
- **Enhance salary structures and improve working conditions** of staff working with children in non-governmental sector and bring it at par with bank and insurance sector.
- **Effective monitoring through Social Audits** and constitution of AHTUs in every district of all States. Replicate good practices across the country and use the Ujjawala scheme of Govt. of India effectively which should be monitored and strengthened.
- **Registration of all CCIs** including those run by religious organisations should be mandatory by law.

- **National Portal on Human Trafficking** to be created with corner for citizens to register information related to victims of trafficking; State and District Advisory Committees to be constituted and reviewed.
- **Measures of Stop Trafficking should be in-built into the District Development Plan** including Skill Development, Food Security and Rural Development and the project proposals should be processed expeditiously.

### **Operational**

- **Framing SOPs and minimum standards of victim care** for various stakeholders by the state governments and convert AHTUs to bureaus at State and National level.
- Children in schools should be educated on issues of Trafficking; Child Rights Issues should be included in training curriculum of IAS probationers.
- **Streamlining procedures for placing children in adoption** and foster care and implementation of MGNREGA in tribal blocks to prevent distress migration and trafficking.
- **The corporate sector should be encouraged to take up projects** that provide assistance and support services to women in situation of domestic violence and for rehabilitation of victims of trafficking.
- **Focus on breaking the demand-supply nexus** and making prostitution per se an offence and customer-liable.
- **NCRB should club the provisions of Sections 370, 370A of the IPC along with ITPA** to generate data on trafficking and monitor the trends so as to have a complete picture of the situation related to trafficking of women and children.

## Session III - Experience sharing by States: Samavesh

**Co-Chairs-** Smt. Preeti Sudan, Additional Secretary, MWCD

Smt. Deepika Srivastava, Neeti Aayog

A brainstorming session was held to elicit participation of the audience and to provoke them to come out with some concrete recommendations/innovative ideas. The session was co-chaired and facilitated by Smt. Preeti Sudan, Additional Secretary, MWCD and Ms Deepika Srivastava, Neeti Aayog. The facilitators explained the object behind mounting the brainstorming session. Participants were grouped in different tables with instruction that at least three recommendations/suggestions should emerge out of their discussions. A presenter from each of the table made a presentation which was put up on the board. The suggestions/recommendations were tabulated and divided under the following three areas.

- Recommendations/ best practices related to women.
- Recommendations/ best practices related to children
- Recommendations for improving the nutritional status of women and children.

These recommendations/best practices have been collated and presented below.

### **Nutrition**

- **Under Nutrition Mission 300 villages** have been adopted in Uttar Pradesh.
- To make a dent on under nutrition and malnutrition, strong Political will and awareness generation at all levels is essential.
- **Gender sensitive care centres** for achieving Nutrition-based outcomes to be adopted.
- Awareness generation on nutrition at the country, state and village level should be a continuous programme.
- **Nutrition check-up of women** to be undertaken prior to other services in Anganwadi Centres.
- There should be **breastfeeding corners** at public places to promote breastfeeding.
- **Awareness on Sanitation issues** to compliment nutrition efforts should be undertaken.
- Schools should take care of protein deficiency in girls.

## Children

- Eco-friendly AWCs should be created.
- **New curriculum for ECCE** - this should be the exclusive programme of ICDS to make it more effective.
- ECCE Centres should be made more vibrant to attract children in large number.
- **Girl child insurance scheme** should include health and education.
- Efforts should be made for toilets in schools.
- **‘AWC worker’s’ remuneration to be raised** to cover at least minimum wages and incentivise the efforts of the AWCs to combat corruption.
- AWC to allow children below three years.
- School curriculum to include aspect of mindset change.
- PPP model to be adopted in building/operating child care centres.
- In case of child protection, beat constable to be made accountable.
- Mandatory checking of children since birth, through web-based technology (UID).
- Under 5 sex ratio to be monitored through silent online observer.
- Proper reporting of violence against children and action plan to be drawn against child trafficking.
- Annual child protection index to be prepared.
- Free correspondence for AWW to be linked with NCERT curriculum for education opportunities of such workers so that they can provide better services to the centres.

## Women

- **Marriage registration should be simplified and made compulsory.**
- **Property rights for women including tribal women to be ensured.** Customary laws should be made in sync with State laws.
- **Illiteracy and dowry to be abolished** and economic empowerment to be the focus of schemes for women.
- Village task force for women to be formed as an actionable agenda.
- **Empowerment of AWW and community mobilisation** for achieving gender equality and mindset change.
- **Rehabilitation of victims released from trafficking** through better integration with community/family.

- Hindu Succession Act to be amended keeping in view the right to widowed mothers.
- **Maternity Benefit Act should be revised** and should be increased to six months.
- Gender-sensitive accountability to be implemented at all levels of administration.
- Simple process that translates resources which are more enterprising should be promoted.
- No change of surname after marriage should be insisted.
- Self defence training to be given to girls to prevent violence against women.
- **Promote Women Helplines.**
- WCD department should be called Mahila Evam Kishori Vikas Vibhag.
- Appointing women counsellors in all police beats.
- **Anti-Human Trafficking systems to be made operational.**
- Training programmes should focus on equality of men and women.

### **Innovations Related to Technology use**

- Vatsalya plus Project to be linked to SMS for parents.
- Reuse of water for toilets.
- Electronic media should be used for highlighting social issues.
- Use of mobile technology for social messages.
- Presence of silent observer with sonography machine.
- Migrant communities to be focused in the context of health safety and nutrition rights.
- Insurance safety for girls.

## Session IV - Women Safety, Protection and Empowerment

### Theme 6 - Adolescent Girls

**Chair:** Smt. Ramsheela Sahu, Minister of State, Women and Child Development, Chhattisgarh

**Co-Chair:** Shri H.K. Sharma, Principal Secretary-cum-Commissioner, Department of Social Welfare, Government of Assam

**Moderator:** Smt. Vinita Ved, Commissioner, Women and Child Development, Government of Maharashtra

**Panelists:**

1. Dr. U.N.B. Rao, Urivi Vikram National Centre for Adolescents, New Delhi
2. Dr. Mintu, R Sinha, Principal, Teachers Training College, Mumbai

**Smt. Vinita Ved, Commissioner, WCD, Maharashtra** raised issues about vulnerability of adolescent girls who are out of school. She emphasised on the need for counselling interventions including interaction with parents/guardians, to convince parents to send their daughters to school and not to get them married at a young age. Out-of School adolescent girls could be mainstreamed through imparting of age-appropriate education and older adolescent girls could be enrolled for skill development under SABLA for better employment opportunities. These girls need to be provided with nutrition and health support services, she added.

**Dr. U.N.B. Rao, from Urivi Vikram National Centre for Adolescents** defined 'adolescent children' and informed that the concept was first raised in 2001 and got a mention in the 10<sup>th</sup> Five-Year Plan. He stated that the general perception is that all problems in India are due to multiplying population. However, he highlighted that his organisation, Urivi Vikram Charitable Trust (UVCT), founded in 1991, converted the **Burden of Population into Asset of Human Resources** and proved that adolescents were not a burden. These young adults can be prevented from turning into drop-outs through proper counselling and career guidance and by harnessing their enormous energies. Focus should be on skill building and life skill training for better future. He stressed on the need for a policy framework for young adults/adolescents. The UVCT he added had organised a national workshop in January 1994 at Delhi and documented the proceeding as Student Counselling: Need of the Day.

Further, a book 'Teenage Blues' was also published in English and Hindi, for the parents, teachers and counsellors.

Dr. Rao said that due to the practice of early marriage, girls were unable to enjoy the age of adolescence and were deprived of their childhood. Adolescence was a period of rapid development, which includes physical growth; identity crisis; tensions of schooling & early college, coaching centres etc. He defined this stage as a transition phase from childhood but a stage not yet attained adulthood, the age of doing wrong without realising the consequences.

Quoting a 2002 WHO study involving 53 countries, Dr. Rao highlighted the health risks for adolescents, early sexual initiation, substance abuse, depression and suicides. The study also identified the protective factors like family environment, school/institution environment and spirituality. According to the study the high risk factors were peer pressure and bad company. While comparing the male and female adolescents it was specified that girls tend to mature faster than boys but are worried about their looks and self-image and consider boys as their better friends than girls. Due to the exposure to media and technology they are attracted towards sexual activities, experience curiosity and impulsiveness and are prone to sexual violence at home as well as outside; 90 per cent of violence on adolescent girls is from internal factors (known people) and the external factors contribute to only 10-15 per cent.

Emphasising the safety and protection of the adolescent girls, Dr. Rao drew the focus on Government Schemes like SABLA, SAKSHAM, ARSH, Adolescent Education, ICPS and the Mission Convergence (Gender Resource Centres), etc. He applauded the schemes as well planned and well thought out, but stressed that there was a need to strengthen monitoring and evaluation mechanism in these programmes.

**Dr. (Ms.) Mintu R. Sinha, Principal, Teachers Training College** initiated her presentation with the issue of identity, status and future of the girl child and their role models. She stressed on inclusion of role models in education curriculum, who were drawn from the contemporary era and not from the history. Adolescence was the age of identity formation. She said that textbooks needed to be revamped to include role models such as Malala and Emma Watson.

To address the issue of adolescent girls and their transition from childhood to adulthood, Dr. Sinha stated that the teachers could nurture and fulfil their aspirations and create enabling environment for their optimum development. She emphasised on empowering the thinking of young girls by sensitisation and spreading awareness on emotional quotient (development through elimination, education and empowerment), social quotient (how to deal with peer pressure and how to exercise power of discretion while using social media), technological quotient (focus on publicising safety apps) and cultural quotient (cafeteria approach as per the needs can be used to develop appropriate programmes). As part of technology quotient, meaningful slogans on T-shirts of school children can have good effect on minds of children and sensitise them.

In order to address the issues of safety & security of adolescent girls, she stressed on the **Women's Safety Audits in Schools**, gender-responsive budgeting and delineating targeted interventions. Quoting a research she stated that girls felt safer and confident in co-educational institutions. Hence more such institutions should be established. Her emphasis was on development of relevant text book in accordance with the needs. She strongly felt the need for leveraging safety applications. Dr. Sinha highlighted to give weightage to the issue of co-curricular aspects and making it mandatory, integrating concepts of safety of girls and gender education in curriculum, introduction of health vouchers, encouraging case-based learnings and collaborations with multiple stakeholders.

She also shared the best practices in **Maharashtra School Adolescent Life Skills Education Programme (SALSEP)** and recommended a 3-pronged model i.e., awareness, sensitisation and action. Dr. Sinha recommended following measures for adolescents:

- Addressing intersection of factors that shape girls' lives.
- Developing life skills and social support strategies (gender relations, citizenship, conflict resolution skills, sexual and reproductive education, and parenting education)
- Encouraging vocational training programmes.
- Preparing students for school to work transition.
- Providing career counselling.
- Initiating exclusive radio broadcast and TV channel for girls.
- Developing magazines and journals for spreading awareness in schools and

colleges.

- Encouraging Girl Clubs in educational institutions similar to Science Club, Math Club, etc.
- Displaying news items pertaining to only girls awareness programme on Bulletin Boards.
- Promoting project and research funds for vulnerability assessment and nutrition status of girls and safety audit.
- Developing safe school programmes and health initiatives in schools.
- Ensuing follow-up assessment and evaluation of all programmes.
- Developing data bank of statistics segregated according to age and sex.
- Involving voluntary organisations, associations, federations, non-governmental organisations, women's organisations, as well as institutions dealing with education, training and research in the formulation, implementation, monitoring and review of all policies and programmes affecting girls.

**Shri H.K. Sharma, Principal Secretary-cum-Commissioner, Department of Social Welfare, Assam** as Co-Chair shared his experience on the issue of adolescent girls. He stated that breakdown of the joint family system and increase in urbanisation has led to nuclear families. The adolescent girls hardly get guidance from elders like grandmothers on health and safety issues. He stressed that the programmes like SABLA can focus on structuring and guiding adolescent girls in life skills to make them confident and independent.

- Ms. Monisha Behal, North East Network commented that there is a need to regulate sale of pepper spray and acid in open market to control its misuse.
- Ms. Kavita Jain, Minister of Women and Child Development, Government of Haryana stressed on the **right to safety of girls in all environment**. She informed that on 26 January 2015 the State was going to launch ATM like machines in every institution where adolescent girls could purchase three sanitary napkins for ₹10.
- The Hon'ble Minister of Women and Child Development, Government of Rajasthan emphasised that **inclusion of the adolescent issues in teacher's training curriculum**.

**Smt. Ramsheela Sahu, Minister of State, Women and Child Development, Chhattisgarh** stated that her State is doing well in maintaining child sex ratio. She

mentioned that adolescence is the stage of life that can be adversely affected by the companion and environment. Citing SABLA as a well thought programme, she focussed on the importance of health awareness. She called for ending discrimination in education. Nutrition should be the focussed, since anaemia was a major problem among adolescent girls. She stressed on the importance of education and life skill training for adolescent girls.

While presenting the status of adolescent girls in Chhattisgarh, she said that 10 out of 27 districts are implementing SABLA Scheme, where ready to eat food is provided. State has allocated ₹80 crore for the Scheme. Efforts are also being made to implement the Scheme in every district of the State.

### **Key Learnings**

The major learning and the recommendations emerged out of the session on Adolescent Girls are given below:

- It was necessary to help adolescents in articulating their own needs and perception, the UVCT book titled **Adolescent concerns through own eyes** could be used by parents and teachers to understand the needs of this growing age group.
- It is to be acknowledged that adolescent girls mature faster than boys. They wish to be secure and self-reliant, worry too much about their looks and self-image and are more secretive and consider boys as better friends. Since education is an important tool for empowering adolescent girls, therefore the revamping of the content and training of the instructors is critical. Teachers can nurture and fulfil the aspirations of adolescent girls by creating an enabling environment for optimum development of adolescent girls.
- Both external and internal factors are responsible for lack of safety and protection of young people. Schools can address safety and security issues for adolescent girls. Breakdown of joint family system and increase in urbanisation has resulted in lack of guidance from elders in the family such as grandmothers, depriving young people of important life skills like good eating habits, dangers and how to protect themselves, etc.
- Focus should be on empowering the thinking of young girls by building sensitisation and awareness on emotional quotient, social quotient, technological quotient and cultural quotient. Social quotient relates to dealing with peer pressure and exercising discretion while using social media.

## Key Recommendations

- Problem of drop-outs among adolescents could be addressed through **counselling and career guidance**. In text books focus should shift from IQ to other quotients such as social, emotional and technological quotients as well to Role Models to whom children can relate such as Malala.
- **Curriculum and content should be gender-oriented** and co-curricular activities along with curricular activities should be made mandatory.
- **Vocational skill and training programmes can be developed**. Co-education should be encouraged as according to a survey, girls feel safer in co-educational schools than in girls only schools. Schools should conduct women safety audits.
- Collaborations should be done with civil society and teachers to address adolescent issues.
- **Culture-specific life skill education programmes may be encouraged** through SABLA Scheme. Similar schemes should also be developed for adolescent boys.
- **Implementation, monitoring and review of all policies and programmes** affecting girls should be done in collaboration with all stakeholders.
- **Books may be developed for parents and teachers to understand issues** related to adolescents. Exclusive radio broadcast and TV channels for girls should be encouraged. Magazines and journals for spreading awareness should be developed and circulated. Girls Clubs should be promoted.
- **Health campaigns should be undertaken in schools**. Women hygiene products such as sanitary napkins may be made available through ATM style machines. Kishore Mitrata Clinics in Haryana that address health needs of adolescent boys may be replicated in other states as well. Health vouchers may be given to girls in schools which they can use to consult doctors directly.
- **Sale of pepper spray and acid** in chemist shops and other places needs to be regulated to avoid their misuse.

## Theme 7 - Empowerment of Women

**Chair:** Ms. Lalita Kumarmangalam, Chairperson, National Commission for Women

**Co-Chair:** Prof. Pam Rajput, Chairperson, High Level Committee on the Status of Women, Ministry of Women and Child Development, Government of India

**Moderator:** Ms. Sarada Muraleedharan, Joint Secretary, Ministry of Panchayati Raj, Government of India

**Panelists:**

1. Ms. Chhavi Rajawat, Sarpanch, Soda village, Tonk district, Rajasthan
2. Dr. Monisha Behal, Executive Director, North East Network, Assam

The session began with the moderator **Ms. Sarada Muraleedharan, Joint Secretary, Ministry of Panchayati Raj**, presenting an overview and a brief on Empowerment of Women.

**Ms. Chhavi Rajawat, Sarpanch, Soda village, Tonk district, Rajasthan** emphasised the need to understand the root cause behind the negative attitude surrounding women. It is not about men alone, but women too, who end up abusing other women. She stressed that the current education system was responsible for such bias as it catered to the materialistic demands alone and side tracked the humanitarian traits and values of a person thereby making him or her practical but insensitive and self-centred. Citing the example of Nalanda and Gurukul system of education, she emphasised the need to revisit our education system for the holistic development of the child, both bhautiktal (physical) and adhyaatmiktal (spiritual).

Rural population were mostly deprived as majority of the higher educational institutions in India were urban-centric and the ones in rural India lack quality. While millions of rupees were being spent on imported machinery to construct the metro trains in cities, no effort was being made to de-silt the village reservoir to collect rainwater in water-scarce villages, like Soda in Tonk, or to create alternate source of income for villagers who pays the cost for the development of cities. The local craft died in Tonk because a functional railway track removed to provide a service road for a pipeline that pumped drinking water out of Tonk district into big urban cities. She said that such divide is very stark. In such situations

for a woman to continue with courage and confidence in leadership positions, family support was important.

With lack of basic amenities such as water, education and no means of livelihood the youth seeks greener pastures in cities but in vain since they have neither skills nor educational qualifications to match their urban counterpart. With just Hindi Literature, Sanskrit Literature and Geography being taught in the 11 & 12 grade of some villages like that of Soda, the youth have no future to look forward to. They thus, have no choice but to resort to different forms of crime and release their frustrations on the physically weak – which could be either women or children. She suggested that parents should provide the required moral support and incentive in the form of an appreciation to facilitate them to get the courage to support their girl child which in turn will empower that child. It was important to initiate dialogues with parents and the village elders to give them confidence and happiness to support the dreams of their daughters and take pride in doing so.

She stressed upon **participatory planning and ownership at the community level** and cited the examples of the children's club, adolescent girls club, youth club, farmer's club and women's club that have provided a platform to raise their common concerns, and collectively find solutions thereby giving them a sense of empowerment, confidence and self-worth.

She talked about promoting **SHGs for economic empowerment** of women, family planning, provision of school transport for easy commuting, and use of technology for bridging the gap in quality of education, for example providing tabs to school students with preloaded software that unlocks lessons as they are taught in the school so that the student can catch up even if she misses a class, through tuitions in villages, exchange programs between urban and rural students, protection and planning of pasture-lands so that cattle need not be taken for grazing all day and children can go to school, creation of Knowledge centres to provide online quality vocational training courses for women.

**Dr. Monisha Behal, Executive Director, North East Network, Assam** said that women's empowerment had power dynamics implicit in family dealings, gender relations, in social, cultural, economic status and political relations. Therefore it was important to look at the kind of society that we lived in at present.

She said, though the Indian Constitution guarantees equality to men and women in all walks of life and in every level of their lives, the reality was different. According to the **World Economic Forum's (WEF) Global Gender Gap Index 2014**, India registered a significant decline in its performance. Its ranking is 114 in the 142 countries list, far below, as far as the status of women was concerned. The indicators of such low status was reflected in the sex ratio, a powerful pointer to show that all is not well with Indian girls and that sons are still preferred by the society. There was violence against women, not only in private sphere but also in public space. Different forms of violence extend to public spaces resulting in high sense of insecurity among women. On the health front, India stood at 141 out of 142, only ahead of Armenia. However, since there are institutional support systems in place to tackle such gaps and social evils to empower women, it was important that the implementation mechanism was also strong enough to ensure the enhancement of the empowerment process of women.

She also quoted few examples in the states of Assam, Meghalaya and Nagaland which are pathways to women's empowerment. In Assam, efficient service providers have been identified by the Social Welfare Department in collaboration with the North East Network. The second example is that of collaboration and convergence of the Assam and Meghalaya Police along with the **One Stop Crisis Centre at Ganesh Das Hospital** in rescuing a victim of child marriage. In Nagaland, the Village Council and Village Development Board of Chizami village announced equal wages for men and women in January 2014.

On violence against women, she said that there has to be increase in the number of counsellors in each Nirbhaya Centre and allocations should increase from ₹8000 to much more. She emphasised on the utilisation of funds allocated for the implementation of PWDVA in various states as non-utilization of funds has resulted in significant budget decline in many states thereby affecting the implementation of the Act. There was an urgent need to increase allocation on rescue of trafficked victims and also strengthen welfare fund of Acid attack victims/ survivors. Further, regulating the sale of acid and also sale of pepper sprays are extremely important as there is evidence of young boys buying them to tease/attack young women in the open.

She suggested that skill building opportunities in non-traditional sectors like carpentry, plumbing, mechanic, electrician, mason and the like must be promoted and a

review of women's employment status under the Skill India Programme must be initiated. She highlighted the need for a strengthened Gender Budget Statement, and effective Ministry of DoNER and NEC. It is crucial that the Ministry of DoNER and NEC allocates resources for professional human resource development over and above infrastructure development.

Following the two speakers, **Prof Pam Rajput, Chairperson, High Level Committee on the Status of Women** and co-chair person presented her views. She said that gender stereotypes in books should be revised to shape young minds. The point that she made strongly was that women's voices must be heard and their full and equal participation in the political sphere must be realised with **33 per cent reservation of women in Parliament and 50 per cent in local government**. She stated that if women are to engage productively in the economy, they must also be enabled to participate equally and fully in political arenas and this can be done by building leadership institutes for women across villages in India. Reiterating the earlier speaker, Prof Rajput said that **Make in India programme** should look at women as potential economic leaders, revisit property rights issues, ensure women's participation in the Judicial Appointment Commission, enhance the powers of the National and State Commissions for Women along with allocation of adequate resources. She emphasised on a strong **monitoring mechanism** and the need for **collecting gender disaggregated data** to ensure women's equal voice in decision making, public service provision and policies that affect their lives.

In her concluding address, the Chair, **Ms. Lalita Kumarmangalam, Chairperson, National Commission for Women** highlighted the following three issues:

- **Women's political participation** was key to the entire empowerment process. With more women in Parliament it was expected that legislation and measures favourable to women's economic empowerment respond to violence against women will be pushed through.
- **Realising women's economic empowerment** fundamentally depends on realising women's economic rights. The need was to recognise that economic empowerment of women is about contributing to GDP and not about providing any favour to women. Skilling of women in non-traditional sectors, particularly finance, banking, entrepreneurship and engineering should be stepped up.

- There was a need to change the stereotypical mind-sets and take pro-active measures to address the rising incidence of violence against women. The role of the family and the community was stressed upon.

Though brief, this session provided a platform to deliberate on the social and economic processes and also relevant policy dimensions and programmes for women's empowerment. Some of the key remarks made were:

- The DPO from Mewat, Haryana cited some successful interventions of the state government.
- The Chairperson, Women Development Corporation, Jammu and Kashmir mentioned about some best practices, emphasised on monitoring and evaluation and the urgent requirement for value addition and designing and branding of the local products and marketing.

### **Key Learnings**

- **Engaging with the community** for better planning was essential.
- **Bridging the gap between rural and urban** areas in terms of education, skills and livelihood.
- Revival of local crafts.
- Formation of clubs like children, farmer, women for providing a platform for finding collective solution and for nurturing a sense of ownership.
- To protect the right of the girl child, 90 per cent of the households were covered with toilet facilities in Soda, prior to the **Swachh Bharat Abhiyan**.
- In Chisami village, Nagaland, the Village Development Board and Village Council declared equal wages for both men and women farmers.
- Due to the convergence effort of Assam and Meghalaya police, a Khasi girl who was a victim of child marriage was rescued.
- **Lack of knowledge of Protection Officers** on rules and regulations of PWDVA is reflected in non-utilization of funds, leading to reduction of budgets.
- Assam Government has inducted NGOs as service providers to implement the PWDV Act.

- Haryana organizes Sports Meet at the Block, district and state level for women to promote sports-womenship.
- It is about **acknowledging the potential of women in GDP of the country**. The focus should be on access to finance and training in non-formal sectors like engineering, entrepreneurship, SMEs, etc. for women.
- **Men and boys to be brought on board** for sustainable change for women's empowerment.

### **Key Recommendations**

- Education system should be revamped and should include both physical and spiritual education so that humanitarian traits are nurtured.
- Education and Health facilities should be improved in rural areas.
- **Improve water and transport facilities in rural areas**, particularly for school children and girls and working women.
- Arts and Crafts Centre may be developed to bridge the rural and urban gaps.
- In areas without schools, technology can be used. Tabs with pre-loaded software may be provided to schools for reaching out to girl students.
- **Knowledge Centre may be provided in each village** for bridging the information gap.
- **Revisit the employment status of women** and provide for skilling of women in non-traditional sectors.
- Redesigning the **Gender Budget Statement**.
- Ministry of Development of North Eastern Region should emphasise on HR development along with infrastructure development projects.
- **Increase allocation for acid attack victim** funds and trafficking.
- **Revise the curriculum and schools text books** from gender perspective.
- 33 per cent reservation in Parliament and 50 per cent reservation in Local bodies for women is the need of the hour.
- Build leadership institutes for young women in all villages thus paving the way for political inclusion.
- **Engender the Manufacturing sector** to promote women as economic leaders in the 'Make in India' programme.

- **Judicial Appointment Commission** should have at least one women member for gender perspective in decision making.
- **Strengthen both National Commission for Women (NCW) and State Commissions for Women (SCW)** with adequate resources and provide teeth for better protection of women's rights.
- Need to revisit the property laws in order to remove gender discriminatory provisions.
- Prepare a **National Action Plan** linked to the revised National Policy on Empowerment of Women.
- **Strengthen the monitoring mechanism.**
- Need to put in place a **mechanism to collect gender-and sex-disaggregated data.**
- Prepare a scheme for high end design development in a cluster approach and target business houses as a permanent market base.
- Devise a campaign to utilize women victims as potential mentors and guidance for other women in distress.

## Theme 8 - Violence against Women

**Chair:** Justice (Retd.) Usha Mehra

**Co-Chair:** Smt. Anita Bhadel, Minister of State, Women and Child Development, Rajasthan

**Moderator:** Mr. Alok Kumar, Joint Secretary, Ministry of Home Affairs, Government of India

**Panelists:**

1. Dr. Poonam Malakondaiah, Principal Secretary, Women and Child Development, Government of Telangana
2. Ms. Gurjot Kaur, Addl. Chief Secretary, Government of Rajasthan

**Dr. Poonam Malakondaiah, Principal Secretary, Women and Child Development, Government of Telangana**, representing the youngest State of the country, shared the State Government's commitment to curb violence against women. She stated that the Government of Telangana has constituted an inter-departmental committee consisting of senior officials from different services to suggest measures for effective implementation of various legislations meant for safety and security of girls and women. This Committee had various interactions where it studied 6 women-specific and 49 women-related legislations and strongly recommended interdepartmental approach towards eradication of violence against women. She also shared several measures undertaken by the State Government to create violence-free society for women, some of them include:

- **Launched Women Helpline (181)** having convergence with both medical and police help lines. This Women Helpline is associated with District Legal Service Authority, One Stop Crisis Centre and District Domestic Violence Cell and also provides counselling services to callers.
- **Established women-friendly police desks** in police stations having separate waiting rooms, rest rooms and washing rooms exclusively for women and reserved 33 per cent jobs for women at all levels in the police department.
- **Promoting community policing through neighborhood police** in civil colonies, educational institutions on preventive measures and laws relating to safety and security of women and girls. For the purpose, police is provided with 200 patrolling vehicles

fitted with appropriate communication gadgets and adequate weapons to handle the violent situations.

- **Utilisation of technology through the platform of mobile phone:** Free mobile apps i.e. Go Suraksheit, Sentinel, Safe Bridge, Fight Back, HAWKEYE etc. to ensure safety and security of women.
- **Towards ensuring women safety during travel and in public spaces** i.e. she taxis, SOS Button, She Teams, 100 toll free number, regulation of auto rickshaw and taxis, CCTV at major bus stops, mandatory GPS in public transportation.
- Enactment of separate law to curb the issue of violence in public spaces i.e. Anti-Eve Teasing Act in Telangana (proposal sent to Govt.)

**Ms. Gurjot Kaur, Addl. Chief Secretary, Government of Rajasthan** in her presentation discussed the international and national legal scenario around violence against women. While discussing the prevalence of violence upon women both nationally and state wide, she shed light upon various measures undertaken by the Government of Rajasthan for combating the same. Prominent amongst them are **women help line, Aparajita – One Stop Crisis Centre, Sneh Aangan, PC-PNDT Bureau of Investigation, Mahila Help Desks in police stations, Mahila Suraksha Evam Salah Kendra, Special Women Security Cell and notification of Girl Child Policy 2013**. She shared that up till November 2014, Mahila Suraksha Evam Salah Kendras were provided help to 21,013 women. To combat the growing menace of sex-selective abortion in addition to establishing PC-PNDT Bureau of Investigation, the State Government is also tracking through online Form F submission, toll free complaint number (104) and Mukhbir Yojana (Informer Scheme). She also discussed the **Rajasthan Samuhik Vivah Niyaman Evum Anudan Niyam 2009** which were framed with the objective to curb heavy expenditures in marriages and social ill practices like child marriage, dowry etc. and to encourage community marriages and marriage registration.

**Smt. Anita Bhadel, Minister of State, Women and Child Development, Rajasthan**, reiterated the relevance of Aparajita for violence-affected women. She stated that this is one of a kind Centre in the country which provides essential services to violence-affected woman through networking among various stakeholders. The Centre was conceptualised in the aftermath of Nirbhaya rape in New Delhi to provide support services to women affected by violence. She praised the Prime Minister for making girl survival and

education as one of his top four priorities.

In her concluding remarks, Justice (Retd.) Usha Mehra quoted, '*Unless she goes to school her question of empowerment never arise*'. She stressed upon the need for strict enforcement of laws through sensitive handling by implementing agencies (police and judiciary). She stated that girls need to be respected and not addressed as the subject of sex. The need of the hour is exploration of some critical myths existing in Indian society i.e. why only daughter-in-law is the victim of burnt stove or why boys can't cry and crying is only for girls. This prevalent patriarchal mind-set leads to violence and can only be changed if every section of the society is sensitised towards the issue of VAW. She highlighted the need for mass awareness and sensitisation programmes to **change the mind-set of men and boys**. She recommended that State should start their engagement from village level with the help and support of civil society groups.

She praised both the State presentations but cautioned the participants to go beyond the rosy pictures of government programmes towards their evaluation to observe their implementation status. For example, after the Nirbhya rape case the definition of rape was widened but still rape cases are on the rise and lot of cases are pending. According to **National Crime Bureau, of about 3 lakh odd cases of rapes, conviction is only in 24 per cent**. In the end, she stated that implementation of laws is as important as framing of laws. It is important to understand the root cause of rising rape cases. Neighbourhood watch is a good scheme but they need to be fully equipped with wireless and weapons in order to deal with unsafe situations and violence. She stressed upon the need of individual responsibility where each person must educate the other.

- **Efforts related to implementation of PWDVA in J & K state** were shared by the State representatives. There were also concerns on the easy access to pornography websites and suggestion on their banning came from many participants.
- **Gender sensitisation of younger generation** for creation of gender just society was suggested by Gujarat SRCW. The need for Gender training of various stakeholders such as teachers, principals, police officers etc. specifically on PWDVA Act and Sexual Harassment Act was also recommended. Efforts on gender training of the grassroots workers were also shared from Haryana, SRCW.

- A security application for women is available in Chandigarh to ensure safety of women in the city. Chandigarh Police launched its women safety application, '**Raksha**'. The women, after downloading the application on their phones, will have to register themselves with the department through its website. A unique number will be generated which will be connected to the mobile phones of the women registered with the Chandigarh Police. The 'panic' option of the application will not only alert the police, but also five other contacts provided by a woman on the application. The police will also keep a record of five contacts each of the registered users. The police would have their numbers and photographs. Once a user seeks help through the application, the police will be able to trace the location of the woman. Even if the application is switched off, it can send signals of distress if the phone's volume key is pressed for a few seconds, besides sending the user's exact whereabouts.
- Tamil Nadu Govt. shared that the government has passed a law titled '**TN Hostel for Children and Homes Regulation Act**' to ensure safety and security of women in Hostels. The Act makes it obligatory for all hostel authorities to secure license and comply with set of guidelines.
- In Telangana, about 200 vehicles equipped with latest gadgets have been given to the police department to ensure women's security and safety.

### **Key Learnings**

- **Focused approach towards prevention and redressal of VAW** through establishment of women-friendly authorities/structures i.e. MSSK, Aparajita, Helpline, Sneh Aangan, Mahila Police Desk and Police Stations with exclusive rest rooms and wash rooms for women.
- **Appointment of dedicated officers to tackle the issue of VAW** i.e. 'SHE' teams in Telangana, Dedicated PO and District Officers notified under Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 in Rajasthan.
- **Community policing by neighborhood police** in civil colonies, educational institutions on preventive measures and laws relating to safety and security of women and girls: For the purpose, police is provided with 200 patrolling vehicles fitted with appropriate communication gadgets and adequate weapons to handle the violent situations.

- **Empowering girls through education, training and self defence skills** i.e. PADKAR Yojana – Scheme for self-defense in Rajasthan, similar efforts in Telangana and enabling easy access to middle and secondary education.
- **Use of free mobile apps** i.e. GoSuraksheit, Sentinel, SafeBridge, FightBack, HAWKEYE etc. and helplines to ensure safety and security of women.
- **Ensuring women safety during travel and in public spaces** i.e. She taxis, SOS Button, She Teams, toll free number 100, regulation of auto rickshaw and taxis, CCTV at major bus stops, mandatory GPS in public transportation.
- Counseling from childhood to inculcate gender perspective in young minds.
- Enactment of **separate law to curb the issue of violence in public spaces** i.e. Anti-Eve Teasing Act in Telangana (proposal sent to Govt).
- **Establishment of PC-PNDT Bureau of Investigation** to investigate matter related to violation of PC-PNDT Act, online Form F and related tracking services, complaint number 104, Mukhbir Yojana.

### **Key Recommendations**

- **Establishment of One Stop Centres** across the country as functioning in Rajasthan.
- **Universalisation of women helplines** as functioning in both Rajasthan and Telangana.
- **Strengthening of mechanism** i.e. ICC, LCC under Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.
- **Appointment of dedicated officers for women-centric laws** and establishing a mechanism of state level monitoring to ensure effective implementation of such laws.
- **Formulation of citizens groups** to build mechanism of community policing.
- Use of technological advances and mobile apps to ensure safety and security of women.
- **Time bound disposal of cases** related to VAW through courts.
- **Compulsory Registration of Marriages.**
- **Gender sensitisation of young minds** through educational institutions, including schools and colleges across the country. The modules should be age-appropriate.
- **Focus on educating the girl child** in order to empower her to lead her life according to her own choices.
- NGOs should be involved in awareness raising exercises.

- While awareness raising efforts should be made to exclude gender stereo typical portrayals.
- To **make schools a safe space for girls** with functional toilets having adequate water supply.
- **Third Party Mapping and Survey of Sonography Machines** for effective implementation of PCPNDT Act, 1994.

## **Session V- Community Initiatives for Beti Bachao, Beti Padhao**

### **Theme 9 - Improving the Child Sex Ratio**

**Chair:** Shri Lov Verma, Secretary, Ministry of Health & Family Welfare (MoHFW), Government of India

**Moderator:** Dr. Rakesh Kumar, Joint Secretary, Ministry of Health & Family Welfare, Government of India

**Panelists:**

1. Shri A.R Nanda, Former Secretary, Ministry of Health and Family Welfare, and Ex Registrar General & Census Commissioner of India
2. Ms. Kalpana Srivastava, Commissioner, Women Empowerment, Department of Women & Child Development, Government of Madhya Pradesh

**Shri A.R. Nanda, Former Secretary, Ministry of Health & Family Welfare** informed at the outset that when he was Registrar General and Census Commissioner, a peculiar phenomenon was observed in 1991 Census. On analysis of medical records, it was concluded that among 0-6 years old, the deficit of females in the age group of 0-6 years is not due to child mortality but has been mainly influenced by sex selection and sex selective elimination. It was later proved by research and the reasons were loud and clear for everyone to understand. This, he said, led to the formulation of PNDT Act in 1994 which came into effect in 1996 mainly due to political will and civil society activism.

In 1950 and 60s the child sex ratio was comparable to international level after which it started to decline. He warned that the sex selective abortions are highly prevalent and widespread as the clinics are mushrooming in nook and corner of the country. The reason for second trimester abortions, he added, is given as contraceptive failure which is an eye wash and actually these are sex-selective abortions. He voiced that we do have promising practices in India to improve child sex ratio and quoted the example of **Hyderabad model** on ultrasound clinic and **Navanshahar Experience** both of which were primarily driven by the District Collectors. However, it was cautioned that care should be taken not to impinge on the reproductive rights of women. Some of the key highlights of his presentation were:

- Bring in **policy congruence for Beti Bachao strategies and weed out gender insensitive policies/strategies**. For example the two child norm is restrictive and counterproductive and at cross purpose with the positive girl child incentive strategies.
- Similar approach to enforcement of allied laws and policy – such as the anti-dowry Act is warranted.
- **Amend the law (PCPNDT & MTP acts)** to make the onus solely on the doctors/paramedics/ ultrasonologists.
- Make technology-assisted audit/monitoring mandatory. Use of ultrasound on pregnant women to be rationalised.
- There is also a need to **introduce incentivised schemes** like group incentives for panchayats/urban level bodies and family schemes – e.g. ‘for girls only’ or ‘girls mostly family’ with no population size restriction.
- There is a need to **target the diagnostic/ultrasound/abortion clinics facilities** in each micro area (ward wise in urban or semi-urban area) through intensive surprise checking/audit/raids/stringent measures.
- Rewards/penalties for/against exemplary detection, prosecution, vis-à-vis negligence/inaction is sure to pay dividends.
- There is a greater need to **elicit participation of pro-active vigilant groups, social activists/NGOs** with support and accountability in each local area in rural/urban settings.
- An **inter-ministerial apex strategy group** should be formed under Minister of Health, Women and Child Development and Human Resource Development (all three Ministers?) which should meet once every quarter at rotational locations in “Beti Bachao” high priority states and the host State ministry should review/hold consultation and formulate strategies, the preceding day.
- Supervisory boards at the central/state/district to be dynamic, pro-active and accountable under the law.
- Special drive for **100 per cent birth registration** in each area for fullproof monitoring at short intervals?
- Multi-pronged strategies for girl’s safety and security to be augmented hundred fold at any cost.
- Gender sensitization in childhood and adolescence for school and out-of-school children to be intensified.

- Orientation (attitudinal/behavioural) of men and boys to be intensified for over a period of five years with rewards/punishments for individual/community in each panchayat/urban ward.
- Involvement of proactive civil societies/academia/NGOs (like Punjab Voluntary Health Association/Sutra, Himachal Pradesh) to be ensured for advocacy, mobilization and in developing communication strategies.
- Each MP, MLA, PRI/ULB member in high priority states to take responsibility to stop the demographic disaster at any cost.
- Each genetic counseling clinic, diagnostic facility should be mapped and monitored. Innovative intrusive audits should be introduced for monitoring and analysis of online data.
- Innovative ways of bringing to the notice, a case of violation of PC&PNDT Act should be developed and incentivized – e.g. whistle blowers.

**Ms. Kalpana Srivastava, Commissioner, Women Empowerment, Department of Women & Child Development, Government of Madhya Pradesh** in her presentation focused on the initiatives taken by Government of Madhya Pradesh for improving child sex ratio. At the outset, she mentioned that the vision of Government of Madhya Pradesh is to address gender inequalities, and ensure an enabling environment for women's empowerment through administrative, social and community partnership to curb violence. A short film was also shared by her to bring forth the reasons as to why girls are not welcome. To achieve the vision of removing gender inequalities, a life cycle approach needs to be adopted. Towards this, the administrative measures taken by the state government include formulating schemes for girls/women targeting every stage of their life, with stakeholder's participation through MIS and by enhancing capacities of all implementers. These schemes are being implemented through the District Magistrate.

She provided a brief about the various strategies adopted throughout the life cycle of girl child. Some of the schemes mentioned included:

- **Ladli Laxmi Yojna** – a conditional money transfer scheme - the main condition being full childhood immunization, enrolment and retention in school till class 12 and marriage after 18 years. It also involved tracking ladli till 21 years of age.
- **Lado campaign** is a yearlong campaign for prevention of child marriage.

- **Shaurya Dal** is a community led innovative initiative to curb violence against girls and women.
- **Swagatam Lakshmi Yojana** is to provide welcoming, positive and empowering environment by bringing about change in behaviour/mind set by building up community-based institutions through inter-department convergence.

It was informed that these State initiatives have won many rewards at the national level. Some of the highlights of her presentation were:

- The issue of improving child sex ratio should be addressed through a life cycle approach;
- A model of administrative measures, social and community partnership has been successful for addressing the issue of improving child sex ratio;
- Ensuring continuity of *ladlis* in school by keeping a complete database of each *ladli* beyond 18 years?, to track every girl child;
- Special focus should be given on skill enhancement of girls for their social and economic empowerment;
- Formation, nurturing and mentoring of quality Shaurya Dals in state, to become brand ambassadors for the issue;
- Promoting gender equality, ensuring respect and dignity at every stage of a woman's life; and
- Creating a welcoming, positive and enabling environment for women.

**Shri Lov Verma, Secretary, Ministry of Health & Family Welfare (MoHFW), Government of India** voiced that this is the right time, right topic and right place for the launch of "*Beti Bachao Beti Padhao*". Haryana, with CSR of 834 remains the worst state in the country. He apprised the participants about the recent amendments of PC & PNDT Act, 1996, which comprises tightening of regulation and enhancing of penalty. Few of these amendments are summarised below:

- Amendment has been introduced under Rule 11 (2) of the PNDT Rules, 1996 to provide for confiscation of the unregistered machine and punishment upto three years of imprisonment and fine upto Rs.50, 000 against unregistered clinics/facilities.
- The PNDT Rules, 1996 has been amended in 2012 to regulate portable ultra sound machines and regulation of services to be offered by mobile genetic clinics. As a

result of this amendment, the mobile ultrasound machines are not allowed except in case of mobile medical unit.

- Under Rule 3A (3), amendment has been made to restrict the registration of medical practitioners qualified under the act to conduct ultra-sonography in maximum of two ultra sound facilities within a district only.
- **Amendment to Rule 5 (1) of the PNNDT Rule in 2012** has been made to provide for the enhancement in registration fee for diagnostic facilities under Rule 5 of PNNDT Rule 1996 from the existing of Rs. 3000 to Rs. 25,000 for genetic counselling centres, genetic laboratory, genetic clinic, ultrasound clinic. Similarly fee for an institute, hospital, nursing home or any place providing jointly the service of a genetic counselling centres, genetic laboratory, genetic clinic, ultrasound clinic, imaging centres etc. increased from Rs 4000/- to Rs. 25,000/- .
- **Rules for six months training in ultrasound for the MBBBS doctors have been notified** vide GSR, 14 (E) dated 10 January 2014. The Rules include the training curriculum, criteria for accreditation of Institutions which will impart training and procedures for competency-based evaluation test for each trained medical practitioner.
- **Revised Form F has been notified** vide GSR 77 (E) on 4 February 2014. The revised format is more simplified as the details of invasive and non-invasive diagnostic procedures have been separated and made more simplified.

### Remarks from Floor

- Shri Krishna Ram, an official from Rajasthan shared the initiatives being undertaken in the State on the issue of declining Child Sex Ratio. **Shubh Laxmi Yojna** has been initiated to create value of girl child. Awareness generation is being done through IEC campaigns such as Jhunjhunu district has started this campaign through School Education. There have been instances wherein doctors have come forward to inform that family is pressurizing for sex determination.
- Officials from Gujarat shared the initiatives that have been undertaken towards effective implementation of PC&PNNDT Act. This has been supported by implementation of PC& PNNDT Act through establishment of supervisory bodies under PC & PNNDT Cell in the State with the collaborative efforts in harmony with different constituencies. Task forces have been constituted at the State and District levels to intensify processes for effective

implementation of the provisions of the Act. Capacity building of all the stake holders under the PC & PNDT Act is organized. Registered sonography centres are regularly checked and a close vigilance is kept on the activities of these centres. Women are being counseled on safe abortion services and MTP and PC&PNDT Act.

### **Key Learnings**

- **Declining Child Sex Ratio is the manifestation of discrimination** against girls and women at different stages.
- It is reflected in decline at sex ratio at birth, sex selection/ determination (pre-birth), sex-selective abortion.
- It is due to societal mind set and prevalence and spread of misuse of the technology.
- **E-enabled Management Information System** is effective in planning and monitoring.
- **Effective implementation of Act/Programmes/campaign** is a key to improving child sex ratio.
- Ultra sonography clinics are being implemented using technology in few States. **Care must be taken to ensure the privacy and rights of the women.**
- Youth have been engaged and sensitised on the issue and contribute towards the cause.

### **Key Recommendations**

- There is a need to **weed out policy incongruence and review the existing policies** e.g. the Two Child norm in state has been linked to Panchayat elections.
- **A right – based & gender sensitive policy**; strategies should be developed.
- **Safe guard the reproductive rights of women.**
- The medical practitioners, **paramedics, ultra-sonologists, diagnostic centre**, clinics, genetic counselling centres, IVF clinics should be strictly monitored. **Each clinical, diagnostic facility should be mapped and monitored**, Supervisory boards should be strengthened.
- **Effective enforcement of PC & PNDT Act** through decoys, surprise raids of clinics for preventing misuse of technology.
- Each MP, MLA, PRI/ULB member in high- focused ‘beti bachao’, states/ districts to take responsibility.

- Rewards, recognition, penalties- for/against exemplary detection, prosecution, vis-a-vis negligence, inaction, complicity.
- **Awareness generation on the issue of CSR and valuing girl child** should be promoted through special drives, campaigns involving social activists, NGOs and Community leaders.
- Innovative advocacy, better communication strategies and community mobilisation involving activists, CSOs and researchers need to be put in place.
- **A targeted time bound strategy, action plans** (quarterly) needs to be put in place at all levels.
- **An effective mechanism of planning, monitoring and evaluation of the schemes** should be developed.
- **Community based accountability framework** (at each ward/ mohalla/village) should be put in place.
- Innovative intrusive audits should be introduced for monitoring and analysis of on line data.
- **Issue of declining CSR should be addressed through a life cycle approach.** Imaginative schemes for incentivising the birth of girl child should be developed. Safety of girl child and zero tolerance for violence against women should be ensured.
- A model of administrative, social and community partnership needs to be put in place.

## Theme 10 - Nutrition and Health

**Chair:** Smt. Maya Singh, Minister of State, Women and Child Development, Madhya Pradesh

**Co-Chair:** Shri. D.K. Sikri, Former Secretary, Ministry of Women and Child Development, Government of India

**Moderator:** Shri Dinesh Srivastava, Secretary, Women and Child Development, Government of Chhattisgarh

**Panelists:**

1. Dr. Satish. B. Agnihotri, Secretary Coordination, Cabinet Secretariat, Government of India
2. Ms. Sarada Muraleedharan, Joint Secretary, Ministry of Panchayati Raj, Government of India

**Shri Dinesh Srivastava, Secretary, Women and Child Development, Chhattisgarh** introduced the session by highlighting the importance of Nutrition and Health. He emphasised that health and nutrition are two important issues for a developing country like India. He briefly talked about the involvement of self-help groups in packaging of take home ration under ICDS in Chhattisgarh.

**Dr. S.B. Agnihotri, Secretary, Coordination, Cabinet Secretariat, Government of India** addressing the dignitaries on the dais at the outset congratulated MWCD for BBBP initiative. Highlighting the importance of the historic place Panipat, he applauded that it would certainly prove to be a victory for the girl child. He said that survival of girl child is important but equally important is the quality of life of that child, as it ultimately decides life of the future generations. Like a cricket match, where victory depends upon each and every individual and team spirit, losing a cricket match by one run is the defeat of the whole team. Similar is the case with malnutrition where various stakeholders and key players have to play effective roles and act together. Through his presentation on data related to nutrition indicators, he emphasised on the following points:

- **Segregation of data with regard to malnutrition** in terms of sex, caste and economic status. He suggested that when the data was analysed for low birth weight, breastfeeding, weight of the child etc., some states were severely affected, some were

average and the remaining ones had better status of malnutrition. He emphasised that analyzing data in colour coded table (refer presentation) helped in building better understanding about malnutrition.

- The speaker highlighted that usually malnutrition is shown in percentages using bar graphs. However, he showed a pie chart on status of malnutrition among children using NHFS-3 data and emphasised that along with bar graphs, pie charts should also be presented for actual depiction of status of malnutrition.
- He highlighted that a **synchronized approach** has to be adopted with a team approach. He emphasized that all the major stakeholders had to work together reduce malnutrition.
- The speaker suggested adopting **the Ernakulum approach**. Every state to identify a district and convert them to an “Ernakulum *District*” (the first district to have complete literacy) indicative of malnutrition free district. Targeting malnutrition reduction in the suggested way will gradually reduce the malnutrition levels.
- Giving equal rights to children and societal importance of health and nutrition to be emphasised.

**Ms. Sarada Muraleedharan, Joint Secretary, Ministry of Panchayati Raj, Government of Kerala** in her deliberations highlighted the issue of nutrition and health in the community and role of Panchayati Raj. She said that community has to be considered as a heterogenic entity and an ideal template for community health needs involvement of all stakeholders (community, community organizations, Self Help Groups, village committees, youth organisations, Panchayati Raj Institutions (PRIs), community workers, activists etc. including Panchayati Raj.

She stressed that AWWs, ASHA and Swacchta Doots must come together as single entity for the issue and it is high time that PRIs should know, discuss, plan solutions, ensure participation; monitoring and take ownership. There are many committees like Gram Sabha, Village Health and Nutrition Sanitation Committee (VHNSC) etc. formed by different departments at the grass root level. Formation of a committee to overlook all committees at grass root level including Gram Sabha and VHSNCs is need of the hour.

Ms. Muraleedharan informed that these **processes are institutionalised** in Kerala. Several initiatives have been taken for health and nutrition by PRIs such as patient care for terminally ill, the '**Ashraya Programme**' which has been rolled out through panchayats to help children who are mentally disabled with support from PRI for providing infrastructure and rehabilitation, with assistance from other departments. At present focus was needed on creating an informed community and behavioural change was the key answer to all the problems. She also said that community involvement was needed for reduction of malnutrition through adoption of children by families. She reiterated that ensuring capacity building at all levels including training and joint training of all grass root functionaries with clarifying role of PRIs would help in the long run.

**Shri D.K. Sikri, Former Secretary, MWCD**, congratulated all the speakers and emphasised on adopting the following strategies to combat malnutrition:

- **Increase the common understanding of malnutrition** at all levels; and change the mind-set. He emphasised that the community does not recognize the signs of malnutrition among children. If the child is low weight for age, the family/community usually consider the child's growth pattern is normal, as it is considered to be majorly affected by her/his parents weight/height. So it is of foremost importance to create informed communities.
- States are taking good initiative on management of community based programmes. These initiatives are to be analysed or studied carefully and the various community learnings from different states may be put into one portal.
- Devolution of funds with associated responsibilities for PRIs.
- He suggested that it is opportune time when NFHS-4 is under the process of data collection. He advised to review the upcoming data of NFHS 4 to see the change right up to the district levels.



- The **Nationwide Malnutrition campaign** adjunct to BBBP and Swachh Bharat is the need of the hour. He advised MWCD to plan a similar campaign or revive the nationwide campaign led by Mr. Aamir Khan for generating awareness on malnutrition.
- Better coordination and cohesion between Government of India and the states for interventions in malnutrition is required. He urged for the urgent need of structures to be put in place for prevention of malnutrition.
- As MWCD is implementing maternity benefit scheme, tracking of pregnant women is a priority, which can certainly bring down the level of malnutrition. At the same time, Government of India should focus on better implementation of programmes related to women and children.
- Government of India should engage with premier institutions and professional bodies like BPNI (Breastfeeding Promotion Network of India) which is doing good work in promotion of breastfeeding to manage community based programme.

**Smt. Maya Singh, Minister of State, Women and Child Development, Madhya Pradesh** in summing up the session highlighted some of the remarkable work done in Madhya Pradesh. She said that nutrition of adolescent girls was of utmost importance and needs to be dealt in an integrated manner. The problem of malnutrition can only be solved when community comes forward.

Malnutrition cannot be understood in isolation of specific terms such as hunger and nutrients but it has to be understood in terms of economics and other factors in an integrated manner. Integration of best practices in various states and replication of success stories based on feasibility in other states could certainly prove to be rewarding. Speaking of the success stories of **Suposhan Abhiyaan**, a community-based programme in Madhya Pradesh for reduction and prevention of under nutrition, she stressed that mainly behaviour change communication was important and community involvement for reduction of malnutrition through adoption of children by families could also prove to be effective in combating the menace of malnutrition. Equally important is proper hygiene and sanitation along with management of diarrhoea. She stressed the need for analysis of various community learnings from different states and suggested that bringing them under one portal would prove to be beneficial for the entire country.

## Remarks from Floor

- The Director, WCD, Gujarat shared the initiative taken by the State Government, to make mothers/families aware about the status of nutrition of their children. In Gujarat, the children are weighed and according to their status they are given colour coded strips to focus curative action for the children who are in red colour bands.
- It was suggested that majority of the malnourished children have hookworm infestations. So, **regular deworming of children** to reduce hookworm infestation has to be clubbed with malnutrition prevention.
- It was recommended that **sensitisation of elected representatives** of PRI on malnutrition is very important. Government of India should focus on strengthening capacities at all levels including training and joint training of all grass roots functionaries.
- Sometimes the district level data on malnutrition is misleading. It was pointed out to monitor authenticity of surveys.

## Key Learnings

- **Beyond survival, quality of life of the girl child is of utmost importance** as it ultimately decides life of the future generation. Address the life cycle approach to combat malnutrition to have a healthy nation.
- **Need for better presentation of data on malnutrition** for greater clarity and understanding.
- Community to be considered as a heterogenic entity and ideal template for community health needs is the involvement of all stake holders including Panchayati raj representatives and functionaries, AWWs, ASHAs and Swachta Doots. These grassroots level workers need to come together as a single entity to address the issue.
- PRIs to know the problem of malnutrition, discuss the problem at the community level, plan solutions for control, ensure participation, monitor and take ownership.
- Formation of a committee to overlook all committees at grass root level including gram sabha and VHSNCs.

- Focus on community involvement for reduction of malnutrition through adoption of children by families.

### **Key Recommendations**

- **Integrated approach to combat malnutrition** involving all stakeholders and grass root level functionaries is required.
- Every state to identify a district and convert them to an Ernakulum District indicative of malnutrition-free district.
- **Segregation of data with regard to malnutrition** in terms of sex, caste and economic status for better understanding the extent of the problem in particular group especially among girl children.
- A **national wide campaign on Malnutrition** adjunct to BBBP and Swachh Bharat is the need of the hour.
- **Better coordination and cohesion between GOI and the State Governments** for interventions in malnutrition with urgent need of structures in place and platforms for curbing malnutrition.
- **Better tracking of pregnant women and children** in particular and linking them to programmes.
- Support and active partnership of GOI with premier institutions and professional bodies for focused approach on malnutrition.
- Devolution of funds with associated responsibilities for PRIs.
- Majority of the malnourished children have hookworm infestations. So, regular deworming of children to reduce hookworm infestation has to be clubbed with malnutrition prevention.

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## Theme 11 - Girls Education

**Chair:** Prof. R. Govinda, Vice Chancellor, National University of Educational Planning and Administration (NUEPA)

**Moderator:** Ms. Radha Chouhan, Joint Secretary, Ministry of Human Resources Development, Government of India

**Panelists:**

1. Dr. V.K. Tripathi, Director, National Council for Education, Research and Training (NCERT)
2. Ms. Sangeeta Dutta, Bihar Mahila Samakhya

**Prof. R. Govinda, Vice Chancellor, National University of Educational Planning and Administration (NUEPA)** provided an overview on the status of girls' education and mentioned that in 1950s, only one out of four children were in schools. But today the nation has moved much ahead in terms of girls' education to an extent that education has been made a fundamental right through a constitutional amendment. He focused on the importance of retention of the girl child in school. It is time that more attention is given to girl child who goes to school and to ensure that she is retained in school and does not drop out. The *raison de'tre* for the girl child to drop out was that they faced silent exclusion inside the school. He emphasised that there was need to assess what the girls' experience during the schooling and whether schools provide safe and healthy environment.

He mentioned that the safe school is not just about providing physical facilities or infrastructure but how the other children treat the girl children in the schools, apart from their enrolment rate, their retention and completing their school tenure. In this regard, he commended the BBBP campaign stating that it is a unique programme where there is convergence between relevant line ministries such as the Ministries of Health and Family Welfare and Human Resource Development.

**Dr. V.K. Tripathi, Director, National Council for Education, Research and Training (NCERT)** pointed out the societal and patriarchal mind-set towards sex determination and stressed that the focus of BBBP programme should be to change this patriarchal mind-set so that the birth of a girl child should be celebrated. He quoted a Sanskrit

quote, “*Yatr naryastu poojyantey, ramantey tatra devata*” (meaning that Gods grace the place where ladies are held in high esteem). He shared some indicators on primary, upper primary and higher education, illustrating that upper primary education has gone up to 43-48 per cent and participation of the girl child is maximum in arts and humanities as compared to science groups wherein it was 10%. He also shared the best practices followed by NCERT for promoting girl child such as ensuring that gender issues are given prime importance in all teacher training programmes and by removing gender bias from the NCERT text books, state text books, teacher training modules and teacher development programme resource material.

The Department of Gender Studies has been providing support to NCERT and audio video material was being prepared with gender focus and gender-sensitive approach for children. He made the following suggestions:

- Free text books should be provided to girl children.
- Additional facilities should be provided to encourage girl child education such as toilet facilities for girls, bridge courses for dropout children, recruitment of SNC, community mobilisation programmes, teacher’s mobilisation programmes etc.
- Parents should be sensitised through video films regarding prevention of female foeticide.

**Dr. Sangeeta Dutta from Bihar Mahila Samakhya** shared in detail the best practices and innovations of Bihar’s Mahila Samakhya Programme which was operational in 8,500 villages in 21 districts of Bihar, with coverage of about 2 lakh women and girls. She mentioned that through Mahila Samkhya-Bihar the following achievements were made in promotion of girls’ education:

- Participation in Community
- Organised Women Collective for advocating Girl Child Education
- Participation of women for girl child education in school committees
- Increased participation of women as parents and guardians
- Organised Literacy Camps
- Inducing pressure to add Gender issues in Curriculum
- 8-11 months short term courses on building self-confidence to girls through educational centres
- Increased enrolment of girls in Police Department

- Celebration of birth of girl child (Beti Janmotsav)
- Popularised the slogan “Beti Zindabad”
- Women and Girls from marginalised groups got International recognition by their success stories
- The Prime Minister’s “*Swachh Bharat Abhiyaan*” has picked up momentum through education of women and girls

Through education there was increased awareness among women and girls on nutrition, legal awareness, participation in sports, and awareness on gender issues and improved self-confidence. Through education women realised the need to establish their individual identity and to start taking informed decisions. Some indicators proved that girls were comparatively now more empowered as they refused child marriage. These girls later were found to excel in schools and many later became police officers. She mentioned that the help of NGOs was also elicited for gender training and gender sensitisations for making the Mahila Samakhya programme a big success in Bihar. She said that 500 Kasturba Gandhi Vidyalayas has been opened under Mahila Samakhya which trained teachers and girl students and shared three case studies:

- **Case study 1:** Lalita from Mushahair community became a member of Jagjagi Kendra and learned karate among many other things. Currently Lalita is a school teacher in a government school and has published two books under TLM book publishing company.
- **Case study 2:** Gudiya, a girl from Muslim community joined KGBV and Kastrurba Vidyalaya and has inspired thousands of fellow Muslim girls from her community to join the movement. She spoke in London regarding her empowerment journey.
- **Case Study 3:** Perna, a Muzaffarpur Girl is now a Karate teacher.

Dr. Sangeeta thereafter concluded the session by mentioning that for women empowerment, holistic education was essential so that girls could take decision and make any programme a success. She also mentioned that many girls from Jagjagi Kendras were representing India abroad in sports and had excelled in their chosen field to become successful professionals like police officers, school teachers etc.

**Prof. R. Govinda, Vice Chancellor, National University of Educational**

**Planning and Administration (NUEPA)** suggested that audit of girl friendliness in schools in terms of safety and other factors should be conducted. He suggested girl child enrolment in schools to be prior to 6 years to ensure their better absorbing capacity and avoid getting stunted. In this regard he argued in support of timely pre-school and institutional care for girl children.

He stated that girl's education beyond primary schools needed to be made more flexible. Currently school syllabus was very rigid and there was no facility for girl children to re-integrate in formal schools. He concluded with advice that there was a need to focus on the current adolescents since the youth literacy rate is not encouraging. He also urged for adoption of mechanisms to look beyond the school education and educate the young and adolescent boys in order to protect the girl children of the next generation.

### **Remarks from Floor**

- A participant asked Dr. Sangeeta Dutta that since uneducated girls have their own set of views, how it takes a community to change that girl's mind-set. To this she explained that when educated girls return to the community, it has a massive impact in the local society. Awareness at the local level especially after receiving fame from the international and global coverage through UNICEF etc. had a great influence towards motivating the girl children. This further had a ripple effect and inspired the School Teachers as learnt from the case study of Lalita where she teaches from her own experience and motivates her own community. However to reach that level, the empowerment process took two decades. She further stated that the Women's Day on 8 March is widely celebrated in Bihar by many parents who are concerned towards girl child's education. The State encouraged girl child education by providing uniforms, cycle, sanitary napkins, mid-day meals, Kasturba Schools, gender-sensitised school textbooks, gender training for parents etc. Also participatory thinking of the women has played a great impact and many stakeholders were provided training for contributing towards the girl child education.
- Minister for Women and Child Development, Government of India **Smt. Maneka Sanjay Gandhi** suggested that:

- Special classes should be conducted two hours after school for above 14 years children on papers/subjects called “My Body”, “Negotiations” etc., and it should be incorporated as a discipline in the textbooks in collaboration with NCERT.
- To begin with, the Haryana Government should ensure that all the textbooks should have the schemes of women printed at the back cover of the book.
- Smt. Renu Bhatiya, Former Mayor of Faridabad, Haryana shared her experience in establishing a Self Defence Academy for Women and appealed all women Members of Parliament to recruit these women as their body guards.
- Women and Child Development Minister, Chhattisgarh Smt. Ramsheela Sahu mentioned that for curbing drop out for girls, the reasons for the same should be investigated which were usually due to:
  - household work
  - taking care of younger siblings
  - weak economic condition of the family who were not able to afford school expenses and has needed to send the girl child to work to earn a livelihood
  - social/ family restrictions on girl education
  - non-availability of schools in the area
  - more son preference for education compared to girl child
  - discontinuing school during the menstrual time due to non-availability of sanitary napkins in schools and non-availability of sanitary napkins disposal systems.
- Sarpanch, Soda Village, Tonk District, Rajasthan, Ms. Chavvi Rajawat suggested a humanitarian approach to be inducted in school curriculum which teaches the students to respect all human beings particularly parents and elderly.

### **Key Learnings**

- Dr. Sangeeta discussed the effects of **innovative initiatives to foster girl’s education** in Bihar such as
  - Increased enrolment of married girls in schools to acquire education.

- Raising women leaders in schools.
  - Better elocution so as to speak without fear and with self confidence.
  - Opposing child marriage and stopping mismatched marriages.
  - Stopping mismatch marriages i.e. age difference in marriages and marriage of an elderly widower with a young girl due to family.
- ***Organising women’s collectives for advocating and fostering increased enrolment in girl child education:*** The women’s collectives with a focus on girl children are engaged in community dialogue regarding all aspects of women empowerment including the importance of promoting education of girl child. It was discovered that the mothers expressed that the girls should not go through the perils of what they had faced due to illiteracy.
  - ***Jagjagi Kendra:*** This non-formal centre conducted gender-based studies for girls from 9 to 14 years of age with three hours specially assigned for sensitizing mothers of girl children.
  - ***Kishori Manch:*** This conjunct forum was created for collectivising school girls, girls from Jagjagi Kendra and Kishori Manch to collectively discuss issues related to girl children. This forum also provided the girls with leadership training for 5 days. Girls were encouraged to find solutions of the issues faced by them in general. This forum led to a positive impact on girl’s education as there was a reduction of dropout rates of girl children, their self-confidence was increased, and protest on child marriage was generated from these forums.
  - ***Awasi Kendras:*** This centre comprised married adolescent girls who were provided life skill education, judo, vocational training apart from awareness on health.
  - ***Mahila Shikshan Kendra:*** At these centre women collectives spoke to all adolescent girls and encouraged them to go to schools.

### **Key Recommendations**

- **Empowerment through imparting of skill education and vocational training** should be given at school level apart from providing them with uniform and text books. Skills of women should be fostered in non-conventional skills such as women masonry, women technicians etc. For North East India, for instance, it was suggested that education system

should have a more service-based vocational training approach to foster professional Human Resource Development for women and for this; the educational grant on professional education should be increased.

- **Measures should be taken to equally empower the women and boys** so as to provide an enabling environment as a counterpart to the schools. Also while sensitizing and empowering the girl child, measures to empower the boys should also be taken.
- For increasing girl enrolment ratio in schools, **enrolment should be prior to 6 years so as to ensure better absorbing capacity** timely pre-school and institutional care for girl children regarding their education was recommended.
- **For curtailing dropout rates, financial support should be provided to the community through BBBP campaign.** This can be facilitated by School Management Committees and school governance should be encouraged by providing cash award of ₹1.00 lakh for every 100 girls enrolled. Further it was felt that there was a need to look at girls' education beyond primary schools and schools need to be more flexible for girl's education since the current schools are very rigid with no facility for the girl child to re-integrate into the formal schools. Simultaneously, the dropout rate of girl students should be monitored every 2-3 years.
- **Need for enhancing quality School Curriculum.** It was recommended that while revamping the text books in school curriculum, illustrations of new role models from various fields should be incorporated such as from the field of science and technology, sports, politics, academics etc.
- **NCERT and Haryana Government should ensure that all the text books should have the schemes of women printed at the back cover of the book** and special classes should be conducted 2 hours after school for above 14 years children on papers called "My Body" and "Negotiations" and it should be incorporated as a discipline and in the textbooks in collaboration with NCERT.
- **A Need to shift focus from IQ to Educational and Emotional competence.** This can be developed by educating and empowering women and the shifts should be made from a purely educational and social model to include technological and cultural quotients. In this regard, there was a need to design a new educational concept and have a cafeteria approach towards girl's education rather than the current rigid structure which was being followed.

- **More weightage should be given to co-curricular activity** so that their energy can be channelised; co-curricular activities for adolescents should be made mandatory and gender education infused wherever possible.
- **Case-based learning should be encouraged** in which issues and challenges faced by girl child could be discussed in small groups amongst adolescents in order to get solutions and this should also be introduced as a compulsory paper in the school curriculum.
- **In the current education system, humanitarian values should be ingrained** so that children could become gender-sensitive especially towards women, elderly and parents. The educational component on girl child education should ensure gender equality and it should not differentiate between girls and boys. Also the education system should be relevant to rural and urban issues and teachers training modules should induce gender-sensitive training for women and girls with a special module on innovative learning practices for women.
- **School curriculum should include modules on the health of adolescent girls.** Girl children should be provided early pre-school and institutional care along with a module on adolescent girl's health in course curriculum.
- For changing the mind-sets through education as advocacy tools, holistic education of the girl child could be achieved by encouraging community participation at the grassroots, exclusive radio broadcast and TV channels for advocacy on girls education should be initiated; magazines and journals should be published for spreading awareness in schools and colleges; bill boards and bulletin boards should display news items pertaining to only girls awareness programmes.
- It was recommended that schools and colleges should have boys counselling forums with provision for address by local Police Officers in order to gender-sensitise them and to reduce crimes against women.
- Regarding school/educational Infrastructure provision, **Schools should be constructed at an interval of every 2-3 kms and toilet facilities should be provided to girl students along with water facility.** Also, rural knowledge hubs should be created in the villages and online educational institutions should be promoted; the ancient Gurukul system and Nalanda system of education should be revived in order to provide spiritual, intellectual and environmental education. Best practices of Rishi Valley school and Isha Devi school, Coimbatore should be imbibed for creative education and learning. Leadership institutes

in all villages should be set up and educational institutions at Higher Secondary Level should have *Kasturba Avasya Vidyalaya* in a large scale.

- **All schools in villages should have the availability of Sanitary napkins and appropriate toilet facilities** for girls which should include facilities for disposal of sanitary napkins; appropriate techniques and modes with a health voucher provided to adolescent girls especially for incentivise health care should be introduced in schools.
- For Monitoring & Evaluation, it was suggested that the involvement of voluntary organisations, associations, federations, NGOs, women's organisations as well as institutions dealing with education, training and research should be ensured in the formulation, implementation and monitoring of plans and programmes.
- **Audit of girl friendliness in schools in terms of safety and other factors must be conducted** and continuous follow-up on assessment and evaluation programmes should be made. For this, projects and research funds for vulnerability assessment and nutrition status of girls and safety audits must be created; Safe school programmes, health initiatives taken up in schools.

### **Strategic Recommendations**

- **Development of data bank for girl children** and statistics collected should be segregated according to age and gender.
- **Review of all policies and programmes affecting girls** and Sabla Scheme should focus more on structuring the guidelines on life skills and made more effective for adolescent girls.
- Recommendations from the following studies conducted by NCERT should be imbibed while formulating the educational policies:
  - A study of Mahila Samakhya, Sarva Shiksha Abhiyaan, Kasturba Balika Vidyalayas in Uttar Pradesh.
  - A study of Implementation of KGBV scheme in Muslim districts of 4 states.
  - Strategies adopted for Enrolling Girls in Kasturba Balika Vidyalaya managed by different agencies in Andhra Pradesh, Bihar, Gujarat -An exploratory study, 2013-14.
  - Post primary education of ST girls - A study of National Programme for Education of Girls at Elementary level (NPEGEL) 2011-12.

- A study of National Programme for Education of Girls at Elementary level (NPEGEL) in Manipur, Mizoram, Tripura and Meghalaya, 2013-15.
- A study on barriers in Secondary Education (Class IX-X) of Muslim Girls 2009-10.
- Study of Madarasas and Maktabas of southern states of India from Gender Perspective 2009-12.
- Analysis of textbooks of NCERT and states at the Upper Primary Stage from a Gender Perspective in light of NCF 2005(2011-12).
- Gender analysis of Primary Textbooks of NCERT.
- Gender Review of Textbooks of Bihar, Chhattisgarh, Jharkhand, Haryana, Rajasthan and Jammu & Kashmir.
- Promotional material on Girls Education and Empowerment.
- Report of Training Programme for teachers of Demonstration of Multipurpose schools on Gender in Education.

## **Theme 12 - Valuing the Girl Child and Women**

**Chair:** Smt. Maneka Sanjay Gandhi, Union Minister, Women and Child Development

**Co-Chair:** Shri Vinay Sheel Oberoi, Secretary, Ministry of Women and Child Development, Government of India

**Moderator:** Smt. Preeti Sudan, Additional Secretary, Ministry of Women and Child Development, Government of India

**Panelists:**

1. Shri Sunil Jaglan, Sarpanch, Village Bibipur, Haryana
2. Smt. Ardra Agarwal, Director, ICDS, Government of Gujarat

**The Hon'ble Union Minister, Smt. Maneka Sanjay Gandhi** pointed out that a co-ordinated effort was necessary at all levels to provide access to women and girls to their rights. She suggested that every village could be supported with a "Community Centre" which would be the focal point for delivery of all services/programmes meant for women and children. A call was given for nomination of names of women who have done special work towards empowering women and girls. This was in the context for honouring such women from 640 districts in India during International Women's Day Celebration on 8 March 2015.

Introducing the speakers for the session, **Smt Preeti Sudan, Additional Secretary, MWCD** mentioned that village Bibipur, Jind had been honoured with National awards twice in the past and Shri Jaglan, the speaker had held the position of Sarpanch by undertaking pioneering work towards improving child sex ratio.

**Shri Jaglan, Sarpanch, Village Bibipur, Haryana** mentioned that he had his introduction to the issue of prenatal sex selection and the need for a change in mindset the context of the birth of girl children came when he was himself on the path of parenthood. The way his family and neighbourhood reacted to the birth of a girl child left him shaken. So he decided to introspect and understand the ways in which he could provide a better environment to his own child. The first step taken by Shri Jaglan as a Sarpanch of village Bibipur was to create awareness on the issue of negative fallout of skewed child sex ratio. So he started discussions through special Gram Sabhas with women and asked them to take lead in preventing sex-selective abortions. He also invited children in the Panchayat discussions to

impress upon them the need to value girl children and to discard the so called daughter phobia.

As a Sarpanch he had also decided to recognise those women in his village who gives birth to girl child and empower the women. The right to hoist flag during the Republic Day celebrations was given to mothers who were mother of only girl child. Workshops and seminars on the issue of violence against women were organised by the Panchayat and worked towards creating a world for women. Sex ratio at birth improved in this Panchayat and the efforts received wide coverage by the media. Shri Jaglan concluded his presentation by saying that a wider discourse on the issue of girl child and CSR and awareness about valuing girl children make a difference.

**Smt. Ardra Aggarwal, Director, ICDS, Government of Gujarat** started her presentation with the State Policy titled Naari Gaurav Niti of the State Government of Gujarat. This Policy had a three pronged strategy focussing on health, security and empowerment. Programmes/schemes focussing on special needs of girls/women were implemented and such efforts like separate toilets for girls in schools, public rallies organised and undertaken by the State Administration, financial support for girls to undertake professional courses) had led to an increase in literacy rate, decrease in drop-out rate, access to better health facilities through E-Mamta Initiative for families registered under this insurance scheme. Economic empowerment of women was enhanced through creation of SHGs and by providing financial support to women engaged in milk federations and animal rearing. The other thrust area was the institutionalising Gender Budgeting in all departments.

**Smt Maneka Sanjay Gandhi, Union Minister, Women and Child Development** in her concluding remarks pointed out that efforts were being made at the Centre to include two text books in the curriculum of NCERT for children above 14 years, one text book was on understanding one's own body and its needs and the other on information/suggestions book on how to negotiate with the external world.

### **Remarks from Floor**

- Ms. Pankaja Munde, Minister, Women and Child Development, Maharashtra focussed on the need for legalising sex determination during the first trimester of

pregnancy. Once the sex of the foetus was known, this awareness would enable tracking the birth of the child. She also expressed the need to change mind-set related to the birth of the second child if the first child is a girl. Government must focus on incentivising education and development of second girl child.

- Counselling for boys was needed to be undertaken seriously on the importance of girl child.
- Even if a girl child was allowed to be born and survive, yet conditions were created for ‘mental-malnutrition’ whereby she was unable to live life to the full potential. In this context, a life cycle approach was needed to be adopted for supporting the rights of women.

### Key Learnings

- To acknowledge that one individual had the power to change the ground realities and to recognise such individuals and to promote best practices.
- **Community awareness for valuing the girl child was crucial** and this could be done by having deliberations in Mahila Gram Sabhas.
- **At the community and grassroot levels, people across all age groups should be involved** viz. young married women, grandmothers, adolescent girls, young children and men to change mindsets and enhance awareness.
- **Valuing girl children would be impossible without convergent effort** stressing on health, security and education.
- **NARI GAURAV NITI- 2006** was a State Level Policy Initiative of the Govt. of Gujarat with the following objectives and a multipronged Strategy
  - Education
  - Quality of Life-Health and Nutrition
  - **Chiranjeevi Yojana:** 9.97 lakh pregnant women have been benefitted under Chiranjeevi Yojana.
    - 531 Emergency Ambulance vans (108) are operational –more than 17 lakh pregnancy-related problems have been handled through 108 vans.
    - **Khilkhilat:** An ambulance for safe home coming of infants and mothers post-delivery.

- **Kasturba Poshan Sahay Yojana (KPSY):** In order to facilitate adequate nutrition and rest during pregnancy a cash support to the BPL mothers of Rs. 6000 per pregnant woman is provided.
  - With focused activities on social indicators, maternal mortality rate had been reduced from 202 in the year 2001 to 112 currently.
  - With innovative initiatives, the percentages of institutional deliveries in the state had touched 95 per cent.
  - **Doodh Sanjeevani Yojana** (launched in 2007): The scheme was initiated in 2007 in 10 tribal blocks of six tribal districts wherein 3-6 years children are being provided with pasteurised flavoured milk. Improvement in the nutritional status have been noted in 72,671 children and in the year 2014-15 this yojana is proposed to be expanded to all the tribal blocks of tribal districts to benefit 6 months to 6 years children and pregnant and lactating women.
  - Through 52,137 Aanganwadi centers, 49.26 lakh people including pregnant and lactating mothers and children (6 months - 6 years) have been benefitted under Integrated Child Development Service (ICDS).
  - **Micronutrient fortified Premix** - Sheera, Sukhadi and Upma as Take Home Ration (THR) has been provided in 21,990 Aanganwadi through Matru Mandals.
- **Vatsalya Diwas**
    - Celebrated to facilitate regular counseling to pregnant, lactating mothers and follow-up of the underweight child till he/she reaches the green zone and maintains it for at least 3 months and creating awareness among the community through focused counselling.
    - The total number of beneficiaries covered under Vatsalya Diwas in 2014 is 14.84 lakh.
- **Financial Empowerment**
    - **Sakhi Mandals** - Mission Mangalam
      - Freedom from shackles of debt and financial problems
      - 2.21 lakh 'Sakhi Mandals' created, having nearly 24.94 lakh members.
    - **Mahila Pashupalak Prohatsahan Yojna:**
      - To increase the number of Dudh mandali run by women.

- 300 sqmt plot, ₹5.00 lakh aid for construction of Dudh ghar.
  - Loan waiver for purchase of milking animals.
  - **Waiving of registration fee on registration of Land/Property in name of women:** 11.73 lakh houses have been registered on women's name, exempting ₹414.47 crores as registration fees.
  - **Mata Yashoda Gaurav Nidhi Insurance** scheme for Anganwadi workers and helpers in an attempt to provide social security to them and their families.
  - Gujarat Government has introduced the concept of **Gender Budget** and she said that-
    - It is a policy decision that will prove to be a milestone in the state's march towards Women's Empowerment.
    - It has a budgetary provision to develop schemes and women-oriented programmes in the state.
    - Every department will now have to keep aside some amount of their budget specifically for Women Empowerment.
    - Some 495 women-oriented schemes with a budget of nearly ₹45, 259 cr have been allotted to the Gender Budget.
- **Partnering in Administration and Decision Making Process**
    - **Security – Protection against violence**
      - 33 per cent reservation for women in the police force.
      - 30 per cent reservation for women in all government jobs.
      - More than 74,000 women members in 18,185 Pani Samitis. 'Mukhyamantri Mahila Pani samiti Protsahan Yojana'- Incentive of 50,000 for newly formed all women Pani Samiti.
      - 6.37 lakh women member successfully run 2,415 milk groups.
      - Gram Sanjeevani Samitis have nearly 70 per cent members as women.
      - 181 - Abhayam Women Helpline for all women aged 14 or more in Gujarat, in association with GVK EMRI.
      - 24x7 Toll free helpline.
      - Support for women in distress.
      - Services: Rescue in threatening situations, free counselling, guidance and information through centralised response centre.

- Accessible through any mobile or landline.
  - Suraksha Setu: Self-defence training imparted to women under Suraksha Setu Society - a state-wide public outreach programme.
  - ‘The police station-based Support Centers’ for Women in Gujarat- well trained counsellors in all districts.
  - To ensure women safety, 25 women police stations and 9 women cell have been operationalised, Gujarat ranks first, in Female Security Index.
- **Legal Initiatives**
    - **Nari Adalats (102)** by Gujarat State Women’s Commission- an alternative justice system.
    - 243 **Multipurpose Women Welfare Centres (MPWWCs)** have been setup in 25 districts and 218 talukas and urban areas across the states to help women deal with social, legal and employment-related concerns.
    - Implementation of women-related laws with focus on **PC & PNDT Act 1994, Protection of Women from Domestic Violence Act 2005, Sexual Harassment of Women at Workplace Act 2013.**
- **Political Empowerment**
    - Mahila Samras Panchayat.
    - 831 female sarpanchs of Samras village panchayats felicitated.
    - Incentive prizes worth of ₹22.50 crores awarded.
    - As many as 250 village panchayats have become Samras entirely.
- **Sports**
    - **Khel Mahakumbh: Platform to women of remotest areas of the state to perform at state level.**
    - Participation of nearly 8 lakh women.
    - Self-defence training to 1.53 lakh girls and women during Khel Mahakumbh 2013 by Sports Authority of Gujarat.
    - Scholarships offered to women participants to encourage female participation in the mega-sports event.

- **Padkar** - A self-defense program to empower women across the state with basic training in self-defense. The launch of the program was done through a massive demonstration on Self Defense by 1250 girls during the Opening Ceremony of the **Khel Mahakumbh** on 23 November 2013.
- **Awareness and Advocacy**
  - Gatisheel Gujarat-1, Poshan Jagruti Saptah celebrated in every village and urban wards of the state.
  - Mothers of only one or two daughters honoured under ‘Beti Vadhavo’ title to spread awareness for girl child.
  - As a part of the week long celebrations, Kishori Divas celebrated and various competitions organized to encourage adolescent girls in such activities.
  - Village Bibipur, Haryana hold lessons on gender sensitivity for children in order to sensitise them from a young age.
  - Village Bibipur, Haryana bestows the honour of flag hosting to parents of girl children in order to encourage the masses.

### **Key Recommendations**

- **Set up a community centre (multi-purpose) at every village for women**, which will be a platform for gender discussions, placed for night shelters for women, food distribution, crèche for children, centre for imparting skill based training for women. This would bring about a significant change in the lives of rural women and children.
- **Sabla Scheme be revamped to include school children** from the age group 14-18 years with specifically designed textbooks focusing on Body and Sexuality and How to negotiate with the world. This should be imparted as a part of school curriculum with specific timings allocated after school hours.
- **Conduct training/strengthening and capacity building workshops for District Magistrates** where Beti Bachao Beti Padhao Campaign will be undertaken/implemented in the 100 selected districts.

- **Education**
  - **Dedicated intervention towards increasing enrolment and retention of girls** through awareness generation and reach out to community and villages by the bureaucrats and leaders.
  - Department of Education at State level and NCERT at the Centre should work in collaboration towards incorporating and publishing schemes relating to the girl child behind the textbooks/notebooks.
  
- **Health and Nutrition**
  - Government should ensure separate toilets in all schools for girls and boys.
  - Provide health insurances to girls whose parents' income is below ₹1.5 lakh.
  - Create a mechanism for tracking pregnancy and legalise sex determination for tracking pregnant women as details of their sonography and the gender of their unborn child will get recorded officially.
  
- **Financial Empowerment**
  - Financial incentives to be given to girl children during enrolment in schools which can be used only after completion of elementary education.
  - A financial incentive to encourage women for preparation for administrative jobs as well as other relevant examinations., specialised trainings for non-conventional jobs for women.
  - Economic empowerment of women to be achieved through SHG formation and credit linkages to banks through micro credit programme.
  - To **encourage property registration of women**, fee waivers to be given for registration in the name of women.
  - **Village level milk federation to be promoted** and cooling pots to be provided.
  - To promote agricultural practices in the field for rearing, special programmatic interventions have been made.
  - To promote gender-responsive budgeting at all levels.
  
- **Security**
  - Create awareness among Women themselves, among professional groups and general public of the atrocities committed against women and children.
  - Provide 24X7 rescue services for women through mobile services.

- Provide self-defense training to women especially at the grass root levels.
- Setup Multi-Purpose Women Welfare systems across all States at all grassroots and urban levels to help women deal with social, legal and employment-related concerns.
- **Decision Making Process**
  - Create incentives to encourage women leaders in political processes such as becoming sarpanches in villages.
  - Create **Women Panchayats** so as to encourage representation in political processes.
- **Sports**
  - **Provide scholarships to women sport-persons** especially in rural areas so as to encourage women participation in sports.
- **Awareness and Advocacy**
  - Value lessons on gender sensitivity with special emphasis on female infanticide for children will go a long way in sensitising the community.
  - To provide incentives to Mothers of an only girl child/2 girl children. Such women should be given due respect and recognised by the Panchayats/Urban local bodies at the community level.
  - Pregnancy tracking; legalise sex determination for tracking pregnant women.

## **Concluding Session – Nishtha Sabha**

### **Signing of Commitment Sheet by States Representatives and Participants**

The National Thematic Workshop on Best Practices for Women and Child Development was a prelude to the Hon'ble Prime Minister's launch of "Beti Bachao Beti Padhao" Programme on 22.01.2015. As mentioned earlier, the two-day event was inaugurated on 20 January 2015 at Indian Oil Corporation Complex, Panipat, Haryana and was envisaged to evolve focused strategy recommendations for Women and Child Development, based on the best practices and innovative approaches that have worked well in different states and districts.

The Workshop started with an inaugural session which set the context for the workshop. This was followed by thematic sessions which covered various issues pertaining to nutrition, child development and protection. The sessions were chaired by State Ministers/State Secretaries and the speakers included senior state officials and experts. The second day of the National Thematic Workshop focused on the issues of safety, protection and empowerment of women and community initiatives for Beti Bachao Beti Padhao. The sessions were chaired by the State Ministers of DWCD, Chairperson of NCW and speakers were senior state officials and eminent experts working in the specific area.

The Workshop culminated with identifying the priority issues for action in the form of commitment sheet (**Annexure-IV**) that emerged from the discussions held during the two day workshop and reiterating the commitment of the Ministry of Women and Child Development, Government of India, concerned Ministries, participating States and other stakeholders that work for the survival, protection and development of women and children. It encompassed fulfilment of children's rights to survival, development, protection and participation and the recognition of women as equal partners in socio-economic development and political processes and as prime movers of social and economic change. These commitments are also embodied in the Constitution and in several enabling legislations, policies (such as the National Policy for Women, National Policy for Children and the National Nutrition Policy), Five-Year and Annual Plans and programmes, in different manner and ways. However, during the workshop most participants were of the opinion that these aspects need to be examined and taken care of with the help of various innovative initiatives shared in these two days from

different parts of the country.

The workshop initiated the process of synthesising and dissemination of best practices related to key themes for Women, Child Rights, the Girl Child and Nutrition and agreed to take it forward. It also recognised the need towards building and strengthening an enabling environment for innovation-through enhanced familiarity of national/ state teams with innovative approaches and capacity development and decided to take note of grassroots level examples towards this. It also came out with Strategy Recommendations that reflect innovation and synthesise learning from these models, for use across States and UTs and took note of systems and mechanisms evolved for continued interstate learning and mentoring support, with e-networking. A shared commitment was finalised for time bound action for addressing key themes in innovative ways - especially as related to Beti Bachao, Beti Padhao.

The session ended with the adoption and **Signing of Navdisha – the commitment sheet** in the presence of Smt. Maneka Sanjay Gandhi, Hon'ble Minister, Women and Child Development, Government of India and the Ministers from states of Chattisgarh, Maharashtra, Rajasthan, Madhya Pradesh and Haryana and other dignitaries, government officials and participants.

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## SUMMARY OF KEY LEARNINGS AND RECOMMENDATIONS

One of the objectives of the two-day workshop was to highlight and analyse the best practices that presently prevail in different parts of the country and to draw lessons from them by involving senior administrators drawn from different states, functionaries of non-governmental agencies, subject specialist and activists. The outcomes in terms of innovative ideas, new learnings and recommendations that emerged from the panelists and participants have been compartmentalised in two parts-as key learnings and key recommendations. Key learnings listed under various themes are proven, achievable and if replicated holds potential benefits to women/girl child. Recommendations on the other hand list new approach, new path to take foreword the cause of the girl child and ensure greater benefits towards the survival of the girl child.

### I. INFANT AND YOUNG CHILD FEEDING

#### KEY LEARNINGS

1. **Supervised feeding for malnourished children** up to 5 years (identifying the age and height of the child through weight).
2. **Special fortified complementary food** for children between 7 months – 3 years. Inclusion of nutritive ingredients like milk powder, while ensuring the quality.
3. **Supervised feeding (One full meal)** for children between 3-6 years and for pregnant and lactating mothers.
4. **Package of services for pregnant women** including one full meal, weight monitoring, supervised IFA administration and regular counseling.
5. **Focused interaction with mothers and caregivers** through more than one Village Health and Nutrition Days (VHNDs), focusing on growth monitoring of mothers and children and on counseling of mothers.
6. Convergence with the community has shown improvement of Infant and Young Child Feeding (IYCF) practices. e.g. **Mothers' Support Groups**.
7. A special IYCF unit with medical facilities along the lines of **Amrit Kaksh** in Rajasthan, for counseling on breast feeding and complementary feeding.
8. **Sensitisation** of district administration on improving IYCF practices.
9. Making available State and district level master trainers (Middle Level ICDS Functionaries) on IYCF for training frontline workers. In addition to this, recruiting

local graduates after training them in IYCF through medical colleges has also shown positive impacts.

10. **Training of family counselors** at the block level and setting up of counseling centers on IYCF in each health centres at the village level.

## **KEY RECOMMENDATIONS**

Following are the key recommendations that emerged from the deliberation:

1. Greater focus on complementary feeding as well as feeding during and after illness.
2. **Focus on maternal nutrition and reduction in anemia**, for infant feeding.
3. **Intensified skill-based Training and Counseling** on Infant and Young Child Feeding for functionaries, mothers as well as community.
4. Counseling support closer to the mother through direct interaction with trained personnel.
5. **Setting up of Training Resource Centre and IYCF counseling units** at Medical and Home Science colleges at the State, District and Sub district level.
6. **Better convergence among line departments**, stakeholders and community for improving IYCF practices.
7. **Involvement of PRIs** in improving IYCF practices.
8. **Community-based management** of malnourished children through supervised feeding (enriched meal) and counseling of care givers.
9. **Provision of breast feeding corners** for lactating women at Anganwadi centres and crèches.
10. Increased interaction with mothers and caregivers through increased number of Village Health & Nutrition Days.
11. **Growth Monitoring linked to Infant & Young Child Feeding counseling** for prevention of growth faltering.

## **II. COMMUNITY NUTRITION**

### **KEY LEARNINGS**

1. Community volunteers for mobilisation and education

2. Strengthening of platforms like VHND
3. A combination of preventive and curative strategy
4. Community contribution (Akshaya Patra)

### **KEY RECOMMENDATIONS**

1. Convergence of various line departments and key sectors is crucial.
2. Health and ICDS is a MUST for
  - a. Management of illnesses- specially Diarrhea with zinc, pneumonia
  - b. Rehabilitation of malnourished children through linkages with NRCs, CNRCs and Rashtriya Bal Swasthya Karyakram (RBSK)
  - c. Home-based care of new born babies for early intervention and support specially for children who are unable to feed
  - d. Complementarily in roles of ASHA (Accredited Social Health Activist) and AWWs.
3. Other key departments with which convergence is needed are Sanitation, PRIs, Agriculture, Horticulture, Food and Civil Supplies for ensuring food security and maternity benefits.

### **III. ADDRESSING ANAEMIA**

#### **KEY LEARNINGS**

1. **An integrated package of services- Iron-Folic Acid (IFA) supplementation, deworming and promotion of dietary diversification** would help in the battle of reduction in anaemia.
2. **Use of micronutrient powders** can be used for fortification.
3. Special emphasis on **life skills and nutrition education** through Mata Samitis and SHGs.
4. Promotions and use of double fortified salt.
5. 100 days goal under the banner of '**Developing Gujarat (Gatisheel Gujarat)**' could be replicated in other states.

6. Working in convergence with local NGOs and MGNREGA for developing **Kitchen Garden** in selected AWCs.
7. **Pre-conception care package for newly married couples** planning for improved reproductive health and reducing incidence of maternal and infant morbidity and mortality.
8. **High Risk Pregnancy Policy** for early identification and timely referral for high risk pregnancies through fixed antenatal days and Surakshit Janani Saptah.
9. **Injectable Iron Sucrose injections** for pregnant women with severe anaemia.

### **KEY RECOMMENDATIONS**

1. Awareness generation and advocacy of readily available-region specific local foods rich in iron and folic acid.
2. Pre-conception care package for newly married couples planning to conceive for improved reproductive health and reducing incidence of maternal and infant morbidity and mortality.
3. High Risk Pregnancy Policy includes early identification and timely referral for high risk pregnancies through fixed antenatal days.
4. Involving other stakeholders - Corporates (as part of CSR), NGOs and government for improving nutritional status of women and children in ICDS

## **IV. EARLY CHILDHOOD CARE AND EDUCATION**

### **KEY LEARNINGS**

1. Context and age specific curriculum based activities is possible to be implemented across all AWCs with adequate training, mentoring and supportive supervision for the AWWs.
2. Strengthening of ECCE initiatives and activities are the prime factors towards repositioning of AWCs as vibrant ECCE centres. It significantly increases the participation of children in ECCE programme at the AWCs.

3. Increase in community participation by generating more interest among mothers and grandmothers on child learning, like singing rhymes, storytelling, practicing healthy habits like cleanliness, toilet habit, cultural greetings, etc.
4. Promoting child-friendly infrastructure. Several states have redesigned the existing AWCs with low cost locally available materials transforming the AWCs into more vibrant ECCE centres for children. This has also enabled community involvement and participation and better ownership for effective and sustainable functioning.
5. Development of core group involving NIPCCD, NGOs, SCERT, block resource groups and other ECCE experts in order to carry out annual revision of curriculum.

### **KEY RECOMMENDATIONS**

1. **Develop and implement District/State/National Action Plans for ECCE (Early Childhood Care and Education)** progressively in all districts. In view of decentralised planning, teams from districts meet for (i) sharing of issues and discussing strategies, as well as (ii) for orientation on need based planning before the State prepares for their APIP (Annual Programme Implementation Plan). Flexibility to States/UTs on utilisation of funds as per their needs with target indicators of outcomes for ECCE.
2. **Strengthen Institutional capacity** of NIPCCD and its Regional Centres, MLTCs, AWTCs, and partner with SCERTs, DIETs and BRCs of MHRD to constitute ECCE Unit for training, mentoring and supportive supervision of AWWs.
3. **Development of a training strategy** including (a) specific skill based in-service training in ECCE with periodic refreshers (b) Capacity building of AWTCs and supervisors to serve as mentors, (c) Constitution of state/ district resource groups in ECCE.
4. **Provide qualified and trained facilitators** to work with children under all managements (public and private). Dedicated facilitators (second worker) under ICDS to focus on ECCE implementation.
5. **Create an innovation fund for ECCE** so that innovation takes root, is shared with others; there is a demonstration effect and an expanding quality circle, with a ripple effect for systems quality improvement.
6. **Consortium for ECCE** involving NGOs, public and private sector, development partners, resource institutions as oversight body to support the State at different levels

of implementation of ECCE programme. **State Resource Groups for Curriculum already created may be encouraged for the same.**

7. Inter State Visits (e.g. visit to model ECCE centres), Annual Meet / e-platform for inter-state show casing of good work, sharing of best practices that are relevant, sustainable and replicable with adaptations.
8. **Appropriate ratio** of Supervisors to AWWs for effective supervision and mentoring, **Role Clarity** of different functionaries (CDPOs, Supervisors, ECCE Coordinators etc.) for relevant training, to avoid overlap of functions, have better time management and increase in their efficiency.
9. **Introduce a new parent education programme, focusing on early stimulation of children under 3 years** through a trained care counselor, to empower parents and families for improved family care behaviors.
10. **Encourage piloting of different community-based approaches for infant care- such as, having** crèches-cum-AWCs, or those linked to MGNREGA- especially to support women working in the unorganised sector, towards responding flexibly to their patterns of work and time. The aim is to relieve the girl child from sibling care and encouraging them to instead, school.
11. Enhancing **community awareness and involvement** through
  - (a) Community mobilisation activities like annual AW days, shows, monthly ECCE days, etc.
  - (b) Constituting parents' committees for local management, activating monitoring committee at all levels
  - (c) Using folk and electronic media.
  - (d) Encouraging community members as resource persons etc. and
  - (e) Involving NGOs and CBOs

## **V. COMBATING TRAFFICKING**

### **KEY LEARNINGS**

1. Lack of adequate mechanism and infrastructure to deal with various aspects of human trafficking.

2. The project proposals from the NGOs under various schemes (Ujjawala/Swadhar etc.) take a long time in obtaining approval from the Government. This needs to be speeded up.
3. There is a lack of Standard Operating Procedures (SOPs) for rescue and rehabilitation measures. The minimum standards of victim care needs to be adopted.
4. Measures to stop trafficking should be in-built into the District Development Plan through Skill Development, Food Security and Rural Development and thus giving economic security to girls and women and their family..
5. Providing training on gender and child rights issues in the training curriculum of IAS Probationers and other training institutions needs to be seriously addressed.
6. Large number of unregistered Child Care Institutions/ Shelter Homes/ Nari Niketans results in exploitation of vulnerable sections of people. Penal provisions for running unauthorised homes to be in place.

### **KEY RECOMMENDATIONS**

1. Need to develop and adopt a comprehensive approach to address human trafficking with a focus on penalising traffickers and pimps rather than victimising the prostitute and clients.
2. NCRB should consolidate data under Sections 370, 370A of the IPC and ITPA to enable the nodal agency to monitor the trends with respect to trafficking of women and children.
3. In case of disasters (natural/man-made) rescue/interventions need to focus on the conditions of women and children in order to prevent distress trafficking.
4. Ensure decent and safe working conditions for domestic workers including payment of minimum wages.
5. Develop and adopt initiatives to create employment opportunities at source areas of trafficking.
6. Concerned authorities to develop SOPs and minimum standards of victim care for various agencies.
7. Educate children in schools on issues related to trafficking.
8. Include Gender and Child Rights Issues in training curriculum of IAS Probationers and other training institutions.

9. Vulnerability mapping of areas for source, transit and destination in order to implement need based interventions.
10. National Portal on Human Trafficking to be created with option/space for citizens to register information related to trafficking issues.
11. Registration of all Child Care Institutions/shelter homes/Nari Niketans/foster homes including those run by religious institutions should be mandatory by law.
12. Prepare a cadre of professionals (regular employees) who should work on various protection issues related to women and children.
13. Anti-Human Trafficking Units (AHTUs) to be constituted/strengthened in every district of each State.

## **VI. EXPERIENCE SHARING BY STATES: SAMAVESH**

### **NUTRITION**

1. Awareness generation on nutrition and sanitation issues at the village, block, district and state level to be made a continuous process till the required target is achieved.
2. Nutrition checkup for women should be undertaken prior to providing other services in Anganwadi Centres.

### **CHILDREN**

1. Eco-friendly and vibrant Anganwadi and ECCE centres should be created to attract more children.
2. New – contextualised and age-specific curriculum for ECCE should be created. This should be an exclusive programme under ICDS to make it more effective.
3. Set-up separate toilets for girls in every school and every home.
4. AWC workers remuneration to be raised to cover at least minimum wages and incentivise the efforts of the AWCs to combat corruption.
5. AWC should allow children below three years of age.
6. School curriculum to include aspects/topics on changing the mindsets and stereotypical thinking, specifically with respect to gender.
7. Mandatory monitoring of children from birth to age of 6 through web-based technology (UID) and their sex ratio to be monitored through silent online observer.
8. Annual Child Protection Index to be prepared.

## **WOMEN**

1. Registration to be made mandatory and the process needs to be simplified.
2. Property rights for all women including tribal women needed to be ensured by addressing/amending provisions in various personal and customary laws which discriminate against women.
3. Need to adopt measures for effective and gender sensitive steps for rehabilitation of victims of trafficking and help their holistic integration.
4. Maternity Benefit Act should be revised and duration of the maternity leave should be increased to a period of six months.
5. Training in self defence to be imparted to women to prepare them to counter attacks and violence perpetuated against them.
6. Helplines should be set up in all States and their effectiveness should be regularly monitored and evaluated.

## **INNOVATIONS RELATED TO TECHNOLOGY USE**

1. Vatsalya Plus Project to be linked to SMS for parents.
2. All forms of media and mobile technology should be used for highlighting and addressing social issues.

## **VII. ADOLESCENT GIRLS**

### **KEY LEARNINGS**

1. There are resources and processes available with various agencies such as UVCT (Urivi Vikram Charitable Trust) which could be adopted or utilised when programmes are developed or initiated for adolescents.
2. A shift in the approach needed wherein the youth is considered as human resource asset, their strength identified and empowered.
3. Learnings from various studies (e.g. the 54-country study of WHO in 2002) show that the following health risks are faced by adolescents:
  - a. early unprotected sex
  - b. substance abuse
  - c. depression and suicides

The studies have also identified the protective factors which should be strengthened, viz: (a) family environment (b) school/institution environment and (c) spirituality.

4. Cafeteria approach is recommended where planning is based on specific needs of adolescent girls.
5. Breakdown of joint family system points to the need to inculcate life-skill training and education, especially for girls, who face lack of guidance from elders in the family.

### **KEY RECOMMENDATIONS**

1. Focus on counselling and career guidance to adolescent drop-outs.
2. Need to orient and educate parents and teachers in order to understand the needs, requirements and problems of adolescents.
3. Safety audits should be regularly carried out in schools. Based on findings, gender responsive budgets need to be developed.
4. Curriculum and content should be contextualised and made cultural and gender sensitive, in order to address their specific needs.
5. Implement, monitor and review all policies and programmes through an ‘adolescent lens’ in collaboration with all stakeholders.
6. Civil Society collaborations should be encouraged.
7. Adolescent Resource Centres (ARC) need to be set up at block or village level. Girls clubs could be encouraged. For example, journal club and sports club.
8. Distribute vending machines in schools and anganwadi centres for better access to products such as sanitary napkins for promoting women’s hygiene.
9. Health vouchers may be given to both boys and girls in schools which can be used to access healthcare services and to consult doctors.

## **VIII. EMPOWERMENT OF WOMEN**

### **KEY LEARNINGS**

1. Need to carry out more awareness generating activities and training programmes for Protection Officers to help them carry out their functions effectively. Also proper utilisation of allocated budgets under PWDVA and provision of financial assistance to service providers.

2. Contribution of women to the GDP of the country should be acknowledged. Need to explore skill trainings for women in various non-conventional fields such as engineering, entrepreneurship and others.
3. Need to involve men and boys in the entire discourse of equality and gender sensitization.
4. While forming groups amongst farmers, women to be encouraged to be a part of it. This would provide them with a platform for finding collective solutions on crucial issues and help nurture a sense of ownership. For example, in Chisami village, Nagaland, the Village Development Board and Village Council have declared equal wages for both men and women farmers.
5. Bridge the gap between rural and urban areas in terms of education, skills and livelihood.
6. Take initiatives to revive local crafts for economic empowerment of women and towards creating employment opportunities.

### **KEY RECOMMENDATIONS**

1. Prepare a National Action Plan linked to the revised National Policy on Empowerment of Women.
2. Need to put in place a mechanism to collect gender and sex disaggregated data to identify and implement appropriate policies/programmes and other measures.
3. Strengthen the monitoring mechanism of all laws relating to women for effective implementation.
4. Engender the manufacturing sector to promote women as economic leaders in the Make in India programme.
5. Improve water, sanitation and transport facilities in rural areas, particularly for school children, girls and working women.
6. Need to revisit property laws in order to remove gender discriminatory provisions.
7. Strengthen the National Commission for Women along with the State Women Commissions in terms of adequate (financial and human) resources and provide teeth for better protection of women's rights.
8. The newly formed Judicial Appointment Commission should have at least one women member for a gender perspective in decision making.

9. Make provisions for 33 per cent reservation in Parliament and 50 per cent reservation in Local bodies for women.
10. Revise the curriculum and text books of schools for a better understanding of gender issues.
11. Increase fund allocation for providing medical aid and support to victims of acid attack and survivors of trafficking.
12. Devise a campaign to empower women victims as potential mentors and guides for other women in distress.

## **IX. VIOLENCE AGAINST WOMEN**

### **KEY LEARNINGS**

1. **Focused approach towards prevention and redressal of VAW** through establishment of women-friendly authorities/structures like MSSK (Mahila Salah Evam Suraksha Kendra), Aparajita Helpline (Rajasthan), Sneh Aangan, Mahila Police Desk and Police Stations with exclusive rest rooms and wash rooms for women.
2. **Appointment of dedicated officers to tackle the issue of VAW** i.e. ‘SHE’ teams in Telangana, Dedicated PO and District Officers notified under Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 in Rajasthan.
3. **Community policing by neighborhood police** in civil colonies, educational institutions on preventive measures and laws relating to safety and security of women and girls: For the purpose, police is provided with 200 patrolling vehicles fitted with appropriate communication gadgets and adequate weapons to handle the violent situations.
4. **Empowering girls through education, training and self defence skills** i.e. PADKAR Yojana – Scheme for self-defense in Rajasthan, similar efforts in Telangana and enabling easy access to middle and secondary education.
5. **Use of free mobile apps** i.e. GoSuraksheit, Sentinel, SafeBridge, FightBack, HAWKEYE etc. and helplines to ensure safety and security of women.
6. **Ensuring women’s safety during travel and in public spaces** i.e. She taxis, SOS Button, She Teams, toll free number 100, regulation of auto rickshaw and taxis, CCTV at major bus stops, mandatory GPS in public transportation.
7. Counseling from childhood to inculcate gender perspective in young minds.

8. Enactment of **separate law to curb the issue of violence in public spaces** i.e. Anti-Eve Teasing Act in Telangana (proposal sent to Govt).
9. **Establishment of PC-PNDT Bureau of Investigation** to investigate matter related to violation of PC-PNDT Act, online Form F and related tracking services, complaint number 104, Mukhbir Yojana.

### **KEY RECOMMENDATIONS**

1. **Establishment of One Stop Centres** across the country as functioning in Rajasthan.
2. **Universalisation of women help lines** as functioning in both Rajasthan and Telangana.
3. **Strengthening of mechanism** i.e. ICC, LCC under Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.
4. **Appointment of dedicated officers for women-centric laws** and establishing a mechanism of state level monitoring to ensure effective implementation of such laws.
5. **Formulation of citizens groups** to build mechanism of community policing.
6. Use of technological advances and mobile apps to ensure safety and security of women.
7. **Time bound disposal of cases** related to VAW through courts.
8. **Compulsory Registration of Marriages.**
9. **Gender sensitisation of young minds** through educational institutions, including schools and colleges across the country. The modules should be age-appropriate.
10. **Focus on educating the girl child** in order to empower her to lead her life according to her own choices.
11. NGOs should be involved in awareness raising exercises.  
Awareness raising efforts should be made to exclude gender stereo typical portrayals.
12. **Make schools a safe space** by providing functional toilets with adequate water supply for girls.
13. **Third Party Mapping and Survey of Sonography Machines** for effective implementation of PCPNDT Act, 1994.

## **X. IMPROVING THE CHILD SEX RATIO**

### **KEY LEARNINGS**

- Unless and until there is a conscious effort in changing the societal mindset, we cannot stop spread of misuse of the technology.
- The process of planning and monitoring can make extensive use and take advantage of e-enabled Management Information System.
- Important to create awareness about the various initiatives of the government to restrict use of medical technologies, supportive and programmatic measures for girls and women, including financial incentive schemes, along with advocacy, communication and mobilisation to improve CSR.
- In order to realise all these, we need to promote convergence of government line departments. A life-cycle approach is followed and thus different requirements are met by programmes of various departments.
- Modifications or interventions in PCPNDT act or community-led models of tracking pregnancy should not hinder women's rights to access legitimate reproductive technologies and her privacy.
- Incentivising whistleblowers for bringing to notice violation of PCPNDT Act is important.

### **KEY RECOMMENDATIONS**

1. There is a need to weed out policy incongruence and review existing policies of family adopting two Child norms.
2. A rights-based gender-sensitive policy and strategies should be developed to safeguard the reproductive rights of women.
3. Put in place strict regulation and monitoring of medical practitioners, paramedics, ultrasonologists, diagnostic centres, clinics, genetic counselling centres, IVF clinics. Effective enforcement of PCPNDT Act through decoys, surprise raids of clinics for preventing misuse of technology is essential.

4. Positive as well as negative reinforcement need to be given – rewards, recognition (for whistleblowers, teachers, frontline workers, community leaders, etc.) as well as penalties, prosecution for negligence, inaction, complicity (in case of medical practitioners, police, and elected representatives).
5. Innovative ways such as pension schemes to support households with ‘only girl child’.
6. A common platform for action needs to be provided to bring together the stakeholders – with greater ownership and involvement of states, districts, and villages. Panchayats/urban local bodies/community/peer support groups need to be utilised for changing social norms and behavior.
7. Fix time-bound strategies, action plans and milestones for all poor performing areas. This must be followed up with regular monitoring and evaluation of the schemes.
8. Community-based accountability framework (for each ward/mohalla/village) should be put in place. Innovative advocacy, better communication strategies and CBOs and CSOs and researchers need to be put in place.

## **XI. NUTRITION AND HEALTH**

### **KEY LEARNINGS**

1. Once girl child’s survival has been ensured, it is equally important to safeguard the quality of life of the girl.
2. Data analysis must not only be limited to simple and linear analysis, but also look at the correlation, nuances and micro-level variations.
3. To improve health and nutrition standards convergence needs to be ensured between community, PRIs and concerned government departments. AWWs, ASHA and Swacchata Doots to come together as single entity for the issue. Their distinct roles and responsibilities must be clearly chalked out.
4. Engaging community participation in ensuring health and countering malnutrition - PRIs could provide platforms such as Gram Saba, VHND, VHNSC (Village Health, Nutrition and Sanitation Committee), mothers’ group etc for the same.
5. We need to address health issues not just in curative terms but in a promotive and holistic manner.

## **KEY RECOMMENDATIONS**

1. Need integrated approach to malnutrition with all stakeholders and grassroots level functionaries working towards common goals.
2. Malnutrition needs to be addressed on priority basis as majority of the affected people are not even aware of their malnourished state. This is a condition which needs to be taken care of immediately.
3. Disaggregated data in terms of gender, social group, regions as well as economic status with respect to malnutrition needs to be generated and analysed to make action plan.
4. Analysis of various community learnings from different states must be highlighted and made available for others to learn from (could be done by way of exchange visits, interactions, common online portal).
5. The state must also launch a campaign against malnutrition adjunct to BBBP and Swachh Bharat.
6. For the interventions to show results, it is important to have better coordination and cohesion between GOI and the states
7. Tracking women, particularly pregnant and lactating women, and children (without intruding into their privacy) and linking them to state programmes.

## **XII. GIRLS EDUCATION**

### **KEY LEARNINGS**

1. Promoting girl child by giving prime importance to gender issues in all teacher training programmes. Remove gender bias from the NCERT text books including the state text books, teacher training modules and teacher development programme resource material. Department of Gender Studies has been providing support to NCERT for this and audio video materials are being prepared with gender focus and gender-sensitive approach for children.
2. Organising women's collectives for advocating and fostering increased enrolment in girl child education.

3. Jagjagi Kendra: A non-formal centre conducts gender-based studies for girls from 9 to 14 years of age and three hours were specially assigned for sensitising mothers of girl children. Similar efforts could be replicated.
4. Kishori Manch: This conjunct forum was created for collectivising school girls, girls from Jagjagi Kendra and Kishori Manch where issues related to girl children were discussed collectively. This forum also provided the girls leadership training for 5 days.
5. Awasi Kendras: This centre comprised married adolescent girls who were provided life skill education, judo, vocational training apart from awareness on health.

### **KEY RECOMMENDATIONS**

1. Free text books should be provided to girl children.
2. Additional facilities should be provided to encourage girl child education such as toilets facilities for girls, bridge courses for drop out children, recruitment of SNC, Community mobilisation programmes, teacher's mobilisation programmes.
3. Audit of girl friendliness in schools in terms of safety and other factors must be conducted.
4. Special classes should be conducted after school hours for children above 14 years on subject such as "My Body" and "Negotiations" and it should be incorporated as a discipline in the textbooks in collaboration with NCERT.
5. Skill education and vocational training should be given at school level. Girl children should be provided free uniform and text books. Skill building of women should be fostered on non-conventional skills such as women masonry, women technicians etc.
6. For curtailing dropout rates, financial support should be provided to the community through BBBP campaign. This can be facilitated by school management committees and school governance should be encouraged by providing cash awards of ₹1.00 lakh for every 100 girls enrolled.
7. NCERT should ensure that all the textbooks should have the schemes of women printed at the back cover of the book.
8. All schools in villages should have the availability of sanitary napkins and appropriate toilet facilities for girls including disposal of sanitary napkin.

### **XIII. VALUING THE GIRL CHILD AND WOMEN**

#### **KEY LEARNINGS**

1. Community level awareness for valuing the girl child is crucial and can be done through deliberations in Mahila Gram Sabhas.
2. To change mindsets and enhance awareness we need to encourage participation at the community and grassroot level of people across all age groups viz. young married women, grandmothers, adolescent girls, young children and men.
3. Convergent efforts on health, security and education are crucial to empower the girl child.
4. Best practices in states to be adopted and up-scaled.
5. Khilkhilat scheme in Gujarat: An ambulance for safe home-coming of infants and mothers post-delivery.
6. Kastruba Poshan Sahay Yojna (KPSY): In order to facilitate adequate nutrition and rest during pregnancy, a cash support to the BPL mothers of Rs. 6000 per pregnant woman is provided.
7. Abhayam Women Helpline for all women aged 14 or more in Gujarat, in association with GVK EMRI.
8. Village Bibipur, Haryana holds lessons on gender sensitivity for children in order to sensitise them from a young age. It also bestows the honour of flag hoisting to parents of girl children in order to encourage the masses.
9. Under Bhagyashree Yojna if the second child is also a girl, then when the second daughter turns 18, cash benefit shall become available.

#### **KEY RECOMMENDATIONS**

1. Dedicated intervention towards increasing enrolment and retention of girls (bureaucrats and leaders reach out to the community and the villages for awareness generation).
2. Encourage registration of property in the name of women. For example, fee waivers to be given if registered in the name of the woman.

3. A multi-purpose community centre at every village for women to be created to serve as a platform for gender discussions, food distribution, crèche for children, centre for imparting skill-based training for women and others.
4. Create a mechanism for tracking pregnancy- Sex determination should be legalised so as to be able to record the gender of the unborn child officially. However, there is a need to put in place a mechanism to ensure that there are no sex selective abortions.
5. Department of Education at State level and Centre should work in collaboration towards incorporating and publishing schemes relating to the girl child behind the textbooks/notebooks to create awareness.
6. Government to ensure separate operational toilets in all Schools for girls and boys. SABLA Scheme to be revamped to include school children from the age group 14-18 years with specifically designed textbooks focusing on Body and Sexuality.
7. Provide financial incentive to encourage women for preparation for administrative jobs as well as other non-conventional jobs.
8. Provide self-defense training to women especially at the grass root levels.
9. Provide scholarships to women sport-persons especially in rural areas so as to encourage women participation in sports.
10. Provide incentives to Mothers of only girl child/2 girl children.
11. Conduct training/strengthening and capacity building workshops for District Magistrates where Beti Bachao, Beti Padhao campaign will be undertaken/implemented in the 100 selected Districts.



## **NAVDISHA National Thematic Workshop on Best Practices for Women and Child Development**

**Organised by Ministry of Women and Child Development  
Government of India**

**20-21 January 2015  
Panipat, Haryana**

### **I. Introduction**

Women and children constitute around 70 per cent of India's people and are the critical foundation for national development - at present and in the future. More inclusive growth must begin with children and women - breaking an intergenerational cycle of inequity and multiple deprivations faced by women and girls, as related to poverty, social exclusion, gender discrimination and under nutrition. This intergenerational cycle of multiple deprivation and violence faced by girls and women is reflected in the adverse and steeply declining child sex ratio in children under 6 years of age which reached an all time low of 918 girls for every 1000 boys in 2011. Discrimination against the girl child is also evident in other forms of gross neglect and gender-based violence after birth - in infancy, early childhood and adolescence, reflected in the unequal access to health, nutrition, care and education. If not addressed, child marriage, early and frequent pregnancies also result in the adolescent girl child being denied her right to be a child - her right to childhood.

Critical development imperatives are the fulfillment of children's rights to survival, development, protection and participation and the recognition of women as equal partners in social, economic, development and political processes and as prime movers of social and economic change are critical development imperatives. These commitments are embodied in the Constitution and in several enabling legislations, policies (such as the National Policy for Women 2001, National Policy For Children 2013 and the National

Nutrition Policy 1993), Five-Year and Annual Plans and programmes. Despite this spectrum of provisions, there are several challenges that remain and key issues which need to be addressed urgently. These issues include ensuring Women's Safety, Protection and Empowerment, improving the Child Sex Ratio, ensuring Child Protection and preventing and reducing Maternal and Child Under nutrition and controlling anaemia across the life cycle.

## **II. Women's Safety, Protection and Empowerment**

Despite some recent positive momentum, the pace of progress in realising women's safety, protection and empowerment has not been adequate. This is reflected in the National Crime Records Bureau data, which highlighted that 3,09,546 incidents of crime against women (both under Indian Penal Code and other laws) were reported during the year 2013, as against the 2,44,270 cases reported during 2012, showing an increase of 26.7 per cent (despite the fact that not all crimes against women are reported). While the policy commitment to ensuring the safety, security and dignity of women and girls in public and private spaces was reaffirmed – including through the Twelfth Plan provisions, the Criminal Law (Amendment) Act, 2013 and the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 - the redesign of an overarching framework for the protection and empowerment of women has not yet fructified. Similarly, despite the efforts to initiate Response Centres with an integrated women's help line, adequate prioritisation to prevention, care and counselling remains a challenge. State initiatives have come up -such as the Maharashtra 'Manodhairya', a scheme for providing financial assistance and end to end socio legal support services to survivors of sexual violence and acid attacks; Dilaasa- a hospital-based Crisis Counselling department for women facing violence, a joint initiative of CEHAT and the Municipal Corporation of Mumbai (BMC) and the integrated Women's Helpline in Gujarat. Building on these state experiences, there is need for developing a comprehensive strategy to end violence against women and girls that includes prevention, protection, response, restorative justice and reintegration.

Ensuring women's social, economic and political empowerment, fulfillment of their rights, promoting their participation and leadership requires comprehensive gender-responsive measures at different levels, including through legal, policy and institutional frameworks. The 73rd Constitutional Amendment Act has given a new dimension to the process of women's

empowerment, with women panchayat members emerging in many settings as change leaders. Now progressively, many states are earmarking 50 per cent reservation for women in panchayati raj institutions.

A major thrust for economic empowerment has been through the formation of thrift and credit-based self-help groups (SHGs) formed by women in states such as Andhra Pradesh demonstrating effective ways of making this a mass movement. Increased support for women SHGs in the National Rural Livelihood Mission in 150 districts and in MGNREGA with women having a share of 115.54 (53%) crore person days in 2013-14 has one of the many been positive developments. Successful linkages between SHGs and Micro-Finance institutions such as RMK, NABARD, SIDBI besides private micro-finance institutions have immensely helped in generating additional income, jobs and in creating small enterprises for women. It is this innovation that needs to be developed and built upon by achieving synergy in the SHG activities through formation of clusters and federations, building institutions for imparting skills (which challenge gender stereotypes) and achieving social and economic empowerment of women. To conclude, it is clear that ‘transformative’ and not only ‘incremental’ reforms may be necessary to alter social dynamics and to ensure gender equality and gender justice.

### **III. Child Rights**

Fulfilling the rights of India’s children- around one fifth of the world’s children- to survival, development, protection and participation remains a continuing challenge. The recently formulated Draft Nation Action Plan for children (NPAC), critical for achieving monitorable targets for Child Survival, Development, Protection and Participation, is a major step in this direction. This seeks to implement the commitments embodied in the updated National Policy for Children and also envisages State and District Plans of Action,. This is aligned to and builds further on the Twelfth Plan framework for realising child rights.

In the context of child survival and development, ICDS is today the world’s largest community-based outreach programme for early child development. It reaches out to over 8.5 crore young children below 6 years of age (around half of the total of 15.88 crore, as per Census 2011), around 1.9 crore pregnant and breastfeeding mothers through 7066 projects and a network of 13.4 lakh

multiple deprivations and are crucial for the fulfillment of children's rights to education and the achievement of full development potential- without discrimination. Ensuring universal access to integrated early childhood development services with quality and equity is a key priority, bringing together efforts of the public sector (through the restructured ICDS programme), private and voluntary sectors.

Reaching the younger child through family and community-based approaches; expanding maternal, infant and early child care through crèches, using locally responsive flexible approaches; improving the quality of early learning and strengthening the linkages with primary education are issues that continue to merit attention. States such as Jharkhand and West Bengal have evolved new approaches for quality improvement and strengthening of the early learning continuum, linking the family, community, child care centres and schools. The effective implementation of The Right of Children to Free and Compulsory Education Act (RTE), 2009 (effective 1 April 2010) has contributed to improved outcomes in elementary education, progressively closing the gender gap in school enrolment and retention and providing a protective environment to children.

However, issues related to Child Protection call for urgent action, in the face of exploitation and violence being faced by children- especially the girl child. Addressing trafficking, missing children, sexual abuse, tackling juvenile crimes and strengthening child protection systems are priority areas for action. Major recent steps taken to address these priority areas include the introduction of the Juvenile Justice Bill, 2014; revision of the Adoption guidelines with simplified and online processes and with fixed timelines and revamp of the CARINGS web portal. Other steps include the strengthened implementation of ICPS and the Protection of Children from Sexual Offences (POCSO) Act 2012 enacted to protect children from sexual violence, abuse and exploitation and the launch of Bal Sangam, complementing TrackChild.

A multi-sectoral approach to Prevent and Combat Trafficking of Women and children for Commercial Sexual Exploitation has been taken up in partnership with other sectors, states and civil society and states such as Jharkhand and Telengana have introduced innovative approaches. The Ministry of Home Affairs has also set up an Anti Trafficking nodal cell to act as focal point for enabling follow up on action taken by States, to combat the crime of human trafficking. These initiatives will be consolidated and taken forward.

#### **IV. Nutrition**

India faces persistently high levels of maternal and child undernutrition and anaemia, characterised by an intergenerational cycle that includes low birth weight babies, growth failure in young children, inadequate care of the undernourished and anaemic girl child, compromised nutrition status and anaemia in adolescent girls, negatively impacting upon women's nutrition. As per DLHS 3, of currently married women in the age-group 20-24 years were married before attaining the age of 18 years (DLHS 3). Adolescent girls married before the attainment of the age of 18 years, often go through early and frequent pregnancies, with inadequate inter pregnancy recoupment, which negatively impact upon maternal nutrition and birth outcomes in the next generation, thus perpetuating an inter generational cycle of undernutrition.

NFHS 3 (2005-06) highlighted that nearly every second young child in India was undernourished (42.5% of children under 5 years were underweight); seven out of ten children were anaemic; every third woman in India was undernourished (35.6% with low Body Mass Index) and every second woman (15-49 years) was anaemic (55.3%). Reinforcing legislative, policy, plan and programme commitments that address the multidimensional nature of the nutrition challenges, nutrition focus in relevant sectoral programmes has been reflected in the Twelfth Plan sectoral strategies. Nutrition is also included in the overarching Twelfth Plan Monitorable Targets, binding sectors and states to collective action.

The policy commitment to preventing and reducing undernutrition through a more comprehensive strategy with monitorable targets in a time-bound manner was reaffirmed by the Budget 2014-15 speech of the Finance Minister. Based on these policy directions, a new National Nutrition Mission is being formulated. This is informed by innovative initiatives that have been taken up in several states. These include innovative approaches to improve Infant and Young Child Feeding Practices - especially early and exclusive breastfeeding for the first six months of life - such as the Lalitpur model in UP, taken up in collaboration with Gorakhpur Medical College and Breastfeeding Promotion Network of India and Bal Sukham in Gujarat. Other innovative models include those for improving early child nutrition and development in West Bengal (Keno Parbo Na); for Community Nutrition taken up in Madhya Pradesh, Bihar and Maharashtra and for addressing anaemia across the life cycle.

The strategies also address the criticality of ensuring the prevention and management of diseases, through universal access to health care in the National Health Mission and ensuring hygiene, sanitation and universal access to safe drinking water through Swachh Bharat Campaign, in convergence with ICDS and with greater community ownership, for improved nutrition outcomes.

## **V. Improving the Child Sex Ratio: Beti Bachao, Beti Padhao**

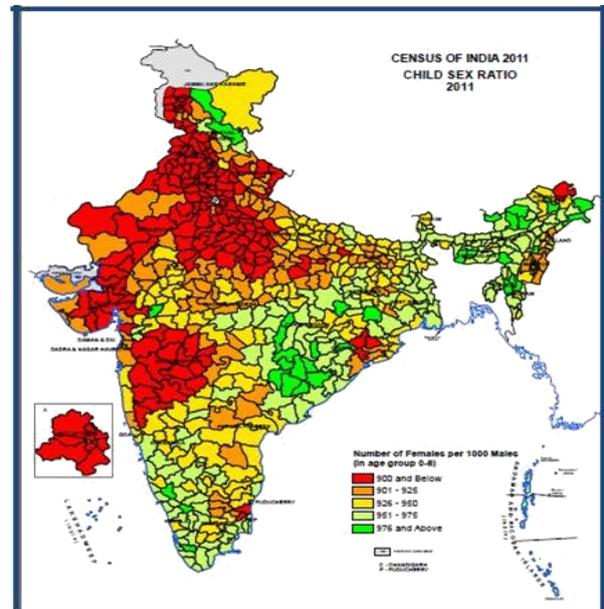
Breaking an intergenerational cycle of multiple deprivations faced by girls and women is critical for more inclusive and sustainable growth. This cycle is epitomised by the adverse sex ratio in young children in the 0-6 years age group, denying the girl child her right to be born and her right to life. It is also evident in other forms of gender-based violence. The Census 2011 data was a call for urgent action, because this highlighted that the girl child is increasingly being excluded - not only from economic development and growth but from life itself. If not reversed urgently, the steeply declining Child Sex Ratio will alter demography; erode gender justice, social cohesion and human development.

The findings highlighted the need to urgently address the unabated decline in the CSR (0-6 years) in India, which has fallen from 927 in 2001 to an all time low of 918 females per 1000 males in 2011. It is also clear that this problem is becoming more widespread with decline being seen in 18 states and 3 UTs. The absolute levels of the CSR still continue to be very low, even in some of the states where improvement is seen between Census 2001 and Census 2011. The CSR has declined in 429 districts, which are more than two thirds of the total districts in the country. In 143 districts the decline has been of the order of 20 to 49 points. In 25 districts the decline has been by more than 50 points. District wise Child Sex Ratio as per Census 2011 is shown on the map below.

There are also significant gender differentials of 8 points (All India) in the mortality rates of children under 5 years - which was 59 for girls as against 51 for boys (aggregate was 55) in 2011. The data on the CSR when looked at in conjunction with available data on child mortality rates highlights the need to address pre-birth elimination as well as to ensure care and protection of the girl child in infancy and in the most critical and vulnerable early years. This requires concerted community and societal action, with strengthened implementation and compliance of existing legal provisions such as the Pre Conception and Pre Natal

Diagnostics Techniques (Prohibition of Sex Selection) Act 1994, focusing on care and protection of the young girl child, along with sustained interventions across the life cycle, which create value for the girl child and women and address deeply entrenched gender discrimination more comprehensively.

Longer term interventions include girls' education, nutrition, health, protection against violence and exploitation, female literacy, skill development, work participation, maternity protection, access to micro finance, credit, asset creation and ownership, support to most deprived groups, women's security, empowerment and their participation in local governance. Ensuring girl's education and female literacy is a major priority. To promote girl's education, various steps are being taken. These include girl child-friendly schools, targeted interventions under SSA, School Management of girls, balika manches to encourage participation of girls, availability of separate functional toilets for girls and guidelines, protocols for girl child-friendly schools, including residential schools (KGBVs)/hostels for habitations un-served by regular schools.



A major comprehensive initiative to improve the Child Sex Ratio and ensure girls' education towards ensuring gender equality- Beti Bachao Beti Padhao- is now being launched. This focuses on multisectoral interventions in 100 gender critical districts, where the Child Sex Ratio is very low. Multi-sectoral action in 100 districts will focus on implementation of PC&PNDT Act, strengthen community action, retention of girls in secondary schools, availability of functional toilets for girls, capacity-building and sensitisation of government official and grass-roots functionaries. These interventions will be supplemented by a national media campaign. Several community initiatives are emerging, including those involving panchayati raj institutions.

## VI. Twelfth Five-Year Plan Perspective

Ending of gender based inequities, discrimination and violence is an overriding priority in the Twelfth Plan, and 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. Another key Monitorable Target of the Twelfth Plan is the reduction in the levels of child undernutrition by half. The strategy focuses on preventing undernutrition, as early as possible, across the life cycle, to avert cumulative and largely irreversible growth and development deficits that compromise child health and development. It is envisaged that improved child nutrition will also enable the achievement of optimal learning outcomes in education and gender equality.

## **VII. A National Thematic Workshop on Best Practices in Women and Child Development**

In this context, a National Thematic Workshop on Best Practices in Women and Child Development is being organised by the Ministry of Women and Child Development, Government of India, scheduled to be held in Panipat, Haryana on 20-21 January 2015.

The National Thematic Workshop seeks to evolve focused strategy recommendations for Women and Child Development, informed by best practices and innovative approaches on key themes that have worked well in different states and districts. The workshop provides a theme-based platform for presenting and discussing these innovative models, through dialogue (*chintan*) with other States/UTs, sectors, experts and voluntary agencies- enabling inter state sharing and learning. The focus is on understanding what is new in these best practices; how is the innovation ‘different’. The workshop also enables a synthesis of lessons learnt for the shaping of a strategy framework that reflects innovation and enables possible adaptation and replication of these best practices within the state and in other States and UTs. The design of the National Thematic Workshop is outlined below.

### **1. Objectives**

- To highlight best practices for key themes** related to Women, Child Rights, the Girl Child and Nutrition from different States, Union Territories and districts.

- To enable inter state sharing and learning from these models** through thematic presentations, dialogue, state poster sessions and cluster/interest group interactions.
- To evolve a strategy framework** that synthesises learning from these models for adaptation/ replication and enables innovation and new approaches.
- To encourage mentoring support between states** and continued learning, through the formation of state interest groups, field-based learning hubs and thematic e- networks.
- To develop a shared commitment for addressing key themes** especially as related to ensuring Care and Protection of the Girl Child - Beti Bachao, Beti Padhao.

## 2. Dates

- Dates** **20-21 January 2015**

## 3. Venue

- Venue** **Panipat Haryana**

## 4. Participants: A Profile

- Expected Number of Participants - Around 200-250**
- Representation from different stakeholder groups such as:**
  - Union Minister of WCD and Union Ministers of related sectors.
  - Chief Ministers of 4 States (Haryana, Gujarat, Rajasthan and West Bengal).
  - Secretaries and senior officials from the Prime Minister's Office, Cabinet Secretariat and NITI Aayog.
  - Secretaries and senior officials of concerned Ministries at national level –
    - Women and Child Development
    - Health and Family Welfare
    - Human Resource Development
    - Drinking Water and Sanitation
    - Tribal Affairs
    - Panchayati Raj
    - Home Affairs and RGI
  - State Ministers of WCD/Social Welfare
  - State Chief Secretary and senior officials from the Government of Haryana
  - State Secretaries of Women and Child Development /Social Welfare
  - Identified District Magistrates / Collectors
  - Representatives of Zila Parishads, Panchayati Raj Institutions and Urban Local Bodies
  - National Commissions, Councils and Boards such as NCW, NHRC, NCPCR, CSWB,

CARA and RMK

- National Institutions such as NIPCCD, NIIHFW, NIN, NHSRC, PHFI and NCERT
- Experts and professional bodies
- Civil society groups, voluntary agencies, alliances and networks
- Representatives of field functionaries and women's /community groups

## **5. Design and Session Flow**

The National Thematic Workshop will be conducted for two days 20 -21 January 2015, leading up to the launch of the Beti Bachao Beti Padhao initiative scheduled on 22 January 2015. Prior to the start of the workshop sessions, time has also been provided to enable self introductions, for state teams to meet and for all to view state poster presentations.

### **Inaugural Session on 20 January 2015**

The first day will start with an inaugural session which will set the context for the workshop and reinforce the policy commitment to strategy recommendations emerging from the best practices. This will be followed by thematic sessions. Each thematic session will be conducted for 45 minutes, with presentation of best practices by identified states and with 20 minutes for open discussion. Upon conclusion of each thematic session, session rapporteurs will also display major learning from the session and strategy recommendations on charts displayed at the venue.

### **Thematic Sessions on 20 January 2015**

The first day will cover the major thematic sessions related to Nutrition in the first half of the day, followed by Child Development and Protection in the second half of the day. The identified themes for Nutrition are Infant and Young Child Feeding Practices; Community Nutrition and Addressing Anaemia. The identified themes for Child Development and Protection are Early Childhood Care and Education and Combating Trafficking.

### **State Experience Sharing Session on 20 January 2015**

Deliberations on the first day will conclude with an open Dialogue Session to enable experience sharing by state teams on state-specific innovations, to listen to voices from

the field and identify enabling conditions for innovation.

### **Thematic Sessions on 21 January 2015**

The second day covers major thematic sessions related to Women: Safety, Empowerment and Protection in the first half of the day. The identified themes include Adolescent Girls (which provides the continuum, linking the previous day's sessions on Child Protection with this session); Ending Violence against Women & Girls and Women's Empowerment. This will then be followed by a critical thematic session on Community Initiatives for Beti Bachao Beti Padhao, which brings together different sectoral interventions for the care and protection of the Girl Child, in a community perspective, learning from voices from the field, such as members of panchayati raj institutions, anganwadi workers and ASHAs.

### **Concluding Session**

The workshop will then culminate in shaping a collective commitment to time bound action for Beti Bachao Beti Padhao. This will be signed by States and participants.

After the concluding session, state teams will also have the option of meeting in state cluster/ interest groups which will continue as forums for inter state dialogue, learning and mentoring on key themes. Field-based learning hubs may also emerge from this process.

## **6. Methodology**

The workshop is designed to promote experiential learning, using the sharing of best practice case studies to stimulate learning and innovation. The sessions are structured to enable interventions from a mixed group, including practitioners, experts and civil society - blending the state of the science with the state of the practice.

The display of learning from each session is designed to encourage transparency, reflection and feedback from participants, which will shape the form of the commitment sheet to be finalised in the concluding session.

The workshop will use participatory methodologies- including during state poster sessions and cluster interest groups to enable peer learning and mentoring. Learning hubs are also

envisaged with best field- based practice sites viewed as possible “learning centres/ living universities”. The use of Real Time Strategic Change methodologies is also envisaged as well as an adapted use of the quality circle concept.

## 7. Expected Outcomes

- **Synthesis and dissemination of best practices related to key themes** for Women, Child Rights, the Girl Child and Nutrition.
- **Strengthening of an enabling environment for innovation** through enhanced familiarity of national/ state teams with innovative approaches and capacity development.
- **Strategy Recommendations that reflect innovation** and synthesise learning from these models, for use across States and UTs.
- **Systems and mechanisms evolved for continued inter state learning** and mentoring support, with e-networking.
- **A shared commitment finalised for time bound action for addressing key themes in innovative ways** - especially as related to Beti Bachao Beti Padhao.



## National Thematic Workshop on Best Practices for Women and Child Development

**Organised by Ministry of Women and Child Development  
Government of India and Government of Haryana**

### Agenda

**Community Hall, Indian Oil Corporation Complex  
Panipat, Haryana**

Time	Topic	Presenters
<b>Tuesday, 20 January, 2015</b>		
09.00 – 10.00	Registration of Participants Self Introduction State Specific displays and interaction with state teams	
10:00 – 11:05	<b>INAUGURAL SESSION</b>  To be Chaired by : Smt. Maneka Sanjay Gandhi, Union Minister of WCD	
10:00 – 10:05	Lighting of the Lamp	
10:05 – 10:10	Welcome Address	<b>Shri V. S. Oberoi</b> Secretary Ministry of Women and Child Development
10:10 – 10:20	Opening Remarks	<b>Shri Manohar Lal</b> Chief Minister of Haryana
10:20 – 10:30	Address	<b>Smt. Anandiben Patel</b> Chief Minister of Gujarat
10:30 – 10:40	Address	<b>Smt. Vasundhara Raje</b> Chief Minister of Rajasthan

<b>10:40 – 10:50</b>	<b>Address</b>	<b>Ms. Mamata Banerjee</b> Chief Minister of West Bengal
<b>10:50 – 11:00</b>	<b>Concluding Remarks</b>	<b>Smt. Maneka Sanjay Gandhi</b> Union Minister Women and Child Development
<b>11:00 – 11:05</b>	<b>Vote of Thanks</b>	<b>Shri. Depinder Singh Dhesi</b> Chief Secretary of Haryana
<b>11:05 – 11:15</b>	<b>Tea / Coffee</b>	
<b>Time</b>	<b>Topic</b>	<b>Presenters</b>
<b>Session I</b>	<b>NUTRITION</b>	
<b>11:15 – 12:00</b>	<b>Infant &amp; Young Child Feeding</b>  Chair <b>Smt. Anita Bhadel</b> <b>Minister of State,</b> <b>Women and Child</b> <b>Development,</b> <b>Rajasthan</b>  Co-Chair <b>Dr. Arun Gupta</b>	<b>Smt. Nilam Sawhney</b> <b>Dr. K P Kushwaha</b>
<b>12:00– 12:45</b>	<b>Community Nutrition</b>  Chair <b>Shri Krishan Kumar Bedi</b> <b>Minister of State,</b> <b>Women and Child</b> <b>Development,</b> <b>Haryana</b>  Co-Chair <b>Dr. Vinod Paul</b>	<b>Smt. Pushplata Singh</b> <b>Smt. Yamuna Rani</b>
<b>12:45 – 13:30</b>	<b>Addressing Anemia</b>  Chair <b>Smt. B. Valarmathi</b> <b>Minister of State,</b> <b>Women and Child</b> <b>Development,</b> <b>Tamil Nadu</b>  Co-Chair <b>Dr. Prema Ramachandran</b>	<b>Shri. Ujwal Uke &amp;</b> <b>Shri. N.K. Arora</b>

<b>13:30 – 14:15</b>	<b>Lunch</b>	
<b>Session II</b>	<b>CHILD DEVELOPMENT &amp; PROTECTION</b>	
<b>14:15 – 15:00</b>	<b>Early Childhood Care and Education</b>  <b>Chair Smt. Umashree</b> <b>Minister of State,</b> <b>Women and Child</b> <b>Development,</b> <b>Karnataka</b>  <b>Co-Chair Dr. Venita Kaul</b>	<b>Shri Saswat Mishra</b> <b>Dr. K. Lakshmi</b>
<b>15:00 – 15:45</b>	<b>Combating Trafficking</b>  <b>Chair Smt. Kavita Jain</b> <b>Minister of State,</b> <b>Women and Child</b> <b>Development,</b> <b>Haryana</b>  <b>Co-Chair Shri Krishna Chaudhary</b>	<b>Dr.K.P Singh</b> <b>Dr. Vivek Joshi</b>
<b>15:45 – 16:00</b>	<b>Tea / Coffee</b>	
<b>Session III</b>	<b>EXPERIENCE SHARING BY STATES: SAMAVESH</b>	
<b>16:00 – 17:30</b>	<b>Sessions on Women, Children and Nutrition</b>  <b>Chair Shri V.S.Oberoi</b> <b>Secretary</b> <b>Ministry of WCD</b>  <b>Co-Chairs Smt. Preeti Sudan</b> <b>Smt. Deepika Shrivastava</b>	
<b>Time</b>	<b>Topic</b>	<b>Presenters</b>
<b>17.30 - 18: 30</b>	<b>Meeting of the drafting group</b>	
<b>18:30 – 19:30</b>	<b>Cultural program</b>	
<b>19: 30 Onwards</b>	<b>Dinner hosted by Government of Haryana</b>	

<b>Wednesday, 21 January 2015</b>		
<b>09:00 – 10:00</b>	<b>Poster Session: Display of State specific material/ Inter State sharing</b>	
<b>Session IV WOMEN: SAFETY, PROTECTION &amp; EMPOWERMENT</b>		
<b>10:00 – 10:45</b>	<b>Adolescent Girls</b>  <b>Chair Smt. Ramsheela Sahu</b> <b>Minister of State</b> <b>Women and Child</b> <b>Development</b> <b>Chhattisgarh</b>  <b>Co-Chair Shri H. K Sharma</b>	<b>Dr. U.N.B. Rao</b> <b>Dr.Mintu R Sinha</b>
<b>10:45 – 11:30</b>	<b>Empowerment of Women</b>  <b>Chair Smt.Lalita</b> <b>Kumarmangalam</b> <b>Chairperson, NCW</b>  <b>Co-Chair Dr. Pam Rajput</b>	<b>Ms. Chhavi Rajawat</b> <b>Ms. Monisha Behal</b>
<b>11:30 – 12:15</b>	<b>Tea/Coffee</b>	
<b>12:15 – 13:00</b>	<b>Violence against Women &amp; Girls</b>  <b>Chair Justice (retd.) Usha Mehra</b>  <b>Co-Chair Ms. Anita Bhadel</b>	<b>Dr. Poonam Malakondaiah</b> <b>Ms. Gurjot Kaur</b>
<b>13:00 – 13:45</b>	<b>Lunch</b>	
<b>Session V COMMUNITY INITIATIVES FOR BETI BACHO BETI PADHAO</b>		
<b>13:45 – 14:30</b>	<b>Improving the Child Sex Ratio</b>  <b>Chair Shri Jai Prakash Nadda</b> <b>Union Minister, HFW</b>  <b>Co-Chair Shri Lov Verma,</b>	<b>Shri A.R.Nanda</b> <b>Ms. Kalpana Srivastava</b>

<b>14:30 – 15:15</b>	<b>Nutrition &amp; Health</b>  Chair <b>Smt. Maya Singh</b> <b>Minister of State,</b> <b>Women and Child</b> <b>Development,</b> <b>Madhya Pradesh</b>  Co-Chair <b>Mr. D.K.Sikri</b>	<b>Dr Satish.B. Agnihotri</b> <b>Ms. Sarada Muraleedharan</b>
<b>15:15 – 16:00</b>	<b>Girls' Education</b>  Chair <b>Shri Upendra Kushwaha</b> <b>Minister of State</b> <b>MHRD</b>  Co-Chair <b>Prof. R. Govinda</b>	<b>Ms. Sangeeta Dutta</b> <b>Dr. V.K Tripathi</b>
<b>Time</b>	<b>Topic</b>	<b>Presenters</b>
<b>16:00 – 16:45</b>	<b>Valuing the Girl Child &amp; Women</b>  Chair <b>Smt.Maneka Sanjay</b> <b>Gandhi</b> <b>Union Minister WCD</b>  Co-Chair <b>Shri V.S.Oberoi</b>	<b>Shri Sunil Jaglan</b> <b>Smt. Anuradha Mall</b> <b>Dr. Dinesh Kapadia</b> <b>Dr. P.V. Dave</b>
<b>16:45 – 17:00</b>	<b>Tea / Coffee</b>	
	<b>CONCLUDING SESSION: NISHTHA SABHA</b>	
	<b>To be chaired by Smt. Maneka Sanjay Gandhi, Union Minister WCD</b>	
<b>17:00 – 17:30</b>	<b>Signing of Commitment Sheet by States &amp; Participants</b>	

**LIST OF PARTICIPANTS****Union Minister**

Sl. No.	Name	Designation
1.	Smt. Maneka Sanjay Gandhi	Union Minister MWCD

**CM & Governor**

Sl. No.	State /UT	Name and Designation
2.	Haryana	Shri Manohar Lal, Hon'ble CM, Haryana
3.	Gujarat	Smt. Anandi Ben Patel, Hon'ble CM, Gujarat
4.	Andaman Nikobar	Lt. Gen. A.K. Singh Hon'ble Lt. Governor

**WCD Ministers**

Sl. No.	State UT	Name & Designation
5.	Haryana	Smt. Kavita Jain, Hon'ble, Minister, WCD
6.	Haryana	Shri Krishan Kumar, Hon'ble MOSWCD
7.	Chhattisgarh	Smt. Ramshila Sahu, Hon'ble, Minister, WCD
8.	Rajasthan	Smt. Anita Bhadel, Hon'ble Minister, WCD
9.	Punjab	Shri S.K. Jauyani, Hon'ble, Minister, WCD
10.	Maharashtra	Smt. Maya Singh, Hon'ble, Minister, WCD
11.	Karnataka	Smt. Umashri, Hon'ble, Minister, WCD
12.	Maharashtra	Shri Pankaj Gopinath, Minister Rural Dev./WCD

**Women MLAs of Haryana**

Sl. No.	State/UT	Name & Designation
13.	Pataudi (Hry.)	Ms. Bimla Chaudhary, MLA
14.	Ateli (Hry.)	Smt. Santosh Yadav, MLA
15.	Badkhal (Hry.)	Ms. Seem Trikha, MLA
16.	Kalka (Hry.)	Ms. Latika Sharma, MLA
17.	Mulana (Hry.)	Ms. Santosh Chauhan, MLA

18.	Uchana (Hry.)	Ms. PremLata, MLA
19.	Rewari (Hry.)	Ms. Rohita, MLA

### **Mayor/ Chairperson Zila Parishad**

<b>Sl. No.</b>	<b>State/UT</b>	<b>Name &amp; Designation</b>
20.	Panchkula	Smt. UpinderKaur, Mayor
21.	Yamunanagar	Smt. SarojBala, Mayor
22.	Karnal	Smt. Renubala Gupta, Mayor
23.	Rohtak	Smt. RenuBala, Mayor
24.	Hissar	Smt. ShakuntlaRajliwala, Mayor
25.	Ambala	Smt. Pinki Golan, Chairperson
26.	Faridabad	Smt. YogitaBhatti , Chairperson
27.	Jind	Smt. VeenaDeshwal, Chairperson
28.	Mewat	Smt. AjraBegam, Chairperson
29.	Palwal	Smt. Adbari, Chairperson
30.	Yamunagar	Smt.Reena Rani, Chairperson
31.	Fatehabad	Smt. AngrejKaurLahli, Chairperson
32.	Panipat	Smt. Jyotijaglan, Chairperson
33.	Gurgaon	Smt. Asha Chauhan, Chairperson
34.	Rewari	Smt. Suresh Devi

### **Secretaries**

<b>Sl. No.</b>	<b>State UT</b>	<b>Name &amp; Designation</b>
35.	Haryana	Shri R. P. Chander, IAS, ACSWCD
36.	Chhattisgarh	Shri Dinesh Shrivastava, Secretary, GOC, WCD
37.	Odisha	ShriSaswat Mishra, IAS
38.	Maharashtra	ShriRajendraChavan, IAS, PSWCD
39.	Maharashtra	Ms. Vinita VaidSingal, Sr. IAS, Commissioner
40.	Maharashtra	ShriUjjawalUke, Secretary
41.	Rajasthan	Ms. GurjotKaur, IAS, ACSWCD
42.	Punjab	ShriJaspal Singh, Secretary, WCD
43.	Telangana	Smt. PoonamMalakondaiah, IAS, PS

44.	Madhya Pradesh	Shri J.N. Kansotia, IAS, PSWCD
45.	Madhya Pradesh	Ms. Kalpana Srivastava, Commissioner
46.	Madhya Pradesh	Ms. Pushplata Singh, Commissioner
47.	Assam	Shri Hemanga Kishore Sharma, IAS, Commissioner & Secretary
48.	Chandigarh Administration	Shri V. Lalremthanga, Secretary
49.	Tamil Nadu	Shri P.M. Basheer Ahamad, Secretary
50.	Meghalaya	Shri T. Dkhar, Commissioner & Secretary
51.	Meghalaya	Shri C.C.M. Mihsil, Secretary
52.	Delhi	Shri Dharampal, PR. Secretary
53.	Delhi	Shri Lov Verma, Secretary, Ministry of Health and Family Welfare
54.	Himachal Pradesh	Shri Ajay Mittal, IAS, ACS
55.	Andhra Pradesh	Smt. Neelam Sawhney, PSWCD

### **Officials of Ministry of Women and Child Development**

56.	MWCD, Delhi	Shri V. S. Oberoi, Secretary
57.	MWCD, Delhi	Smt. Preeti Sudan, Additional Secretary
58.	MWCD, Delhi	Smt. Sarita Mittal, JS & FA
59.	MWCD, Delhi	Shri I. S. Chahal, Joint Secretary
60.	MWCD, Delhi	Smt. Manisha Prasad Panwar, Joint Secretary
61.	MWCD, Delhi	Ms Kirti Saxena, Economic Advisor
62.	MWCD, Delhi	Ms Lopamudra Mohanty, Director
63.	MWCD, Delhi	Shri S.K. Deb, Deputy Secretary
64.	MWCD, Delhi	Shri Ashi Kapoor, Deputy Secretary
65.	MWCD, Delhi	Shri S. R. Meena, DA/A
66.	MWCD, Delhi	Shri L.K. Meena, Director, NMEW
67.	MWCD, Delhi	Shri V. S. Yadav, Under Secretary
68.	MWCD, Delhi	Shri Sanjay Kumar Sinha, Under Secretary
69.	MWCD, Delhi	Shri S. Santhanam, Section Officer
70.	MWCD, Delhi	Shri Hemant Patnaik, Under Secretary
71.	MWCD, Delhi	Shri Paras Sarwaiya, Section Officer
72.	MWCD, Delhi	Shri Kundan Kumar, Section Officer

73.	MWCD, Delhi	Dr. J.H. Panwal, JTA
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74.	HLCC	Dr. Pam Rajput, Chairperson
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75.	NeetiAayog	Smt. DeepikaSrivastava
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### Other Participants

Sl. No.	States	Name Designation
76.	Haryana	ShriD.S. Desi, Chief Secretary
77.	Haryana	ShriSanjeevKoshal , PS to CM Haryana
78.	Haryana	Smt. SumitaMisra, Additional Secretary, CM
79.	Haryana	ShriChanderParkesh , Commissioner Rohtak
80.	Haryana	Shri S.P. Srow , IAS, DC Panipat
81.	Haryana	ShriMandeep Bara, Ambala
82.	Haryana	ShriRakeh Gupta, Karnal
83.	Haryana	ShriAtul Kumar, Narnaul
84.	Haryana	ShriRajiniKaanthan, Rewari
85.	Haryana	Shri Rajeev Ranjan, Sonapat
86.	Haryana	ShriSubhashSrow, SDM, Panipat
87.	Haryana	ShriVirender Singh. HCS, CTM, Panipat
88.	Haryana	ShriSudhanshuGautam, HCS
89.	Haryana	Smt. Amneet. P. Kumar, IAS, DWCD
90.	Haryana	Shri Ram Kumar Beniwal, HCS, AD, WCD
91.	Haryana	Smt. Shashi Doon, AD, WCD
92.	Haryana	Smt. VinodSehgal, Joint Director
93.	Haryana	Smt. AdarshBalaGhagger,DPO
94.	Haryana	Smt. RachanaYadav, DPO
95.	Haryana	Smt. SurajKaur, DPO
96.	Haryana	ShriVijay Rana, PBO
97.	Haryana	Smt. KamleshRana, Nutritionist
98.	Haryana	ShriGulshanaChhbraa, RO
99.	Haryana	Smt. PoojaJasiwal, Project Advisor, SRCW
100.	Haryana	Shri Sunil Jaglan, Sarpanch, Jind

101.	Haryana	Sunita Sharma, Deputy Director, Sports and Youth Officer
102.	Haryana	Lalita Sharma, Coach, Sports and Youth Officer
103.	Haryana	Suman, Cricket Coach, Sports and Youth Officer
104.	Haryana	ShasiRao, Yoga Coach, Sports and Youth Officer
105.	Haryana	SudhaBhasin, Athletics Coach, Sports and Youth Officer
106.	Haryana	BhawnaRana, Yoga Coach, Sports and Youth Officer
107.	Haryana	RekhaSareen, Yoga Coach, Sports and Youth Officer
108.	Chhattisgrah	Smt. ShurityNirkar, IAS, Director, WCD
109.	Chhattisgrah	Smt. ArchanaRana, Joint Director
110.	Arunachal Pradesh	Smt. R. T. Riba, Director WCD
111.	Gujarat	Ms. AadraAgarwal, IAS, Director ICDS
112.	Gujarat	Dr. Dinesh Kaparia, Director, GRC
113.	Gujarat	Dr. Lata Bram Bhatt, State Coordinator
114.	Gujarat	Ms. Sharda Sharma State nutrition's
115.	Maharashtra	Shri Vijay Kshirasagar, Assitt. Commissioner
116.	Rajasthan	Dr. Prithvi raj, Director ICDS, GOR
117.	Rajasthan	H.L.Atul,RAS, Joint Secretary
118.	Rajasthan	ShriGovindBeniwal, Member State Commison
119.	Rajasthan	Ms ChavviRajawat, Sarpanch
120.	North East Network-Assam	Ms MonishaBehal, Executive Director
121.	Telengana	Smt. M Prashanthi, IAS, Deputy Secretary
122.	Rajasthan	Smt. ShyamSundri , Joint Director
123.	Madhya pardesh	ShriAkshyaSrivastava, Joint Director, ICDSf
124.	Assam	ShriHiraNathLahan, Deputy Secretary
125.	Assam	Dr. P Ashok Babu, IAS, Mission Director
126.	Andhra Pradesh	Dr.K. Lakshmi, Director
127.	Bihar	Ms. Vanita Administrative Officer, WCD
128.	Bihar	Ms SangeetaDutta, MahilaSamakhya
129.	Goa	Shri V.S. Gaunekar, Director
130.	Goa	Mr. Neil Robert, Chairmen, CWC
131.	Andaman Nikobar	Shri M.N. murali, Director, Social Welfare

132.	Andaman Nikobar	Smt. S.N Mishra, Secretary
133.	Daman& Diu	ShriShyamlal Mishra, Deputy secretary
134.	Dadra &Nagar Haveli	Kishore Bhalla, Deputy Secretary
135.	Tamil nadu	Thiru, N./ Maharvan, IAS, Director, ICDS
136.	Sikkim	Sh. B.B. Subba, Additional Secretary
137.	Manipur	Dr. Rangitabali , Director social welfare
138.	Meghalaya	Shri C.C. M. Mihsil, Secretary
139.	Meghalaya	Smt. I. Warjri, Mission Director, SRCW
140.	Nagaland	Shri Z. NyusiethoNuithe, Joint Secretary, S W
141.	Karnataka	ShriGopal, Deputy secretary , WCD
142.	Karnataka	Mrs. Nt. Abru, IAS, director WCD
143.	Karnataka	Smt. Bindu joint director, WCD
144.	Karnataka	ShriMunireddy, Joint director, WCD
145.	Uttar Pardesh	ShriDevenderNathVerma, Director WCD
146.	Uttar Pardesh	Shri Amitabh parkesh, Director SNM
147.	Lakshadweep	ShriAshar Pal Singh, ARC
148.	Uttrakand	Ms. JyotiNeerajKherwal, Director cum ACS
149.	Jammu & Kashmir	Dr. G.N. Lttoo, KAS, Mission Director,, ICDS
150.	Jammu & Kashmir	ShriBabu Ram, KAS, ASSW
151.	Jammu & Kashmir	Mr. Nahidsoz, MD WDC
152.	Himachal Pardesh	Smt. Sushma Watts, Joint director WCD
153.	Andhra Pardesh	Smt. Sarla Raj lakxhmi, ISSNIP
154.	Delhi	Smt. Rashimi Singh Expert
155.	Delhi	Ms AkhilaSrivastava,
156.	GOI	Dr. U.N.B. Rao
157.	Delhi	Ms.PatriciaBarandnn, UN Women
158.	Delhi	Professor VinodGoyal, Co-Chair
159.	New Delhi	Dr Satish B. Agnihotri, Secretary Coordination, Cabinet Secretariat, RashtrapatiBhawan
160.	Delhi	Ms SaradaMurlidharan, Joint Secretary, MoPR
161.	Delhi	Dr. V K Tripathi, Director, NCERT
162.	Delhi	Renu Love, Assistant Director, Dept. of WCD
163.	Delhi	ShriShaileshSrivastava, Deputy Director, Dept. of WCD

164.	Delhi	Yogita Gupta, Asst. Director, Dept. of WCD
165.	CIF	Ms.Heena Singh
166.	CIF	MintuSinha, Director, Resource Person
167.	CIF	ShriSamrat Singh,
168.	CIF	RachnaBuidhria
169.	CIF	A. GovindaSudha
170.	Odisha	Shri A R Nanda, Former Secretary, GoI
171.	Tamilnadu	Smt Yanuna Rani, Deputy Director
172.	Nipccd, Ministry, WCD	Smt. Vandana Sharma
173.	Nipccd, Ministry, WCD	Smt. Rohini Saran
174.	Nipccd, Ministry, WCD	Smt. MeenakshiJha
175.	Nipccd, Ministry, WCD	ShriSurender Singh
176.	Nipccd, Ministry, WCD	ShriShyam
177.	Nipccd, Ministry, WCD	ShriJauantMahajan
178.	Nipccd, Ministry, WCD	Smt. Meecam Bhatia
179.	Nipccd, Ministry, WCD	Smt. Dr. TejinderKaur
180.	Nipccd, Ministry, WCD	Smt. ShantaGopal Krishna
181.	Nipccd, Ministry, WCD	Smt. VandanaThapar
182.	Nipccd, Ministry, WCD	Sh. DRDDP
183.	Nipccd, Ministry, WCD	ShriSaeeml
184.	Nipccd, Ministry, WCD	Sh. Tanvi Researcher, High level Committee
185.	Nipccd, Ministry, WCD	Mridula Bajaj,
186.	Nipccd, Ministry, WCD	Kavita Srivastava
187.	Nipccd, Ministry, WCD	Dr. Prem Kumar
188.	Nipccd, Ministry, WCD	Shri R. Keshvan
189.	Nipccd, Ministry, WCD	ShriA.K.Kaul, Publication Officer
190.	Nipccd, Ministry, WCD	Shri K.K. Srivastava
191.	Nipccd, Ministry, WCD	Smt. Simdri Nanbatt
192.	Nipccd, Ministry, WCD	Dr. Ashok Kumar, Additional Director
193.	Nipccd, Ministry, WCD	Shri Dinesh Kumar Shrivastav
194.	Nipccd, Ministry, WCD	Dr. K. C. George, Joint Director
195.	Nipccd, Ministry, WCD	Dr. Anupama

196.	Nipccd, Ministry, WCD	ShriSantoshShrivastav
197.	Nipccd, Ministry, WCD	Smt. IndraVasin, MPDABPL
198.	Nipccd, Ministry, WCD	Smt. ManishaPanwar, JS, MWCD
199.	Nipccd, Ministry, WCD	Dr. Dinesh Paul, Director, NPCCD
200.	Nipccd, Ministry, WCD	Smt. Uma, MWCD
201.	Nipccd, Ministry, WCD	Dr. PoonamMalak, IAS
202.	Nipccd, Ministry, WCD	Smt. RadhaChander, JSHRD
203.	Nipccd, Ministry, WCD	Dr. Rita Patnaik
204.	Nipccd, Ministry, WCD	Dr. D.D. Pandey, Deputy Director
205.	Nipccd, Ministry, WCD	Shri S. C Srivastava, Joint Director
206.	Ministry of Finance, Delhi	Dr. Vivek Joshi, OSD, Dept. ofExpenditure
207.	Education Department, Haryana	Smt. Geeta Sharma, Joint Director Higher Education
208.	NCPCR	Shri A. Srivastava
209.	CARA, Delhi	ShriVirendra,Mishra, Secretary
210.	MWCD,New Delhi	Dr. SulochanaVasudevan
211.	MWCD, New Delhi	Sh. Hemant Sharma
212.	MWCD, New Delhi	Dr. VashudhaSukhla
213.	MWCD, New Delhi	Dr. SunitaSangar
214.	MWCD, New Delhi	Dr. ArvindRana
215.	MWCD, New Delhi	Dr. JupakaMadhavi
216.	MWCD, New Delhi	ShriShashikantYadav
217.	MWCD, New Delhi	Smt. Anita Makhijani
218.	MWCD, New Delhi	FarheenKhurshid
219.	MWCD, New Delhi	Dr TapaswiniSahu
220.	MWCD, New Delhi	Ms. RatnaSaxena
221.	MWCD, New Delhi	Ms. JyotiMathur
222.	MWCD, New Delhi	Dr.ParamitaMajumdar
223.	MWCD, New Delhi	Ms.Risha Syed
224.	MWCD, New Delhi	Ms.MeenakshiRathore
225.	MWCD, New Delhi	Dr. Mani Gupta
226.	MWCD, New Delhi	Dr. Sanghamitra
227.	MWCD, New Delhi	Dr. Bansari Nag

228.	MWCD, New Delhi	Smt.Barnali Das
229.	MWCD, New Delhi	Ms. SuruchiAgrwal
230.	MWCD, New Delhi	Sh. Parvesh Shah
231.	MWCD, New Delhi	Smt. Monika Malik HCS
232.	MWCD, New Delhi	ShriR.K. Saini
233.	MWCD, New Delhi	KariyankiDhija
234.	MWCD, New Delhi	S.K. Khurana
235.	MWCD, New Delhi	ShriDalan Singh
236.	MWCD, New Delhi	Radha Krishnan
237.	ICPCR, New Delhi	Smt. Tanya Uke
238.	ICPCR, New Delhi	Dr. RamnathNayak
239.	Unicef	Dr. Karamveer Singh
240.	Unicef	Sh. K.K Nanda
241.	Unicef	Sh. ManashDaas
242.	Unicef	Dr. B.B. Lala, Civil Surgeon
243.	Unicef	Dr. Shiv Kumar, Civil Surgeon
244.	Unicef	Dr. J.S. Ruria, Civil Surgeon
245.	Unicef	Dr. Adarsh Sharma, SMO
246.	Unicef	Dr. Ramesh Dhanwal, Civil Surgeon
247.	Unicef	ShriAnju Singh
248.	Haryana	Smt. UshaArora, DPO, Panipat
249.	Haryana	Smt. RajniPasrija, DPO Karnal
250.	Haryana	Smt. Raj BalaKtariya, DPO Ambala
251.	Haryana	Smt. Gurwinderkaur Malik , Kurukshetera,
252.	Haryana	Smt. Snehlata Sharma, Rohtak
253.	Haryana	Smt. SaritaKumari, Kaithal
254.	Haryana	Smt. RajwnatiDangi , Bhiwani
255.	Haryana	Smt. SantoshYadav, Mahendergarh
256.	Haryana	Smt.NeenaKhatri, Jhajjar
257.	Haryana	Smt. SantoshAlwadi, Rewari,
258.	Haryana	Smt.ChanchalDhalwal, Sonapat
259.	Delhi	Shri Nigam, Consultant (OL)

260.	MWCD, New Delhi	Shri A.K. Goyal, Sr. Programmer
261.	RMK	Shri Vinod Mukhi, General Manager
262.	HLCC	Dr. Simrit Kaur
263.	HLCC	Dr. Ravi Verma
264.	Hunger Project, Delhi	Rita Sarin
265.	Ambedkar University	Prof. Vinita Kaul
266.	KUDAV College for Women, Karnal	Isha Pradhan, Asst. Professor
267.	KUDAV College for Women, Karnal	Aashima Gakhar, Associate Professor
268.	KUDAV College for Women, Karnal	Shivangi, Asst. Professor
269.	G.C Israna	Ambrish Attri, Asst. Professor
270.	G.C Israna	Shri Naveen Vashista
271.		Sebjo Singh
272.		Shri Bipin Roy

### **Support Staff**

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**NAVDISHA**

**NATIONAL THEMATIC WORKSHOP ON BEST PRACTICES FOR  
WOMEN AND CHILD DEVELOPMENT**

**Held on 20 – 21, January 2015 at Panipat, Haryana**

**Our Commitment – Mahila Bal Vikas Nishtha Patra**

We, the participants of NAVDISHA- the National Thematic Workshop on Best Practices for Women and Child Development, reflecting the aspirations of around 70 per cent of our people; representing India's States and UTs, gathered here in Panipat, Haryana on 20<sup>th</sup> – 21<sup>st</sup> January 2015, reaffirm our commitment to Gender Equality and Justice; Women's Empowerment; Child Rights and Nutrition by-

According the highest priority to-

- Fulfilment of the rights of India's children to survival, development, protection and participation.
- Ending all forms of Violence against Women and Girls - including addressing the denial of her right to be born and her right to life.
- Promoting the social, economic and political empowerment of women, enabling women to realise their full development potential and participate in developing processes.
- Ensuring gender equity and more inclusive growth, by breaking an intergenerational cycle of gender discrimination, under nutrition, poverty and social exclusion – especially reaching out to the most vulnerable.

Commit ourselves to-

- Kuposhan Mukta Bharat by preventing and reducing under nutrition in children under 3 years by one third in the next five years in our communities, villages, districts, urban areas, States and UTs.

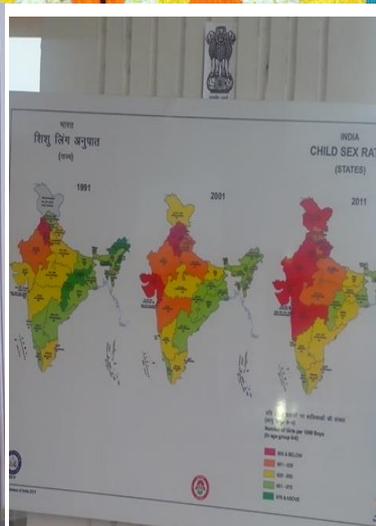
- Swachh Bharat and Swasth Bharat by promoting community nutrition, addressing anaemia through improved access to maternal and child care, household food security, health care, hygiene, sanitation and safe drinking water.
- Shikshit Bharat by promoting universal access to quality Early Childhood Care and Education as the foundation for cumulative lifelong learning and human development, universal elementary education- especially for girls and continued learning opportunities.
- Balika Samakhya Bharat by ensuring that there is no sex selective elimination; improving the Child Sex Ratio in children (0-6 years); ensuring girls' education with quality and equity, protection of the girl child and ensuring that there is no Child Marriage.
- Ek Bharat- Sab ka Bharat- Mahila Sashakt Bharat through measures for social, economic and political empowerment of women, ensuring gender justice and engendering policies, plans and programmes.

Through the following interventions, we pledge to demonstrate what we advocate-

- By demonstrating gender sensitive and child friendly behaviours in our own families, communities, villages, districts, and urban areas, which value the girl child- ensuring her protection, health, nutrition, education, full development and participation.
- Infant and Young Child Feeding: By enabling peer, family and community support to mothers for promoting optimal breastfeeding and complementary feeding for every infant - especially early and exclusive breastfeeding for the first six months of life.
- Malnutrition Free Panchayats: By adopting villages/ panchayats/ blocks/districts and enabling them to become malnutrition free in the next five years.
- Community Nutrition: By developing model District Nutrition Plans over the next 6 months- linking ICDS, NHM and Swachh Bharat
- Early Learning: By launching a nationwide community movement 'Manjusha' for early learning, creating local toy and activity banks in Anganwadi Centres with community contribution - collecting and using local stories, rhymes, songs, games and play activity material.
- Beti Bachao, Beti Padhao: Through advocacy and our own action, encourage our community, our area our district and State to bring about improvement in the Child Sex Ratio, and in educational and other opportunities for girls.

- Empowerment of Women: By ensuring that the names of women are places in Government records (birth registration, school admission, property), encouraging 50 per cent or more participation in Panchayat Raj institutional and urban local bodies and recognising positive role models in every area and walk of life
- Community Monitoring: By monitoring through community support groups- in Health centres, Anganwadi Centres, school and panchayats - child sex ratio, nutrition status of the young child, all girls in school, no child marriage and no violence against women and girls
- Ek Bharat- Sab ka Bharat: By promoting the participation and contribution of all stakeholders – including through Mahila Sabhas and Balika Sabhas, by listening to the voices of children and women

We, the participants of the National Thematic Workshop on Best Practices for Women and Child Development, representatives of Government – National States and Union Territories, panchayat raj institutions, urban local bodies, professional bodies, voluntary agencies and community-based organisations, unanimously adopt this Commitment Document – Mahila Bal Vikas Nishtha Patra.



**स्वाधार गृह कठिन परिस्थितियों में रहने वाली महिलाओं के लिए योजना**

- यह योजना कठिन परिस्थितियों में रहने वाली उपेक्षित महिलाओं/बाहिकों को संस्थागत सहायता प्रदान करती है;
- ऐसी महिलाओं को आश्रय, भोजन, पढ़ाई एवं स्वास्थ्य के साथ व्यक्तिगत तथा सामाजिक सुखा भी सुनिश्चिता करना;
- महिलाओं को मानवतात्मक सम्मर्जन एवं परामर्श प्रदान करना;
- शिक्षा, आजीवनिकता, कौशल में सुधार तथा व्यवहार संबंधी प्रशिक्षण के जरिए आजीवन के विकास के माध्यम से इन महिलाओं का सामाजिक एवं आर्थिक पुनर्वास करना;
- जरूरतमंद महिलाओं/बाहिकों को हेतु विविध नैदानिक कानूनों एवं अन्य साहायता का प्रबंध करते हुए सरकारी एवं गैर सरकारी संगठनों के साथ सहकार्य एवं नेटवर्क स्थापित करना।

**हर सपना संभव है—महिला गरिमा और विश्वास के साथ जीवन व्यतीत कर सकें**



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